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INCOME TAX WORKSHEET

118 E 2nd Street, Suite C
 PO Box 525
 Winthrop, MN 55396
 Phone: 507-647-5312

YEAR _____

Your Name: _____ Spouse's Name: _____
 Social Security #: _____ Social Security #: _____
 Date of Birth: _____ Date of Birth: _____
 Occupation: _____ Occupation: _____
 E-mail Address: _____ Cell Phone: _____
 Address: _____ Home Phone: _____
 Are you legally blind? Yes ___ No ___ Is your spouse legally blind? Yes ___ No ___

DEPENDENTS

Name	Social Security #	Grade	Date of Birth	Name	Social Security #	Grade	Date of Birth

WAGES - Attach all W-2s

Employer	Gross	Fed W/H	State W/H	Social Security	Medicare

INTEREST RECEIVED - Attach all 1099's

****Do you have a foreign financial account that exceeded \$10,000 at ANYTIME during the year? _____**

Payer	Amount	Payer	Amount

DIVIDENDS RECEIVED - Attach all 1099's

Payer	Dividends	Qualified Dividends	Capital Gains	Non-Taxable

RENTAL PROPERTY INCOME

Description	Property 1	Property 2	Property 3
Rent Income			
Expenses:			
Real Estate Tax			
Interest			
Repairs/Maintenance			
Insurance			
Miles Driven x 0.545			
Other - Specify			

OTHER INCOME - Attach all Related Forms

Unemployment Compensation _____	Prizes / Awards / Gambling _____
Pension and Annuities / IRA Distributions _____	S-Corp, Partnership, Trust, Estate (K-1's) _____
Social Security - Husband _____	Commissions / Bonus _____
Social Security - Wife _____	Jury Duty Pay _____
Sales of Property/Land - Include 1099-S _____	Cancelled Debt _____

MISCELLANEOUS ITEMS -

Are you enrolled in a masters degree program in the teaching field? _____
 Are you considered a beginning farmer, or are you renting land to or selling assets to a beginning farmer? _____
 Have you set up a first-time homebuyer savings account? _____
 Did you contribute to a Section 529 College Savings Plan during the year? If so, how much did you contribute? _____
 Did you make any payments on your student loans?
 If so: Original loan amounts _____ Payments made this year _____
 Have you gifted anyone over \$15,000 worth of money or property this year? _____

NON-BUSINESS ITEMIZED DEDUCTIONS

MEDICAL AND DENTAL: (Expenses not reimbursed by Insurance, HSA, FSA, MSA, Employer)

Prescriptions & Drugs (Doctor prescribed only)	_____	Other - Specify	_____
Doctors, Dentists, etc.	_____		_____
Eyeglasses and Exams	_____		_____
Hearing Aids and Supplies	_____	Long-Term Care Insurance Premiums:	
Hospitals	_____	Taxpayer:	_____
Medical/Dental/Vision Insurance (Non-Employee)	_____	Ins. Co.	_____
Nursing Home Care	_____	Policy #	_____
Transportation Expense	_____	Spouse:	_____
Miles Driven _____ x .17	_____	Ins. Co.	_____
Lodging	_____	Policy #	_____

HSA CONTRIBUTIONS	Date	Amount	Date	Amount
Husband	_____	_____	Wife	_____

**** MAKE SURE TO BRING IN ALL HSA FORMS - 1099-SA & 5498 ****

TAXES

Real Estate Taxes Paid	_____	Income Tax - Paid This Year	_____	For Prior Years	_____		
Less: Refund Received	(_____)		Date	Amount	Date	Amount	
Net Taxes Paid	_____	Federal	_____	_____	_____	_____	
		State	_____	_____	_____	_____	
Auto License: Registration Tax	_____	Less Base Fee	_____				
Vehicle 1	(_____)			Estimate Payments for Current Year			
Vehicle 2	(_____)			Federal	State		
Vehicle 3	(_____)			Date Paid	Amount	Date Paid	Amount
Sale Tax Paid on Large Item Purchases	_____			1st	_____	_____	_____
				2nd	_____	_____	_____
				3rd	_____	_____	_____
				4th	_____	_____	_____

HAVE YOU FILED FOR YOUR 2017 PROPERTY TAX REFUND? Yes No

INTEREST *** If you purchased or refinanced a home this year bring in your closing papers / settlement statement (HUD-1)*

Home Mortgage - Attach all 1098's	_____	Home Equity Loan	_____
Home Mortgage (Paid to Individual)	_____	What was loan used for?	_____
Name	_____	Points paid to refinance or purchase residence	_____
Address	_____	Qualified Mortgage Insurance Premiums	_____
Social Security #	_____	Investment Interest	_____
		Student Loan Interest - Attach all 1098-E's	_____

CHARITABLE CONTRIBUTIONS (Provide if itemizing or not Need documentation for any contribution of \$250 or more (cash or non-cash))

Church/Charitable Organization Name	Cash Amount	Describe Donated Property (Clothing/Household)	Property Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	Volunteer Work - Mileage and Expense	_____
_____	_____	Miles Driven _____ x .14	_____
_____	_____	Out of Pocket Expense	_____

OTHER DEDUCTIONS

Unreimbursed Casualty or Theft Losses - Describe	_____	Tax Preparation/Planning Fees	_____
_____	_____	Professional/Union Dues	_____
Unreimbursed Employee Expenses - Meals, Travel, Tools, Class, etc.	_____	Repayment of Prior Year Income	_____
_____	_____	Gambling Losses - To extent of winnings	_____
_____	_____	Investment Expenses and Fees/Safe Deposit	_____
_____	_____	Legal Fees related to income/taxes	_____

OTHER INFORMATION

Educator/Teachers Expenses (K-12)	_____	College Tuition - Must include Form 1098T	_____
K-12 Ed Expense - Receipts Required; No Lunch, Clothes, Athletic Fees	_____	College Books, Supplies, Equipment, etc.	_____
_____	_____	Current year of College (ex. 1,2,3,4)	_____
_____	_____	Moving Expenses - Please Specify	_____
Private School Tuition (K-12)	_____	Adoption Expenses	_____

CHILD AND DEPENDENT CARE INFORMATION

	Provider		
Provider Name & Address	Social Security/Fed Tax ID #	Child's Name	Amount Paid
_____	_____	_____	_____
_____	_____	_____	_____

IRA CONTRIBUTIONS

Date	Traditional	Roth	Date	Traditional	Roth
Husband	_____	_____	Wife	_____	_____