



Tax Prep Worksheet For 2011 Tax Year

(Note: Values entered will *not* be saved if you save this to disk, but will appear if you print this page after entering them.)

This form prints best with landscape orientation. [Or click here for an Adobe Acrobat \(PDF\) version.](#)

Please tell us about yourself, The Taxpayer

Taxpayer's Full Name: *Home Phone:*

Taxpayer's Email Address: *Work Phone:*

Taxpayer's Birthdate: *Cell Phone:*

Taxpayer's Occupation: *Pager:*

Spouse's Full Name:
(optional)

Spouse's Occupation:
(optional)

Spouse's Birthdate:
(optional)

Check Here if there are any changes in your dependents and/or filing status, then fill in the details below. Otherwise leave blank.

Special Credits

Energy Credits (Exterior Windows, Doors, Skylights, Insulation, New Roof, Furnace, Central Air and more - bring all receipts)

Income

Please bring these with you (or send to us):

- NEW CLIENTS ONLY: A copy of your last year's Tax Return.**
- ALL W-2 forms, including W-2P (pension), W-2G (gambling winnings) and/or 1099-R forms**
- ALL Social Security income and railroad retirement forms (SSA-1099, RRB-1099, RRB-1099R)**
- ALL Unemployment Income and State Tax Refund forms (1099-G)**
- ALL Interest Income forms (1099-INT)**
- ALL Dividend Income forms (1099-DIV)**
- Information on Foreign Bank Account(s), if any.**
- ALL Other Miscellaneous Income (1099-MISC, etc)**
- ALL Sales of Stocks & Bonds** ([Click here to open the Capital Gains and Losses Worksheet](#))

When **Bought** and how **MUCH** you paid **MANDATORY!**

When **Sold** and how **MUCH** you received **MANDATORY!**

**TO COMPLETE YOUR
TAXES WE MUST HAVE
THE COST & SALES
PRICE!**

- ALL Other Income and ALL expenses incurred with that activity:**

[Click here to open the Sole Proprietorship Worksheet](#)

[Click here to open the Rental Income Worksheet](#)

- ALL ROLLOVER Information** 401(k), Pension, IRA
- ALL 529 Plan Distributions** 1099-Q
- ALL Alimony Received** \$.00
- Estimated Income Tax Payments** (if any)

| | April 2011 | June 2011 | September 2011 | January 2012 |
|----------------------------------|---|---|---|---|
| <input type="checkbox"/> Federal | \$ <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| <input type="checkbox"/> State | \$ <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |

Dependents

EXEMPTIONS: Do not include your spouse. -- If you do not have the Social Security Number, you won't be able to claim the dependent!

Returning clients: Bill has this information, you only need to provide changes, if any.

| Name: [First, Initial, Last] | Birth Date | Social Security Number | Relationship to Taxpayer |
|--|--|--|-----------------------------|
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | Child |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | Child |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | Child |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | Child |

Outgo

- School Teachers (K-12) School supplies (up to \$250)**
\$.00
- ALL I.R.A. / Keogh or SEP Contributions** (if any)
 - (H)\$.00 (W)\$.00

Medical or Health Savings Account Contributions

\$.00

Education Credits (modified Hope and Lifetime Learning)

Tuition and Fees \$.00

Books \$.00

Is Student in years 1 through 4 of College and a full time student? Y N

Student Loan Interest Paid

\$.00

Alimony Paid

\$.00 Recipient's Social Security Number

Medical

RX, prescribed drugs and medicines \$

Health Insurance (premiums you paid, Medicare) - includes money withheld from your salary \$

Long Term Care Premiums \$

Doctor(s) and/or Dentist(s) \$

Eyeglasses (contact lenses and/or solution) \$

Hospitals, Lab Fees, X-Rays, ANY Medical Cost \$

Hearing Aids (batteries, etc.) \$

Sick-Room Equipment and/or Supplies \$

Canine, TTY/TDD Care, Deaf / Blind Taxpayers \$

GRAND TOTAL (actual money paid by you) \$

Number of Miles Driven for Medical Reasons Miles

Taxes

Real Estate Property Taxes (home) \$

Real Estate Property Taxes (other property) \$

Personal Property Taxes (Virginia Taxpayers) \$

Interest You Paid Out

Home Mortgage (1st & 2nd Trust) \$

Other Mortgage (vacation home, etc.) \$

Mortgage Insurance Premium (PMI) \$

Investment Interest (Margin, Land) \$

Contributions

CASH: (Money / Checks You Gave Away)

Church, Other Religious Organizations, UGF, One-Fund, heart Fund, Boy Scouts, Girls Scouts, Boys' and Girls' Clubs, Easter / Christmas Seals, misc. contributions

\$

GRAND TOTAL (dollar amount actually contributed)

Non-CASH:

Goodwill, Purple Heart, AmVets, Salvation Army, National Children's Center, etc., any items that you have given away. You only need to bring a list of items whose "Fair Market Value" exceeds \$500.00, just provide a total "Fair Market Value" for the rest.

[\(Click here to open the Valuation Guide for Items Donated\)](#)

Include any volunteer mileage driven (School, Church, Boys' &
Girls' Club, etc.): Miles

| | |
|----|----------------------|
| \$ | <input type="text"/> |
| | <input type="text"/> |

GRAND TOTAL ("Fair Market Value" of items not counting mileage)

Miscellaneous

- Union Dues and/or Professional Dues \$
- Professional Organizations and Publications \$
- Tax Preparation (amount you paid to have your taxes prepared last year [If Bill did your taxes he'll have this already.]) \$
- Safe-Deposit Box \$
- Investment and/or Broker Fees \$
- Uniforms, Cost and Care \$
- Safety Equipment, Small Tools, etc. \$
- Gambling Losses (Up to the amount reported as income) \$
- Non-reimbursed Personal Business Expenses [\(Click here to open the Home Office Worksheet, if applicable\)](#) \$

Does your employer REQUIRE you to use your personal auto for his convenience, and you were NOT REIMBURSED?

Provide mileage on your vehicle last year that you drove **for your employer** Miles for which you were not reimbursed:

Child Care

Provide the amount you paid to have someone watch / care for your child / children, while you were earning a salary. Name, Address, and Social Security Number or Federal Tax ID of the daycare provider are required. *Without either number you will not be able to claim the credit!*

| | |
|----|----------------------|
| \$ | <input type="text"/> |
| | <input type="text"/> |

Social Security or Federal Taxpayer ID:

Caregiver Name and Address:

Notes For When We Meet

- Bring figures only, we do not need receipts, though you DO need to save them.
- If you sold or refinanced your home and/or bought a new home, bring all settlement papers. There are Points, Taxes, and Interest on these papers that are TAX DEDUCTABLE.
- A good thing to bring along is last year's check register just in case we ask a question about a deduction or tax deductible payment you made last year.
- If you have any doubt about any other documents or figures, it can't hurt to bring them, and might save us time in the long run.
- In case Bill needs to reach you, you may want to provide a daytime and/or evening phone number:

Daytime: (optional)

Evening: (optional)

- Please Remember: If you have any questions at all, Bill is as close as your phone: (301) 345-0101 or (301) 345-0008(fax) or computer brabbtax@gmail.com
-

Clear All Values

Fill out this form and print it from your web browser, then bring it along when you come to see Bill.

Please Note: This form does NOT send or save this information in any way electronically, it is just provided as a convenient form you may fill out and print from your computer. All information you enter will be lost when you close down your web browser.

Informal Poll: Check here if you would be interested if we were to provide a free secure way this information could be sent to Bill over the internet in advance of your appointment.

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