

Thomas and Company, CPAs

Online: kthomascpa.com

TAX RETURN INFORMATION WORKSHEET

Your Name	DOB	Spouse's Name	DOB
Social Security #	Social Security #		
Address	City	State	ZIP
Occupation	Occupation		
Cell #	Email:	Identity PIN- Please attach if received	
Filing Status as of 12-31	Single	Head of Household	Married Filing Joint
			Married Filing Separately
Dependent Information:	For additional dependents, attach sheet		
Name & DOB	SS#	Name & DOB	SS#
Name & DOB	SS#	Name & DOB	SS#
Bank Info Routing		Account	

Withdraw from Bank if taxes are owed Yes No Direct Deposit if Refund Yes No

We prepare your tax return from information you furnish us without verification. Upon examination of the returns by taxing authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such examination for a period of 7 years. We are not responsible for information that was excluded from this form when submitted.

Please answer the following questions:

Did you receive form 1095-A?, If yes, please attach. Yes No

Would you like to enroll and receive paperless copies of your tax returns as well as have secure access to our portal, portal.kthomascpa.com? Yes No

At any time during 2022, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

This list is more than anything a reminder of the types of deductions available to you.

If you have supporting documentation included, it is helpful but not required to list the amounts.

MEDICAL EXPENSES	
**List only unreimbursed medical expenses	AMOUNT
Prescription Medicine	
Doctors	
Hospitals	
Dental	
Optical	
Medical Insurance	
Medical Travel-No. of miles driven	
Other	

CONTRIBUTIONS	
Church/Synagogue	
United Way,Cancer Fund,Heart Assoc,etc.	
Goodwill, Salvation Army**	
Other	
Other	
**List Market Value of any donations of non-cash items	

TAXES	
Real Estate Taxes-Principal Residence	
Real Estate Taxes-Other Property	
Personal Property Taxes or Vehicle Taxes	
Sales Tax	
Federal Estimated Tax Payments	
State Estimated Tax Payments	

MORTGAGE INTEREST	
1st Mortgage	
2nd Mortgage	
Home Equity Loans	
Paid to Individuals:	
Name, Address, and SS#	

Child Care Expense			
Union Dues, Tools, Safety Eqmt.	Please provide statement from provider or complete information including name, address and Federal ID # or Social Security #	Safety Deposit Box	
Moving Expenses		Prior Year Tax Preparation Fee	
Alimony Paid:	Please include recipients name and social security number, Pre-2018	Traditional IRA Cont.-Taxpayer	
		Traditional IRA Cont.- Spouse	
		Do not list Roth IRA Contributions	

Income Listing Sheet

Please include all W2's, 1099's, K1's and other source documents related to income. The above includes, Wages, Retirement, Gambling, Interest, Dividends, Stock Sales Royalty Income, and any other source of taxable income. For Stock Sales please make sure a brokerage statement is included that lists gain/loss information

Alimony Income (Former Spouse's Name & SS# _____ - - - -

For Multiple Rental Properties and/or Farm and business, please use additional sheets.

RENTAL QUESTIONNAIRE

Property Description: _____

Total Gross Rents Received \$ _____

Advertising	\$ _____	Insurance	\$ _____	Supplies	\$ _____
Auto & Travel	\$ _____	Legal	\$ _____	Taxes	\$ _____
Number of Miles	_____	Mortgage Interest	\$ _____	Utilities	\$ _____
Cleaning & Maint.	\$ _____	Other Interest	\$ _____	Management Fee	\$ _____
Pest Control	\$ _____	Wages /Labor	\$ _____		\$ _____
Commissions paid	\$ _____	Repairs	\$ _____		\$ _____

Please list separately equipment purchases and major improvements

FARMER'S QUESTIONNAIRE

Farm Description: _____

Income from Livestock \$ _____

Income from Grain or Produce & Miscellaneous \$ _____

Income from Agricultural Programs \$ _____

Breeding Fees	\$ _____	Fertilizers & Lime	\$ _____	Labor	\$ _____	\$ _____
Car & Truck	\$ _____	Trucking	\$ _____	Rent	\$ _____	\$ _____
Chemicals	\$ _____	Gas, Fuel, Oil	\$ _____	Repairs	\$ _____	\$ _____
Machine Hire	\$ _____	Insurance	\$ _____	Seed, Plants	\$ _____	\$ _____
Feed	\$ _____	Interest	\$ _____	Supplies	\$ _____	\$ _____
Utilities	\$ _____	Vet Fees, Medicine	\$ _____	Taxes	\$ _____	\$ _____

Please bring invoices for equipment and major purchases

BUSINESS QUESTIONNAIRE

Business Description _____

Total Gross Receipts From Business \$ _____

List Business Expenses Below:

Advertising and Promotions	\$ _____	Telephone (Cell and Land)	\$ _____
Commissions/Finder's Fees	\$ _____	Internet Services	\$ _____
Business Insurance	\$ _____	Computer Expense	\$ _____
Interest on Business Loans	\$ _____	Utilities	\$ _____
Office Rent	\$ _____	Postage	\$ _____
Equipment Rent	\$ _____	Bank Charges	\$ _____
Repairs & Maintenance	\$ _____	Office Supplies	\$ _____
Supplies	\$ _____	Other Supplies	\$ _____
Real Estate Taxes	\$ _____	Legal and Accounting	\$ _____
Personal Property Taxes	\$ _____	Travel and Lodging	\$ _____
Other Taxes	\$ _____	Meals and Entertainment	\$ _____
Miscellaneous	\$ _____	Equipment Purchased	\$ _____

Mileage Information: Business _____

Personal/Commuting Mileage _____

Information for Business Use of Home:

Total Square Footage of Home _____ Square Footage of Business Area _____

Utilities	\$ _____	Lawn Care/Maid Service	\$ _____
Repairs & Maintenance	\$ _____	Home Association Dues	\$ _____
Homeowner's Insurance	\$ _____	Security Services	\$ _____
Rent (if not owner)	\$ _____	Major Improvements	\$ _____