



Personal Income Tax Worksheet

Copyright 2016 by Valentine CPA, A Professional Corporation

Name: _____ Spouse Name: _____
 Phone: _____ Email: _____
 Address (if different from last year): _____
 Street: _____ City: _____ State: _____ Zip: _____

DEPENDENTS — Please list the names of all of the dependents you are claiming this year. (we have birthdates and SS# on file)



Dependent Name: _____ Dependent Name: _____
 Dependent Name: _____ Dependent Name: _____
 Dependent Name: _____ Dependent Name: _____
 Dependent Name: _____ Dependent Name: _____

ADJUSTMENTS TO INCOME — Please write in amounts if they apply to your situation

Traditional IRA (Not ROTH or 401k) Your IRA: _____ Spouse's IRA: _____
 Paid into Health Savings Account (if not on W-2): _____ Student Loan Interest paid: _____
 Educator Expenses (if you are a teacher): _____ Alimony paid (not Child Support) : _____



CHARITABLE CONTRIBUTIONS — Please write in amounts if they apply to your situation

Cash or Check Donations

Name of Charity	\$ Amount	Name of Charity	\$ Amount
-----------------	-----------	-----------------	-----------

Non Cash Donations

Name of Charity	\$ Amount	Description of Items donated	Date Given
-----------------	-----------	------------------------------	------------

Miles driven for charity work: _____ Un-reimbursed expenses for charity work: _____



COLLEGE CREDITS OR DEDUCTIONS — Please write in amounts if they apply to your situation



First Name of Student:	Tuition \$ Amount:	Books \$ Amount:
Name of College:		
First Name of Student:	Tuition \$ Amount:	Books \$ Amount:
Name of College:		

MISCELLANEOUS DEDUCTIONS — Please write in amounts if they apply to your situation

Union Dues:	Last yr's Tax Prep Fee:	Safe Deposit Box Fee:	Gambling Losses (to extent of winnings):	Investment Fees:
-------------	-------------------------	-----------------------	--	------------------





INTEREST DEDUCTIONS — Please write in amounts if they apply to your situation

Interest on Loans secured by your primary or secondary residence

Name of Lender	Interest \$ Amount	Mort. Insurance Premiums:
Name of Lender	Interest \$ Amount	Mort. Insurance Premiums:
Name of Lender	Interest \$ Amount	Mort. Insurance Premiums:
Loan origination fee on purchase of home in 2015 _____		
Loan origination fee on refinance of home in 2015 _____ Number of years of mortgage (i.e. 15yr or 30 yr) _____		

PROPERTY TAX AND STATE TAX DEDUCTIONS — Please write in amounts if they apply to your situation

Prop Tax on your home: _____ Prop tax on other real estate: _____ Tax on motor homes: _____
 Amt paid to State when you sent your 2014 tax return: _____



UNREIMBURSED WORK EXPENSES — Please write in amounts if they apply to your situation



Supplies:	Dues and Subscriptions:	Gloves/Boots:	Training:
Telephone:	Printing & copies:	Hotel/Airfare/ Car Rental:	
Other:	Unreimbursed Miles Driven for work (NOT commuting): _____		

MEDICAL EXPENSES — Please write in amounts if they apply to your situation



All of household covered by health insur? (check box) YES all year NO, none of year YES part of yr.
 Prescription medicine _____ Doctors/dentists/nurses _____ Hospitals/nursing homes _____
 Health insurance premiums _____ Long term care premiums _____ Eyeglasses _____
 Miles Driven for medical services _____

CHILD CARE EXPENSES WHILE WORKING — Please write in amounts if they apply to your situation

Child's Name:	Child's Name:	Child's Name:
Care Provider Name:	ID. No.:	Amt Paid:
Street:	City:	State:
Zip:		
Care Provider Name:	ID. No.:	Amt Paid:
Street:	City:	State:
Zip:		



ESTIMATED TAX PAYMENTS — Please write in amounts if they apply to your situation



IRS 1st Qtr Amount paid:	Date paid:	IRS 2nd Qtr Amount paid:	Date paid:
IRS 3rd Qtr Amount paid:	Date paid:	IRS 4th Qtr Amount paid:	Date paid:
State estimated payment paid:	Date paid:		

Notes — Please write in questions or notes to us