

SCHEDULE A: ITEMIZED DEDUCTIONS

ADJUSTMENTS TO 1040

<u>Medical Expenses</u>		
	<u>Taxpayer</u>	<u>Spouse</u>
Health insurance premiums (Paid with after tax dollars)	_____	_____
Medicare Part B	_____	_____
Long-term care premiums	_____	_____
Prescription drug insurance	_____	_____
Doctors, hospitals, etc.	_____	_____
Dental	_____	_____
Glasses and contacts	_____	_____
Hearing aids	_____	_____
Prescription drugs	_____	_____
Long term care expense	_____	_____
Medical lodging- # of nights	_____	_____
Medical mileage - # of miles	_____	_____
Insurance reimbursement	_____	_____

<u>Taxes</u>	
Property taxes on home	_____
Car license (include copy of registration for Iowa)	_____
Sales tax on major purchases	_____
Personal property tax	_____

<u>Contributions</u>	
Cash contributions supported by cancelled check (or provide statements in lieu of completing)	
<u>Organization</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
Charitable miles driven	_____
*Written substation from charitable organization is required for contributions over \$250.	
Other than cash (if over \$500, need to show when and how acquired, cost and how valued):	
_____	_____
_____	_____
_____	_____

<u>Interest</u>	
Home interest (Form 1098)	_____
Second home interest	_____
Home interest paid to an individual:	
Amount	_____
Name	_____
Social Security #	_____
Mortgage insurance premiums	_____
Points on mortgage	_____
Investment interest	_____

<u>Miscellaneous</u>	
Tax preparation	_____
Safe deposit box	_____
Investment expense	_____

Roth IRA contributions (income limitations apply)	Taxpayer_____	Spouse_____
Regular IRA contributions (income limitations apply)	Taxpayer_____	Spouse_____
Keogh or SEP contributions	Taxpayer_____	Spouse_____
Health Savings Account contributions	Taxpayer_____	Spouse_____
Interest paid on student loans	Taxpayer_____	Spouse_____
Educator expenses	Taxpayer _____	Spouse_____
Alimony paid – Recipient’s name _____ SSN _____		
Amount paid _____		
Date of divorce or legal separation _____		
If you had a distribution from a Health Savings Account please provide a copy of the 1099-SA		

Please provide the following documents:

- Forms 1095-A, 1095-B, 1095-C (Health Insurance)
- Forms W-2 for wages, salaries and tips
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, unemployment, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts
- Information concerning all other sources of income including commissions, alimony received, jury duty, tips & gratuities, director’s fees, bartering, etc.
- If you or your spouse purchased or sold a principal residence or real estate, please include a copy of your closing statement.

SCHEDULE B: INTEREST & DIVIDENDS

(Provide 1099s in lieu of completing)

*TSJ is taxpayer, spouse or owned jointly.

INTEREST INCOME

TSJ	Name of Payer	Ordinary	US Bonds	Tax Exempt

DIVIDEND INCOME

TSJ	Name of Payer	Ordinary	Qualified	Capital Gain Distribution

CAPITAL GAINS OR LOSSES

TSJ	Description	Date Acquired	Date Sold	Sales Price	Cost or Basis

SCHEDULE C: BIZ INCOME/EXPENSE

Business Name _____	Name of proprietor _____
Address _____	Tax ID # _____
Type of business or profession, including product or service _____	

INCOME

	Amount		Amount
Gross Receipts or Sales	<input style="width:100px; height:20px;" type="text"/>	Other	<input style="width:100px; height:20px;" type="text"/>

EXPENSE

	Amount		Amount
Advertising	<input style="width:100px; height:20px;" type="text"/>	Rent	<input style="width:100px; height:20px;" type="text"/>
Commissions & fees	<input style="width:100px; height:20px;" type="text"/>	Repairs and maintenance	<input style="width:100px; height:20px;" type="text"/>
Contract labor	<input style="width:100px; height:20px;" type="text"/>	Small tools & supplies	<input style="width:100px; height:20px;" type="text"/>
Employee health benefits	<input style="width:100px; height:20px;" type="text"/>	Taxes & licenses	<input style="width:100px; height:20px;" type="text"/>
Employee pension	<input style="width:100px; height:20px;" type="text"/>	Travel	<input style="width:100px; height:20px;" type="text"/>
Insurance	<input style="width:100px; height:20px;" type="text"/>	Meals	<input style="width:100px; height:20px;" type="text"/>
Mortgage interest (include Form 1098)	<input style="width:100px; height:20px;" type="text"/>	Utilities	<input style="width:100px; height:20px;" type="text"/>
Other Interest	<input style="width:100px; height:20px;" type="text"/>	Wages	<input style="width:100px; height:20px;" type="text"/>
Legal & professional	<input style="width:100px; height:20px;" type="text"/>	Payroll Taxes	<input style="width:100px; height:20px;" type="text"/>
Office expense	<input style="width:100px; height:20px;" type="text"/>	Telephone	<input style="width:100px; height:20px;" type="text"/>

Office in Home

Rent paid	\$ _____
House insurance	\$ _____
Mortgage Interest	\$ _____
Property Taxes	\$ _____
Utilities	\$ _____
Total Square Ft of Home	_____
Square Ft of Office/storage	_____
Auto Expense \$	_____
(Gas, oil, insurance, repairs, license, etc.)	

Miscellaneous Expenses: (List)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Beginning Inventory	\$ _____
Ending Inventory	\$ _____
Material/Goods Purchased	\$ _____
Auto mileage for the year	_____
Percentage auto used for business	_____%

SCHEDULE E: RENTAL INCOME/EXPENSE

Property Description					
Rental Income					
Advertising					
Maintenance					
Insurance					
Professional					
Management Fees					
Interest					
Repairs					
Supplies					
Taxes					
Utilities					
Other					

Net Income _____

SCHEDULE F: FARM INCOME/EXPENSE

INCOME

	Amount		Amount
Purchased Livestock (not breeding)		Agricultural Payments (include 1099-G)	
Cost of Purchased Livestock	()	CCC Loans Reported as Income	
Raised Livestock (not breeding)		Crop Insurance Proceeds (1099-MISC)	
Raised Grain (sold to member coop)		Custom Hire	
Raised Grain (non-member coop/private)		Hedging Gain (include 1099-B)	
Patronage Div _____		Reimbursements/Refunds	
Patronage Div _____		_____	
Patronage Div _____		_____	
_____		_____	

EXPENSE

	Amount		Amount
Chemicals		Rent (machinery, building)	
Custom hire		Rent (land)	
Depreciation		Repairs and maintenance	
Feed		Seeds and plants	
Fertilizers & lime		Storage/warehouse	
Freight & trucking		Supplies & Small Tools	
Gasoline, fuel, & oil		Real Estate Taxes (farm share)	
Insurance- Property		Real Estate Taxes (home)	
Insurance-Crop		Telephone	
Mortgage interest (include Form 1098)		Utilities	
Other interest (include Form 1099)		Veterinary, medicine	
Wages		Breeding Fees	
Employee Health Insurance		Dues, Subs	
Employee Medical Reimbursements		Grain drying	
Employee Pension		Check off	
Payroll Taxes		Sealed Grain Repurchased	
Meals for help		Hedging Losses (include 1099-B)	
_____		_____	

Truck Expense \$ _____
 (Gas, oil, insurance, repairs, license, etc.)
 Interest Paid 2019 \$ _____
 TOTAL mileage for the year _____
 FARM mileage for the year _____
 Gas Tax Refunds: (Off-road use only)
 Number of gallons gas _____
 Number of gallons diesel _____

Miscellaneous Expenses: (List)
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 DPAD _____
 SE Health Insurance \$ _____

TAX CREDITS

<u>Child Care Credit</u>			
Name of provider	ID#	Address	Amount
_____	_____	_____	_____
_____	_____	_____	_____

<u>Educational Expenses</u>			
Please provide all copies of Form 1098-T, 1099-Q and payment history from college.			
Name of Student	Tuition and Fees Paid	Course Materials	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
529 Plan	Child's name _____	\$ _____	State _____
Contributions:	Child's name _____	\$ _____	State _____
	Child's name _____	\$ _____	State _____

<u>Energy Credits</u>		
Did you make any energy efficient improvements to your main home this year?	Yes	No
Description of work done	Cost	
_____	_____	
_____	_____	

Examples of improvements that may be eligible for a credit would include insulation, exterior windows, exterior doors, certain furnaces, certain air conditioners, certain circulation fans, solar energy property, qualified metal roofs, wind energy property, and geothermal property. Please provide any bills or invoices relating to these items.

<u>BANK ACCOUNT INFORMATION FOR DIRECT DEPOSIT OR WITHDRAWAL</u>			
Bank Name: _____	Routing Number: _____		
Checking _____ Savings _____ (check one)	Account Number: _____		
<u>Direct Deposit</u> Yes / No	<u>Direct Withdrawal</u> (for amount due) Yes / No	<u>Date of withdrawal</u> _____	

Any additional information not included in these forms:

