

**RENS & HANISCH
CERTIFIED PUBLIC ACCOUNTANTS
2020 INCOME TAX WORKSHEET**

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Name: _____ Birth date: _____ Soc Sec #: _____
 Spouse's Name _____ Birth date: _____ Soc Sec #: _____
 Mailing Address: _____ Daytime Phone: _____
 _____ Cell Phone: _____
 City, State, Zip: _____ Email _____

Dependents' Name	Birth date	Soc Sec #	Dependents' Name	Birth date	Soc Sec #
1 _____	_____	_____	2 _____	_____	_____
3 _____	_____	_____	4 _____	_____	_____
5 _____	_____	_____	6 _____	_____	_____

BUSINESS INCOME

Sales _____
 Other Income _____

COST OF SALES

Beginning Inventory _____
 Purchases _____
 Other Costs _____
 Ending Inventory _____

EXPENSES:

Advertising _____
 Commissions & Fees _____
 Contract Labor _____
 Employee Benefits _____
 Insurance-Business _____
 Interest-Mortgage _____
 Interest-Other _____
 Legal & Accounting _____
 Office Expense _____
 Pension _____
 Rent-Equipment _____
 Rent-Property _____
 Repairs _____
 Supplies _____
 Taxes-Payroll _____
 Real Estate Tax _____
 Sales Tax _____
 Travel-Business _____
 Meals & Entertainment _____
 Nights gone for Business _____
 Utilities _____
 Wages Paid _____
 Other Expenses _____

**RENTAL-DESCRIPTION
& LOCATION**

	<u>1</u>	<u>2</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

RENT INCOME

EXPENSES:

Advertising _____
 Car & Pickup _____
 Cleaning/Maintenance _____
 Commissions _____
 Insurance _____
 Legal & Accounting _____
 Management Fees _____
 Interest-Mortgage _____
 Interest-Other _____
 Repairs _____
 Supplies _____
 Real Estate Tax _____
 Utilities _____
 Other Expense _____

Do you conduct business in more than 1 state?
 YES NO

Do you own or rent property in more than 1 state?
 YES NO

Self-Employed Health Insurance _____

Have you or will you file all 1099 forms for 2020?
 YES NO

VEHICLE EXPENSES: (standard mileage rate is \$0.575/mile for 2020)

<u>Vehicle</u>	<u>Fuel</u>	<u>Repairs</u>	<u>License</u>	<u>Insurance</u>	<u>Interest</u>	<u>Total Miles</u>	<u>Business Miles</u>
Pickup							
Car							

CAPITAL ASSETS:

	<u>Date Bought</u>	<u>Date Sold</u>	<u>Sales Price</u>	<u>Purchase Cost</u>
Equipment/Machinery Sold				

	<u>Date Bought</u>	<u>New/Used</u>	<u>Purchase Cost</u>	<u>Trade-in Allowance</u>	<u>Item Traded</u>
Equipment/Machinery Bought					

OTHER ITEMS-W-2's; Form 1099's; Social Security Benefits; IRA's; & Pension Benefits

<u>From</u>	<u>Amount</u>	<u>From</u>	<u>Amount</u>

ITEMIZED DEDUCTIONS:

MEDICAL

Medicine	
Health Insurance	
Nursing Home Ins -Taxpayer	
Nursing Home Ins- Spouse	
Nursing Home Care	
Doctor/Dentists/Etc.	
Medical Miles (\$0.17/mile)	

INTEREST:

Home Mortgage	
Investment Interest	

CHARITABLE CONTRIBUTIONS

By check or receipt	
Non-cash (please list)	
Charitable Mileage (\$0.14/mile)	

TAXES:

Real Estate Tax-Home	
Car License (IA & MN)	
Sales Tax on major purchase	

OTHER:

Employee Business Exp.	
Tax Preparation Fee	
Union Dues	
Gambling Losses	
Other Expense	

CHILD CARE PROVIDER NAME & ADDRESS

ID NUMBER

AMOUNT

COLLEGE EXPENSES:

Interest Paid on College Loans			Tuition/Books (Do Not Include Room/Board)		
Please Provide Form 1098-E for Verification:			Please include Student's 1098-T		
<u>Paid To</u>	<u>ID #</u>	<u>Paid</u>	<u>Student's Name</u>	<u>Year in School</u>	<u>Paid</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ESTIMATED TAXES PAID

IRS		State #1		State #2	
<u>Date</u>	<u>Paid</u>	<u>Date</u>	<u>Paid</u>	<u>Date</u>	<u>Paid</u>
<u>Apr 15, 2020</u>	_____	_____	_____	_____	_____
<u>Jun 15, 2020</u>	_____	_____	_____	_____	_____
<u>Sept 15, 2020</u>	_____	_____	_____	_____	_____
<u>Jan 15, 2021</u>	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

RETIREMENT CONTRIBUTIONS FOR 2020

Please indicate IRA, ROTH, SIMPLE, SEP

<u>Paid To</u>	<u>Amount</u>	<u>Type</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

ELECTIVE CONTRIBUTIONS

Federal Presidential Campaign Fund	Y	N
Presidential Campaign Fund-Spouse	Y	N
Iowa Residents	Amount	
Fish/Wildlife	_____	
Firefighter/Veteran	_____	
State Fair	_____	
Child Abuse	_____	
Minnesota Residents		
Non-game Wildlife	_____	

OTHER:

Did you install a geothermal heating system in your home in 2020? If so, please provide us with a copy of the manufacturer's certification credit statement as well as a detailed cost for each item. Yes No

If you have any questions, or want to talk about any item of income or deductions, please write them down. Yes No

Were you or your spouse (if applicable) an Iowa volunteer firefighter or EMS member during 2020? If so, please include a letter from your fire chief/supervisor documenting your period of service. Yes No

At any time during 2020, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? Yes No

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No