RENS & HANISCH CERTIFIED PUBLIC ACCOUNTANTS 2023 INCOME TAX WORKSHEET rhco@alliancecom.net

Phone (712) 477-2383

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<u> </u>	Birth d	late: Soc Day Cell	Soc Sec #: Daytime Phone: Cell Phone:				
Dependents' Name Birth date		Dependents' Name		Soc Sec #			
		2					
3		4					
BUSINESS INCOME		RENTAL-DESCRIP'	ГІО <u>1</u>	2			
Sales		& LOCATION					
Other Income							
		RENT INCOME					
COST OF SALES		EXPENSES:					
		Advertising					
		Car & Pickup					
		Cleaning/Maintenance					
Ending Inventory	<u></u>	Commissions		<u> </u>			
		Insurance		<u> </u>			
EXPENSES:		Legal &Accountin	g				
a · · · • • • • • • • • • • • • • • • •		Management Fees					
		Interest-Mortgage Interest-Other					
Employee Benefits Insurance-Business		Repairs		<u> </u>			
Interest-Mortgage		Supplies Real Estate Tax					
Interact Other		Utilities					
Lagal & Accounting		Other Expense					
Office Expense		Ouler Expense					
Pension							
Rent-Equipment							
Rent-Property							
Repairs							
Supplies							
Taxes-Payroll		Do you conduct busine	ess in more than	1 state?			
Real Estate Tax		•	YES	NO			
Sales Tax							
Travel-Business		Do you own or rent pro	operty in more th	nan 1 state?			
Meals & Entertainment			YES	NO			
Utilities		Self-Employed Health	Insurance				
Wages Paid							
Other Expenses		Have you or will you f					
			YES	NO			

Pickup	ndard mileage Repairs			le for 2023 ance In		Total Miles	Business Miles		
<u>Car</u>									
CAPITAL ASSETS: Equipment/Machinery Sold	Date Bought	Da So 		Sales Price	Purchase Cost	_			
Equipment/Machinery Bought	Date Bought	Ne Us		Purchase Cost	Trade-in <u>Allowanc</u>		n Traded		
OTHER ITEMS-W-2's; Form From	n 1099's; Soc <u>Amount</u>		•	its; IRA's; rom		Benefits mount			
ITEMIZED DEDUCTIONS: MEDICAL Medicine Health Insurance Nursing Home Ins -Taxpaye Nursing Home Ins- Spouse		_ H _ In		ortgage nt Interest	TRIBUTION				
Nursing Home Care Doctor/Dentists/Etc. Medical Miles (\$0.22/mile))	N	on-cash	or receipt (please lis					
TAXES: Real Estate Tax-Home Car License (IA & MN) Sales Tax on major purchase			Charitable Mileage (\$0.14/mile) OTHER: Employee Business Exp Tax Preparation Fee Union Dues Gambling Losses Other Expense						
CHILD CARE PROVIDER	NAME & AI	DDRESS		I	D NUMBEI	R 4	MOUNT		

Interest Please Provide		College Lo 98-E for Ve		Tuition/Bo		Not Includ e Student		
Paid To		ID #	Paid	Student's Name		Year in S		
IRS		E	STIMATED ' State #		,	State #2		
Date Apr 15, 2023 Jun 15, 2023 Sept 15, 2023 Jan 15, 2024	Paid		Date	Paid	Da		Paid	
RETIREMENT Please indicat Paid To				Federa	l Preside	<u>CONTR</u> ntial Camp	paign Fun	d Y N
				Presidential Campaign Fo Iowa Residents Fish/Wildlife Firefighter/Veteran State Fair Child Abuse Minnesota Residents Non-game Wildlife		-	mount	
OTHER: Did you install a provide us with a a detailed cost for	copy of th	e manufact					Yes	No
If you have any q please write them		or want to t	alk about any i	item of income	e or dedu	ctions,	Yes	No
Were you or you member during 20 documenting your	023? If so	o, please ind			-		Yes	No
At any time durin over a financial a account) located i	ccount (si	ich as a bai		0		•	Yes	No
At any time durin, any financial inter	-	•		xchange, or ot	herwise a	cquire	Yes	No

COLLECE EVDENCES