

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

Phone (712) 477-2383

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Fax (712) 477-2847

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 _____	_____	_____

INCOME-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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STOCK SALES:	Number	Date	Date	Sales	Purchase
Stock Name	of Shares	Bought	Sold	Price	Cost
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

RETIREMENT CONTRIBUTIONS FOR 2020

Please indicate IRA, ROTH, SIMPLE, SEP

Paid To	Amount	Type
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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	_____

CHILD CARE PROVIDER NAME & ADDRESS

ID NUMBER

AMOUNT

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

Tax Preparation Fee _____
 Union Dues _____
 Gambling Losses _____
 Other Expense _____

COLLEGE EXPENSES:

Interest Paid on College Loans

Please Provide Form 1098-E for Verification:

Paid To	ID #	Paid
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tuition/Books (Do Not Include Room/Board)

Please include Student's 1098-T

Student's Name	Year in School	Paid
_____	_____	_____
_____	_____	_____
_____	_____	_____

ESTIMATED TAXES PAID

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

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

