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2018 TAX WORKSHEET

Date Rec'd _____

Name: _____ Date of Birth: _____ Occupation: _____
Spouse: _____ SS# _____
Address: _____ Phone# (Wk) _____ (Hm) _____
City, State: _____ E-Mail Address _____

List Dependents: Name and SS# must appear as they do on SS card. May need copy of SS card. Mark if full-time student or disabled.

NAME:(1st & last name as on SS card)	Date of Birth:	SOCIAL SECURITY#:	Relationship:	Student/Disabled(x)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Unemployment Comp: _____
Social Security Rec'd: _____
CANCELLATION OF DEBT: give reason _____
Include 1099: _____
Other Income (Alimony/prizes/etc) _____
Gambling winnings – Need 1099G _____

CHILD CARE - Amount(s) Paid: \$ _____
for which child _____
Paid To: _____
Address: _____
SS# or ID#: _____

**** (Business / Rental / Farm / Capital Gains - List on separate sheet)

ITEMIZED DEDUCTIONS

Medical Expenses:

Doctors/Dentist/Hospital: _____
Glasses/Hearing aids/other _____
Health/Dental/Vision Insurance: _____
Long-Term Care Ins. (him): _____ (her) _____
Prescription Drugs: _____
Nursing or LongTerm Care Facility: _____
Miles driven for medical: _____

Taxes:

Real Estate/Property Taxes: _____
Taxes on car Tags _____
Sales Tax on Motor Vehicles _____
Online purchases that you did not pay Ala Sales tax on-
Total of Online Purchases: _____

Interest Paid:

Home Mortgage Interest-(need 1098):
1st Mortgage _____
2nd Mortgage _____
Mortgage Interest paid to an Individual _____
Name: _____
SS#: _____
Home Equity Interest _____ **
**(We need to know amount borrowed & use of monies)

Mortgage Ins. Premium is no longer allowed as a deduction.

**Miscellaneous Intemized deductions are not deductible on your Federal tax return but are on State tax return.

Contributions:

Cash Or Check: _____
(For all contributions you must have a receipt)
Charitable miles: _____
* Non-cash contributions: _____
*(If over \$500-must have itemized-dates-fair cont. value)
**Auto Business Ex: (If self-employed enter on back)
Vehicle Description: _____
Date placed in service: _____
Total Miles driven: _____
Commuting Miles : _____
Business Miles: _____
**Business Travel Expenses: (If self-emp enter on back)
of nights away from home: _____
(This is used to figure the meal allowance amount)
Lodging: _____
Plane,train,taxi,tips: _____
Cleaning & Laundry: _____
Other: _____
Less - Employer Reimb. of travel Exp:(_____)
**Miscellaneous: (If self-employed enter on back)
Union Dues: _____
Tax Preparation fees: _____
Uniforms: _____
Job Seeking Expenses: _____
Tools/Safety Equip: _____
Investment Fees: _____
Bus.Related Education Exp: _____
Safe Deposit Box _____
Gambling losses: _____
(only if you have Gambling winnings)

***Other Deductions:** *These items may or may not be deductible!

IRA Cont.-(Taxpr) _____ (Spouse) _____

Roth Cont.-(Taxpr) _____ (Spouse) _____

Did you make Estimated Tax Payments for 2018?

Date made	Federal	State
1 st Qtr. _____	_____	_____
2 nd Qtr. _____	_____	_____
3 rd Qtr: _____	_____	_____
4 th Qtr. _____	_____	_____
Totals: _____	_____	_____

Education Expenses: (need 1098-T from school)

Student: _____
Freshman, Sophomore, Junior, Senior – **CIRCLE ONE**

Name of University: _____
Amt. of Tuition Pd (From 1098) _____
Amt. of Scholarships (From 1098) _____
Books & Supplies:(Need receipts) _____

Self-Employed Income: (If new LLC we need paperwork)

Bus. Activity/Product: _____

Total Income: \$ _____

Inv. (Beg. Of Year) _____

Purchases: _____

Contract Labor: _____

Materials: _____

Inv. (End of Year): _____

Expenses:

Auto mileage: Total _____

Commuting: _____ Business: _____

Advertising: _____

Commissions/Fees: _____

Ins.(other than health): _____

Ins.(Health for Self Employed) _____

Interest: Mortgage _____ Other: _____

Legal/Prof. fees: _____

Office Exp: _____

Rent on Veh./Machinery/Equip.: _____

Rent on other Bus. Property: _____

Repairs/Maintenance: _____

Supplies: _____

Taxes & Licenses:(Lic)= _____ (P/R tax) _____

(sales tax)= _____ (Property tax)= _____

Travel(Motel,Airplane) _____

Deductible Meals: _____

Utilities: _____

Wages: _____

Other: Bank Charges: _____ Dues: _____

Other:(list) _____

Assets Bought or Sold:

Description: _____

Date: _____

Purchase price:\$ _____

Sold for: \$ _____

Rental Income:

Property Desc: _____

Address: _____

Total Rent Rec'd:\$ _____

Expenses:

Auto/Travel(Mileage) _____

Advertising: _____

Cleaning/Maintenance: _____

Commissions: _____

Insurance: _____

Legal/Prof. fees: _____

Management fees: _____

Mortgage Interest: _____ Other Int _____

Repairs: _____

Supplies: _____

Taxes: _____

Utilities: _____

Other.: _____

Assets Bought or Sold:

Description: _____

Date placed in service: _____

Purchase price: \$ _____

Sold for: \$ _____

If New Rental Property - Date bought & basis:

Date Bought: _____

Total Cost: _____

Less Land Value:() = _____

Farm Income & Expenses list on separate sheet.

See additional page for Healthcare info needed.

Other Questions:

