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2020 TAX WORKSHEET

Date Rec'd _____

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

Table with 5 columns: NAME:(1st & last name as on SS card), Date of Birth:, SOCIAL SECURITY#:, Relationship:, Student/Disabled(x). Includes header 'List Dependents: Name and SS# must appear as they do on SS card.' and 'May need copy of SS card.'

“Stimulus Check(s)” rec’d in ‘20 & Jan. ‘21 Need amount(s) and Form 1444 & 1444-B:

1st ck(s): Self _____ Spouse _____ Kids _____ 2nd ck(s): Self _____ Spouse _____ Kids _____
Unemployment Comp: _____ CHILD CARE - Amount(s) Paid: \$ _____
Social Security Rec'd: _____ for which child _____
CANCELLATION OF DEBT: give reason _____ Paid To: _____
Include 1099: _____ Address: _____
Other Income (Alimony/prizes/etc) _____ SS# or ID#: _____
Gambling winnings – Need 1099G _____

**** (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 _____ **Business Travel Expenses: (If self-emp enter on back)
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 (MIP) _____

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

Contributions: (Up to \$300 can be used on Fed without itemizing)
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: _____
Total Miles driven: _____
Commuting Miles : _____
Business Miles: _____
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: _____
Safe Deposit Box: _____
Bus.Related Education Exp: _____
Investment Fees: _____
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) _____

Education Expenses: (need 1098-T from school)

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

Did you make Estimated Tax Payments for 2020?

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

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: _____
Fed ID #: _____

Total Income: _____

Rental Income:

Property Desc: _____
Address: _____

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) _____

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

Other Questions:

Assets Bought or Sold:

Description: _____
Date: _____
Purchase price:\$ _____
Sold for: \$ _____

of days(max 10)you were quarantined due to Covid _____ # of days(max 10) caring for a quarantined family member _____
of days (max 50) you could not work due to caring for a child due to school closings or day care closings _____