

Thomas and Company, CPAs*Online: kthomascpa.com***TAX RETURN INFORMATION WORKSHEET**

Your Name	DOB	Spouse's Name	DOB
Social Security #		Social Security #	
Address	City	State	ZIP
Occupation	Occupation		
Cell #	Email:	Identity PIN- Please attach if received	
Filing Status as of 12-31	Single	Head of Household	Married Filing Joint
			Married Filing Separately
Dependent Information:	For additional dependents, attach sheet		
Name & DOB	SS#	Name & DOB	SS#
Name & DOB	SS#	Name & DOB	SS#
Bank Info Routing		Account	

Withdraw from Bank if taxes are owed Yes _____ No _____ Direct Deposit if Refund Yes _____ No _____

We prepare your tax return from information you furnish us without verification. Upon examination of the returns by taxing authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such examination for a period of 7 years. We are not responsible for information that was excluded from this form when submitted.

Please answer the following questions:

Did you receive form 1095-A?, If yes, please attach.

Yes _____ No _____

Would you like to enroll and receive paperless copies of your tax returns as well as have secure access to our portal, portal.kthomascpa.com?

Yes _____ No _____

At any time during 2023, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

Yes _____ No _____

This list is more than anything a reminder of the types of deductions available to you.

If you have supporting documentation included, it is helpful but not required to list the amounts.

MEDICAL EXPENSES	
**List only unreimbursed medical expenses	AMOUNT
Prescription Medicine	
Doctors	
Hospitals	
Dental	
Optical	
Medical Insurance	
Medical Travel-No. of miles driven	
Other	
CONTRIBUTIONS	
Church/Synagogue	
United Way,Cancer Fund,Heart Assoc,etc.	
Goodwill, Salvation Army**	
Other	
Other	
**List Market Value of any donations of non-cash items	

TAXES	
Real Estate Taxes-Principal Residence	
Real Estate Taxes-Other Property	
Personal Property Taxes or Vehicle Taxes	
Sales Tax	
Federal Estimated Tax Payments	
State Estimated Tax Payments	
MORTGAGE INTEREST	
1st Mortgage	
2nd Mortgage	
Home Equity Loans	
Paid to Individuals:	
Name, Address, and SS#	

Child Care Expense	
Union Dues, Tools, Safety Eqmt.	
Moving Expenses	
Alimony Paid:	
Please include recipients name	
and social security number, Pre-2018	
Please provide statement from provider or complete information including name, address and Federal ID # or Social Security #	
Safety Deposit Box	
Prior Year Tax Preparation Fee	
Traditional IRA Cont.-Taxpayer	
Traditional IRA Cont.- Spouse	
Do not list Roth IRA Contributions	

Income Listing Sheet

Please include all W2's, 1099's, K1's and other source documents related to income.
The above includes, Wages, Retirement, Gambling, Interest, Dividends, Stock Sales
Royalty Income, and any other source of taxable income. For Stock Sales please make
sure a brokerage statement is included that lists gain/loss information

Alimony Income (Former Spouse's Name & SS#) _____ - - -								
For Multiple Rental Properties and/or Farm and business, please use additional sheets.								
RENTAL QUESTIONNAIRE								
Property Description: _____								
Total Gross Rents Received							\$	_____
Advertising	\$	Insurance	\$	Supplies		\$		
Auto & Travel	\$	Legal	\$	Taxes		\$		
Number of Miles		Mortgage Interest	\$	Utilities		\$		
Cleaning & Maint.	\$	Other Interest	\$	Management Fee		\$		
Pest Control	\$	Wages /Labor	\$			\$		
Commissions paid	\$	Repairs	\$			\$		
Please list separately equipment purchases and major improvements								
FARMER'S QUESTIONNAIRE								
Farm Description: _____								
Income from Livestock							\$	_____
Income from Grain or Produce & Miscellaneous							\$	_____
Income from Agricultural Programs							\$	_____
Breeding Fees	\$	Fertilizers & Lime	\$	Labor	\$	\$		
Car & Truck	\$	Trucking	\$	Rent	\$	\$		
Chemicals	\$	Gas, Fuel, Oil	\$	Repairs	\$	\$		
Machine Hire	\$	Insurance	\$	Seed, Plants	\$	\$		
Feed	\$	Interest	\$	Supplies	\$	\$		
Utilities	\$	Vet Fees, Medicine	\$	Taxes	\$	\$		
Please bring invoices for equipment and major purchases								

BUSINESS QUESTIONNAIRE			
Business Description _____			
Total Gross Receipts From Business			\$ _____
List Business Expenses Below:			
Advertising and Promotions	\$	Telephone (Cell and Land)	\$
Commissions/Finder's Fees	\$	Internet Services	\$
Business Insurance	\$	Computer Expense	\$
Interest on Business Loans	\$	Utilities	\$
Office Rent	\$	Postage	\$
Equipment Rent	\$	Bank Charges	\$
Repairs & Maintenance	\$	Office Supplies	\$
Supplies	\$	Other Supplies	\$
Real Estate Taxes	\$	Legal and Accounting	\$
Personal Property Taxes	\$	Travel and Lodging	\$
Other Taxes	\$	Meals and Entertainment	\$
Miscellaneous	\$	Equipment Purchased	\$
Mileage Information: Business _____		Personal/Commuting Mileage _____	
Information for Business Use of Home:			
Total Square Footage of Home _____		Square Footage of Business Area _____	
Utilities	\$	Lawn Care/Maid Service	\$
Repairs & Maintenance	\$	Home Association Dues	\$
Homeowner's Insurance	\$	Security Services	\$
Rent (if not owner)	\$	Major Improvements	\$