

# Income & Expense Worksheet

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Tax & Financial

Taxpayer's Name			Social Security Number		
Spouse's Name			Social Security Number		
Taxpayer's Occupation	Date of Birth (DOB)		Blind?		
Spouse's Occupation	Date of Birth (DOB)		Blind?		
Address				e-mail address	
City	Street	Zip	Home Phone	Work Phone	

### Dependent Children (who lived with you more than 6 months.)

1) Name	Social Security No	DOB	2) Name	Social Security No	DOB
3) Name	Social Security No	DOB	4) Name	Social Security No	DOB

### Other Dependents

1) Name	Social Security No	DOB	Time at Home	Relationship	Income	DOB
2) Name	Social Security No	DOB	Time at Home	Relationship	Income	DOB

<b>Things To Bring</b>  (if applicable):	Last Year's Tax Return	Property Tax Statements
	W-2 Forms for Wages	IRA Year-end Statements
	1099-R for Retirement	1098 - Mortgage Interest, Tuition, Contributions
	1099s for Interest, Dividends and Other income	Closing Papers for Purchases and Sales Including purchase and sale dates and amounts
	K-1s from Partnerships, Corporations or Estates	
	Social Security Benefits Statement	All Other Statements Showing Income
	Voided Check / Bank Info for Direct Deposit	Last Pay Stub of the Year

<p><b>RENTAL/SELF-EMPLOYMENT/FARMING INCOME &amp; EXPENSE</b></p> <p>Total Received: \$ _____</p> <p>Expenses:</p> <ul style="list-style-type: none"> <li>Taxes.....</li> <li>Utilities.....</li> <li>Interest.....</li> <li>Insurance.....</li> <li>Repairs.....</li> <li>Supplies.....</li> <li>Equipment.....</li> <li>Advertising.....</li> <li>Other.....</li> </ul> <p><b>Business Milage</b> (on back)</p> <p><b>Home Office Information</b> (exclusive use)</p> <p>Office sq. footage _____ House sq. footage _____</p> <ul style="list-style-type: none"> <li>Utilities paid.....</li> <li>Insurance paid.....</li> <li>Repairs.....</li> <li>Improvements.....</li> </ul> <p>Sale of Stock or other Property</p> <p>Cost _____ Sale\$ _____</p>	<p><b>OTHER INCOME</b></p> <ul style="list-style-type: none"> <li>Wages (Forms W-2).....</li> <li>Interest (Forms 1099).....</li> <li>Dividends (Forms 1099).....</li> <li>Tips.....</li> <li>Child Care.....</li> <li>Pensions/Annuities/Roth Conversions.....</li> <li>Jury Duty.....</li> <li>Gambling Winnings.....</li> <li>Unemployment (1099-Misc).....</li> <li>Alimony Received.....</li> <li>Prizes (1099-Misc).....</li> <li>Debt Cancellation.....</li> <li>Partnerships &amp; S Corporations.....</li> <li>Estates &amp; Trusts.....</li> <li>Social Security/RR Retirement.....</li> <li>Scholarships &amp; Fellowships.....</li> <li>State Tax Refunds.....</li> <li>Royalties.....</li> <li>Nontaxable Interest.....</li> <li>Disability.....</li> <li>Veteran's Payments.....</li> <li>Other.....</li> </ul>
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**ADJUSTMENTS**

Payments to an IRA Regular \_\_\_\_\_ Roth \_\_\_\_\_  
Taxpayer Amount \_\_\_\_\_ Sep \_\_\_\_\_ Simple \_\_\_\_\_  
Spouse Amount \_\_\_\_\_

Penalty for Early Withdrawal \_\_\_\_\_

Alimony Paid \$ \_\_\_\_\_ SS# \_\_\_\_\_

Self-Employed Health Insurance \_\_\_\_\_

Student Loan Interest \_\_\_\_\_

Job Related Moving Expenses:  
Travel and Lodging- Move \_\_\_\_\_  
Costs of Moving Household Items \_\_\_\_\_  
Reimbursement \_\_\_\_\_

Pymts to MSA/HSA: Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

**MEDICAL EXPENSES**

Insurance and Medicare (not pretax) \_\_\_\_\_  
Long Term Care Insurance \_\_\_\_\_  
Prescriptions \_\_\_\_\_  
Eyeglasses, Hearing Aids & Batteries \_\_\_\_\_  
Doctors \_\_\_\_\_  
Dentists \_\_\_\_\_  
Hospital/Ambulances \_\_\_\_\_  
Auto Milage \_\_\_\_\_  
Other Medical Expenses, Travel \_\_\_\_\_  
Reimbursement \_\_\_\_\_  
Did you receive reimbursement at work? \_\_\_\_\_

**TAXES**

Real Estate Taxes \_\_\_\_\_  
Sales tax paid on vehicle/boat \_\_\_\_\_  
Other sales tax paid (from receipts) \_\_\_\_\_  
State taxes paid in '06 for '05 or earlier \_\_\_\_\_  
2007 State Tax Estimates  
date pd \$ \_\_\_\_\_ date pd \$ \_\_\_\_\_  
date pd \$ \_\_\_\_\_ date pd \$ \_\_\_\_\_  
2007 Federal Tax Estimates  
date pd \$ \_\_\_\_\_ date pd \$ \_\_\_\_\_  
date pd \$ \_\_\_\_\_ date pd \$ \_\_\_\_\_  
Vehicle License Tabs, Pers. Prop. Tax \_\_\_\_\_

**INTEREST EXPENSE**

Home Mortgage- Paid to Financial Institutions (Form 1098)  
First Mortgage/Refinance in 2007 \_\_\_\_\_  
Loan Origination Fee/ Discount Fee \_\_\_\_\_  
Second Mortgage \_\_\_\_\_  
Home Equity \_\_\_\_\_  
Mortgage Insurance (new purchase) \_\_\_\_\_  
Second Home Interest Payments \_\_\_\_\_  
Home Mortgage- Pd to Individuals \_\_\_\_\_  
(name, address, Social Security number) \_\_\_\_\_  
Investment Interest: Margin Account \_\_\_\_\_  
Other Investment Interest \_\_\_\_\_

**HIGHER EDUCATION EXPENSES**

Post Secondary Tuition/Req. Fees Paid \_\_\_\_\_  
Date: \_\_\_\_\_ Year in School \_\_\_\_\_

**ADOPTION EXPENSES**

Amount Paid: \_\_\_\_\_ Date Finalized: \_\_\_\_\_

**CONTRIBUTIONS**

Churches (receipted) \_\_\_\_\_  
Other contributions of Money (receipted) \_\_\_\_\_  
Charitable Auto Milage \_\_\_\_\_  
Volunteer Expenses \_\_\_\_\_  
Property Donated (receipted, fair market value bring documentation if over \$500) \_\_\_\_\_  
Auto, Boat Donations (Form 1098C) \_\_\_\_\_  
Hurricane Assistance Donations \_\_\_\_\_  
Hurricane Assistance Miles \_\_\_\_\_  
Other \_\_\_\_\_

**CASUALTY & THEFT LOSSES**

Cost of Property Lost \_\_\_\_\_  
Fair Market Value of Property \_\_\_\_\_  
Insurance Reimbursement Received \_\_\_\_\_

**JOB RELATED AUTO EXPENSE**

Total Miles \_\_\_\_\_  
Business Miles \_\_\_\_\_  
Commuting Miles \_\_\_\_\_  
Personal Miles \_\_\_\_\_  
Jan 1, 2007 Odometer Beginning \_\_\_\_\_  
Dec 31, 2007 Odometer Ending \_\_\_\_\_  
Gas and Oil \_\_\_\_\_  
Interest \_\_\_\_\_  
Tolls & Local Transportation \_\_\_\_\_  
Lease Payments \_\_\_\_\_  
Other \_\_\_\_\_

**JOB/INVESTMENT RELATED DEDUCTIONS**

LIMITED:  
Dues and Subscriptions \_\_\_\_\_  
Education (incl. miles above) \_\_\_\_\_  
Safety Equipment/ Uniforms \_\_\_\_\_  
Job Seeking Expenses \_\_\_\_\_  
(incl. miles above) \_\_\_\_\_  
Legal Accounting Fees \_\_\_\_\_  
Tools/Equipment/Supplies \_\_\_\_\_  
Business Entertainment \_\_\_\_\_  
Investment & Tax Advice \_\_\_\_\_  
Safe Deposit Box \_\_\_\_\_  
Hobby Losses \_\_\_\_\_  
Other/IRA Fees \_\_\_\_\_  
Gambling Losses \_\_\_\_\_  
Impairment Related Work Expenses \_\_\_\_\_  
Classroom materials for Educators \_\_\_\_\_

**CHILD CARE EXPENSES**

Names and Addresses and ID#s of providers, amount paid \_\_\_\_\_  
Do you have a dependent care benefit plan at work? \_\_\_\_\_

**ENERGY CREDITS**

Hybrid Vehicle Purchase - Make, year, purchase date: \_\_\_\_\_  
Qualified Energy-saving Home Improvements - Type, cost: \_\_\_\_\_

Please sign here \_\_\_\_\_ date \_\_\_\_\_