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WE ARE ACROSS  
FROM SONIC ON HWY 63

[APRIL@ANDERSONLARKIN.COM](mailto:APRIL@ANDERSONLARKIN.COM)

ALBIA DROPOFF LOCATION  
WES AESCHLIMAN STATE FARM  
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ALBIA, IA 52531

**2018 INCOME TAX DATA SHEET**

This data sheet will aid you in organizing your 2018 individual federal and state income tax information. The list is by no means all-inclusive; therefore, any unusual income or expenditures should be brought to our attention. If you think any event or activity might have a possible influence on your tax return, tell us about it so we may consider it.

I/We understand that we are responsible for the accuracy of the information contained on these forms and other information provided to you. I/We further understand that the responsibility of Anderson, Larkin & Co. P.C. is limited to information contained herein or any other data supplied by us. I/We further maintain that a careful review of the completed tax return will be made by me/us before the return is filed. By signing the completed tax returns, I/we are confirming these conditions.

If you would like to have your refund directly deposited into your account, please attach a voided check.

**PERSONAL INFORMATION**

Please **complete name** & only those items ***that have changed*** since last year

**TAXPAYER**

**SPOUSE**

S.S. Number \_\_\_\_\_ S.S. Number \_\_\_\_\_  
Name \_\_\_\_\_ Name \_\_\_\_\_  
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Work Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

School District \_\_\_\_\_ County \_\_\_\_\_

<u>Name</u>	<u>Date of Birth</u>	<u>S.S. Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If any of the above dependents did not live with you due to divorce or separation, you must provide a completed Form 8332 (Custodial Parent Release Form).

**ADDITIONAL INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you have a self-employed business or rental activity our office has worksheets we will provide you if requested.**

**ADJUSTMENTS TO INCOME**

**IRA(s):**

You (X) if Roth \$ \_\_\_\_\_ Iowa Tuition and Textbooks  
 Spouse (X) if Roth \_\_\_\_\_ (K through Twelve) \$ \_\_\_\_\_  
 Alimony Paid SSN \_\_\_\_\_

**ITEMIZED DEDUCTIONS**

**Medical and Dental Expenses**

Medicare Insurance \$ \_\_\_\_\_  
 \*Other **Medical Insurance** \_\_\_\_\_  
 \*Nursing Home Insurance \_\_\_\_\_  
 Medical Miles \_\_\_\_\_  
 Medical expenses \_\_\_\_\_

**Gifts to Charity:**

Total Paid by Cash or Check \$ \_\_\_\_\_  
 Contributions greater than \$250  
 must be supported by a receipt.  
 Non-Cash Contributions  
 (If Over \$500 Attach Receipts)  
 (If \$5,000 or More Attach Appraisal)  
 \_\_\_\_\_ Miles

**Taxes You Paid:**

Real Estate Taxes \_\_\_\_\_  
 Car License \_\_\_\_\_

**Other Miscellaneous Deductions:**

Gambling Losses (only with  
 Gambling Income) \_\_\_\_\_  
 Employee Unreimbursed Expense\* \_\_\_\_\_  
 Tax Preparation Fees\* \_\_\_\_\_  
 \*Iowa only

**Interest You Paid:**

Home Mortgage (From Form 1098) \_\_\_\_\_  
 Other Home Mortgage-See Note \_\_\_\_\_  
 Investment Interest \_\_\_\_\_

Note: Home Equity Interest is no longer deductible in most cases

**RESIDENTIAL ENERGY CREDITS**

Qualified solar, wind, and geothermal energy system costs for your main home located in the United States paid in 2018. \$ \_\_\_\_\_  
 Qualified energy efficient improvement costes for your main home located in the United States paid in 2018. Examples-insulation, exterior doors, windows. \$ \_\_\_\_\_

**ESTIMATE INFORMATION**

List payments of 2018 estimated income tax. Include the fourth payment which is not due until January 2019.

<u>Federal</u>		<u>State</u>	
<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>
_____	\$ _____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you paid any additional tax on any prior returns, other than the amount as shown on last year's return please note the amount paid below.

Do you have financial interest or signature or other authority over any foreign financial bank accounts with an aggregate amount of \$10,000 or more? YES NO

**CHILD CARE CREDIT**

Work Related Child and Dependent Care Expenses. List Persons or Organizations Providing Care:

<u>Name</u>	<u>Address</u>	<u>(SSN or EIN)</u>
_____	_____	_____
		\$ _____

**EDUCATION TAX CREDITS AND DEDUCTIONS**

**American Opportunity Tax Credit, Lifetime Learning Credit and Tuition and Fees deduction**

<u>Name</u>	<u>Tuition</u>	<u>Books and Materials</u>	<u>Check one of the following:</u>	
			<u>First 4 Years</u>	<u>4+ Years</u>
	\$ _____	\$ _____	_____	_____

**STUDENT LOAN INTEREST**

Please attach Form 1098-E. Limited to interest required to be paid by taxpayer. \$ \_\_\_\_\_

<b>Important! If you are claiming Head of Household, Earned Income Credit, or Education Credits please see the following chart and sign off that you qualify and bring any supporting documentation</b>			
<b>Marriage Test</b>	<b>If You Are:</b>		<b>Then send photocopies of the following documents.</b>
	Single		Go to the Qualifying Person Test and Cost of Keeping up a Home Test
	Divorced or legally separated		Entire divorce decree, separate maintenance decree, or separation agreement.
	Married, but your spouse did not live with you during the last 6 months of 2018		Documents verifying your spouse did not live with you during the last 6 months of the year, such as lease agreement, utility bills, letter from clergy member, or letter from social services.
<b>Qualifying Person Test</b>	If the Person Is:	And	<b>Then send photocopies of the following documents.</b>
If your relationship with the child is not in this listing, please see Publication 501, Exemptions, Standard Deduction, and Filing Information for more information.	Your child. Your brother or sister, stepbrother or stepsister, or any of their descendants (ex-grandchild, niece, or nephew) Your eligible foster child.	You can claim a dependency exemption for the child. The child lived in your home for more than 1/2 of 2018. Note: A married child must be your dependent.	Birth certificates, social security card, or court document that verify your relationship to the child. To show both you and your child lived together for more than 1/2 of 2018, send:• School, medical, daycare, or social service records• A letter on the official letterhead from a school, medical provider, social service agency, or place of worship that shows names, common address and dates. (If you send a letter from a relative who provides your daycare, you MUST send at least one additional letter.) <b>Send as many</b> documents as necessary to show that the child lived with you for more than half of the year.
<b>Cost of Keeping up a Home Test</b>	If:	And	<b>Then send photocopies of the following documents.</b>
	You pass both the marriage test and the qualifying person test	You paid more than 1/2 the cost of keeping up your home for 2018.	Rent receipts, utility bills, grocery receipts, property tax bills, mortgage interest statement, upkeep and repair bills, property insurance statement, and other household bills.

**If you passed the qualifying person test and the cost of keeping up a home test please sign and date. We will need the documentation listed above to keep in your file.**

<u>Name</u>	<u>Signature</u>	<u>Date</u>
_____	_____	_____