

**ANDERSON, LARKIN & CO. P.C**

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ACROSS FROM DOMINOS PIZZA  
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**2023 INCOME TAX DATA SHEET**

This data sheet will aid you in organizing your 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.

**PERSONAL INFORMATION**

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

**TAXPAYER**

**SPOUSE**

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

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

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

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

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

Data Sheet Preference: Mail  Email  None

If I get a refund from Federal or State, I would like:

A mailed check  Direct deposit into bank account listed below

If I owe Federal or State, I would like:

To write a check  Automatically taken out of my bank account listed below

Return Delivery Preference: (Circle One)

SafeSend\*  Paper Copy

\*through secure email no need to come back in

**SafeSend Information:**

Paper Copy WP Email \_\_\_\_\_

Preferred Phone # \_\_\_\_\_

Digital Copy WP Update address: \_\_\_\_\_

**Payments**

\_\_\_\_\_  
(Check if yes) Please deduct by Tax Return Preparation Fee from the account or credit card provided below.

**\*PAYMENTS WILL BE PROCESSED WHEN THE RETURN IS READY TO BE PICKED UP OR SENT VIA SAFESSEND.**

I, \_\_\_\_\_ authorize Anderson, Larkin & Co. P. C. to charge my credit card/checking/savings account for my Tax Preparation fee and/or my amount owed to federal and/or state.

Bank Account:  Checking  Savings Credit Card (For Tax Preparation Fee Only)

Routing Number: \_\_\_\_\_ Card Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVC: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ITEMIZED DEDUCTIONS**

**Medical and Dental Expenses**

Medicare Insurance	\$ _____	Total Paid by Cash or Check	\$ _____
*Other <b>Medical Insurance</b>	_____	Contributions greater than \$250	
*Nursing Home Insurance	_____	must be supported by a receipt	
Medical Miles _____	_____	Non-Cash Contributions	_____
Medical Expenses _____	_____	(If over \$500 Attach Receipts)	
		(If \$5,000 or more Attach Appraisal)	

**Taxes You Paid:**

Real Estate Taxes	_____	Gambling Losses (only with _____
Car Registration	_____	Gambling Income)

**Interest You Paid:**

Home Mortgage (From Form 1098) \_\_\_\_\_

Other Home Mortgage-See Note \_\_\_\_\_

Investment Interest \_\_\_\_\_

Private Mortgage Insurance \_\_\_\_\_

Note: Home Equity Interest is now only deductible if you used the loan funds on your home.

**K - 12 EDUCATOR EXPENSES**

Educator expenses of \$300 or more? YES NO

**ESTIMATE INFORMATION**

List payments of 2023 estimated income tax. Include the fourth payment which is not due until January 2024

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

Did you paid any additional tax on any prior returns? \$ \_\_\_\_\_

Did you buy, sell, or exchange any virtual currency this year (ex:bitcoin)? YES NO

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

Are you a volunteer firefighter, EMS Personnel or Reserve Peace officer? YES NO  
If yes, please attach a written statement from your supervisor.

**RESIDENTIAL ENERGY CREDITS**

Qualified solar, wind, solar water, fuel cell, and geothermal energy system costs for your main home located in the United States paid during the year. \$ \_\_\_\_\_

Qualified energy efficient improvements to the home: Exterior doors, windows, skylights, insulation, central air, water heater, furnaces, boilers, heat pumps, biomass stove, boiler, and home energy audits for your main home located in the United States paid during the year. \$ \_\_\_\_\_

**IRA(s):**

You	Traditional	\$ _____	Roth	\$ _____
Spouse	Traditional	\$ _____	Roth	\$ _____

**COLLEGE EDUCATION TAX CREDITS AND DEDUCTIONS**

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

**STUDENT LOAN INTEREST**

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

**Dependent Information**

**Dependents** (We must have social security numbers for all dependents).

<u>Name</u>	<u>Date of Birth</u>	<u>S. S. Number</u>	<u># of months lived w/ you this year</u>	<u>Can you claim them?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

**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>	<u>Amount Paid</u>
_____	_____	_____	_____
_____	_____	_____	_____

**IOWA DEDUCTIONS**

Iowa Tuition and books (Registration, Activity fees) \$ \_\_\_\_\_  
 (K-12 only) Separate Amounts Per Child  
 Early Childhood Dev. Credit Ages 3-5 (Preschool, books, supplies & activities) Per Child \$ \_\_\_\_\_

If claiming dependents:

- \* Are you single, divorced or legally separated, married, or married but spent the last 6 months separated?
- \* Is the person your child, brother, sister, any of their descendants, or eligible foster child?
- \* Do you provide more than 50% of the cost of keeping up your home that the child lives in?

**ADDITIONAL INFORMATION**

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