

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 SAFESEND.**

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 Medical Insurance	_____	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.

FARM INCOME

Produced or Raised Income:

Livestock \$ _____

Grain, Hay, Straw, Wool & Dairy _____

Cooperative Distributions

(Attach 1099-G Statement) _____

USDA PAYMENTS

(Attach 1099-G Statement) _____

Custom Hire (Machine Work)

Crop Insurance:

Received in 2023 \$ _____

Deferred from 2022 _____

Grants:

Other Income:

FARM EXPENSES

Chemicals \$ _____

Conservation Expense _____

Custom Hire (Machine Work) _____

Employee Benefit Program _____

Feed Purchased _____

Fertilizer and Lime _____

Freight and Trucking _____

Gasoline, Fuel and Oil _____

Insurance:

Farm Buildings, Machinery, Livestock, etc.

Total \$ _____

Farm Use % _____

Crop Insurance _____

Trucks _____

Mortgage Interest Paid to Banks, etc.

Reported on Form 1098) _____

Other Interest _____

Labor Hired _____

Vehicle or Equipment Rent _____

Land Rent _____

Repair and Maintenance _____

Seeds and Plants Purchased _____

Storage and Warehousing _____

Supplies Purchased _____

Taxes (Property):

Total \$ _____

Farm Use % _____

Utilities:

Total \$ _____

Farm Use % _____

Telephone - Farm Related Only _____

Veterinary, Breeding and Medicine _____

Grain Dryer Expense _____

Social Security on Labor Hired _____

Papers, Dues, Office and Misc. _____

Tax Preparation:

Total \$ _____

Farm Use % _____

Truck Expense (enter milage on page 2)

Total \$ _____

Farm Use % _____

Car Expense: (enter milage on page 2)

Total \$ _____

Farm Use % _____

Other Expenses

GAS TAX INFORMATION (Nonhighway Farm Use Only)

Gallons of gasoline for which you are able to claim a credit _____

Did you materially participate in the operation of this farm? _____

Did you make any payments that would require you to file Form(s) 1099? _____

If yes, did you or will you file required Form(s) 1099? _____

SALE OF LIVESTOCK OR OTHER ITEMS BOUGHT FOR RESALE - (please include copy of sales receipt)

<u>Description/Head Count</u>	<u>Raised</u>		<u>Breeding Stock</u>		<u>Date of Sale</u>	<u>Date/Born Purchased</u>	<u>Sale Price</u>	<u>Purchase Cost</u>
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>				
_____	_____	_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____	\$ _____

SALES OF EQUIPMENT AND/OR OTHER PROPERTY - (please include copy of sales receipts)

<u>Description</u>	<u>Date of Sale</u>	<u>Date of Purchase</u>	<u>Sale Price</u>	<u>Purchase Cost</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

PURCHASE OF EQUIPMENT, BREEDING STOCK, AND IMPROVEMENTS

(please include copy of purchase receipts)

<u>Date</u>	<u>Description</u>	<u>Purchase Price</u>	<u>Boot Paid If Traded</u>	<u>Item Traded</u>
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

VEHICLE MILEAGE

<u>Beginning Miles</u>	<u>Ending Miles</u>	<u>Commuting Miles</u>	<u>Personal Miles</u>
_____	_____	_____	_____

Payer (Employer) Name _____ Telephone
 Address _____ Number (____) ____ - ____
 _____ Contact
 _____ Person _____

Identification Number (SSN or EIN) _____

****IMPORTANT****
2023 INFORMATION RETURNS (Form 1099)

You must provide a statement of income for each person to whom you have paid at least \$600 in the course of your trade or business. This would include interest paid, rent paid, and nonemployee compensation. Examples of **nonemployee compensation** would be machine hire, vet fees, legal fees, painters, plumbers, and other independent contractors. Except for legal fees, payments to corporations are not subject to these filing requirements.

<u>Name and Address</u>	<u>Kind of Payment</u>	<u>Identification Number (SSN or EIN)</u>	<u>Amount</u>
1. _____ _____ _____	_____	_____	\$ _____
2. _____ _____ _____	_____	_____	\$ _____

****IMPORTANT****
2023 FARM EMPLOYEES (FORM W-2)

Social security taxes, federal withholding and Iowa withholding apply to all cash wages you paid during the year to an employee for farm work if either of the two tests below are met:

1. You pay \$2,500 (cash and noncash) or more during the year to all your employees for agricultural labor.
2. You pay cash wages to an employee of \$150 or more in a year. The \$150 test applies separately to each farmworker you employ.

Farm labor paid to your own children, under age 18, is not subject to the above rules.

<u>Name and Address</u>	<u>Social Security Number</u>	<u>Wages</u>	<u>Amount</u>
1. _____ _____ _____	_____	GROSS Amount Paid	\$ _____
		FICA Withholding	_____
		MEDICARE Withholding	_____
		FEDERAL Withholding	_____
		STATE Withholding	_____
		SS & MEDICARE Wage	_____

The law contains **Penalty** provisions for not filing these returns and forms. If you would like us to prepare the necessary returns and forms, please provide all of the information above. We must have complete information before we can prepare the returns and forms. **The 1099 and W-2 forms are due by JANUARY 31, 2024.**

If additional space is needed, use back of this sheet.