WORKSHEET FOR PREPARING 2015 INDIVIDUAL INCOME TAX RETURNS

Taxpayer (T) Name ______________________ Spouse (S) Name ______________________

Occupation ______________________ Occupation ______________________

Date of Birth ___ /___/____ SS #_____-_____-______ Date of Birth ____/___/____ SS #_____-____-______

How many months did you have health insurance? ________ **How many months did you have health insurance?** ________

Address ____

County ______________

School District of residence on 12/31/15 ____________

Email ______________________________

May we email confidential information? __________

Telephone:	(T)	(S)
(Home)	______________	______________
(Work)	______________	______________
(Cell)	______________	______________

Children and others who are your dependents:

Full Legal Name & Relationship	**Date of Birth mm/dd/yr**	**Social Security Number**	**Grades K-12 Supplies for School Activities, Book Fees, and Tuition**	**Dependent's Income* Wages and Other Income**	**Dependent's Income* Dividends & Interest**	**# of Months Covered By Health Ins.**
________________________	__/__/__	____________	____________	__________	_________	_______
________________________	__/__/__	____________	____________	__________	_________	_______
________________________	__/__/__	____________	____________	__________	_________	_______
________________________	__/__/__	____________	____________	__________	_________	_______

***PLEASE PROVIDE DEPENDENT'S W-2'S, 1098-T'S, 1099'S AND/OR TAX RETURN.**

-Will your return be signed by your authorized power of attorney? If so, please provide a copy. _____

-Does any person who is not your child live with you **OR** do you provide housing for a dependent parent?_____

PLEASE LIST ANY OTHER INCOME NOT PROVIDED ON W-2'S, 1099'S AND K-1'S. NOTE: If you received INTEREST on a real estate contract, please list the NAME, ADDRESS, and SOCIAL SECURITY NUMBER of the PAYER and include the amount of principal received.

From Whom Received	**Amount**	**For What**
______________________	______________________	______________________
______________________	______________________	______________________

PLEASE ANSWER THE FOLLOWING QUESTIONS AND PROVIDE DETAILS AS REQUIRED:

1. Did you have stock or mutual fund sales during the year?_____ If yes, please provide the cost basis.
2. Are you or your spouse legally blind? ________ 3. Do / Did you have a foreign bank account? ________
4. Did you convert a regular IRA to a Roth IRA or recharacterize a Roth conversion? _________ (*Provide details.*)
5. Did you buy or sell your residence during this year? _________(Please provide closing statement.)
6. Please check here if you do **not** want to allow the IRS to discuss your tax return with us.________
7. If you would like your refund(s) direct deposited, check here____and provide a voided check **AND/OR**
   If you would like your tax due automatically withdrawn, check here____and provide a voided check.
8. Limited energy credits may be available. Please provide details of energy efficiency improvements to your home.

Please complete if you or your spouse wish to participate in one of the following:

Fund	**Amount**		**Yes/No**	**Yes/No**
Fish & Wildlife Fund	__________	Presidential Fund	(T)________	(S)________
Iowa State Fair Foundation	__________	Republican Party	(T)________	(S)________
Child Abuse Prevention	__________	Democratic Party	(T)________	(S)________
Fire Fighter Prepare.Fund/Veterans Trust	______	Campaign Fund	(T)________	(S)________

Any questions or comments:____

I (we) have disclosed to Henkel & Associates, P.C. all of my (our) income and deductions and have documents to support all the information provided. I understand that I am responsible for retaining this documentation. Henkel & Associates, P.C.'s liability is limited to 100% of the fees for preparing the tax return.

Taxpayer Signature____________________________ Spouse Signature______________________________