

BERTOLAS & PEKULA, LLC

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INCOME TAX ORGANIZER

Taxpayer's Name		Taxpayer's Date of Birth	Social Security #	Blind <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's Name		Spouse's Date of Birth	Social Security #	Blind <input type="checkbox"/> Yes <input type="checkbox"/> No
Taxpayer's Occupation		Taxpayer's Email		Taxpayer's Primary Contact #
Spouse's Occupation		Spouse's Email		Spouse's Primary Contact #
Address	City	State	Zip	Home Phone #

DEPENDENT CHILDREN (who live with you)

1. Name	Social Security #	Date of Birth	2. Name	Social Security #	Date of Birth
3. Name	Social Security #	Date of Birth	4. Name	Social Security #	Date of Birth

OTHER DEPENDENTS

Name	Social Security #	Relationship	
Months at Home	Income	Support paid by you	Support paid by dependent & others

◆ RENTAL/SELF-EMPLOYMENT

INCOME & EXPENSE

Total Received: \$ _____

Expenses: Taxes..... _____

Utilities..... _____

Interest..... _____

Insurance..... _____

Repairs..... _____

Supplies..... _____

Equipment..... _____

Advertising..... _____

Other..... _____

Business Mileage (on back) _____

Home Office Information (exclusive use):

Office sq. footage _____

House sq. footage _____

Utilities paid _____

OTHER INCOME

★ Interest Income _____

★ Dividend Income _____

Veteran's Payments..... _____

Tips..... _____

◆ Child Care..... _____

★ Pensions/Annuities/Roth Conversions... _____

Jury Duty..... _____

Gambling Winnings (W-2G)..... _____

Disability..... _____

Alimony Received..... _____

★ Nontaxable interest..... _____

◆ Farming..... _____

Royalties..... _____

Scholarships & Fellowships..... _____

Other..... _____

Sale of stock or other property- Cost _____ Sales Price _____ Quantity _____

★ Please bring year end statements & supporting documents. Dates are important.

◆If you need a more detailed worksheet or assistance in compiling records, please call.

ADJUSTMENTS TO INCOME

Payments to an IRA: <input type="checkbox"/> Regular <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE	Taxpayer: Amount \$ _____	Spouse: Amount \$ _____
Penalty for Early Withdrawal _____	Alimony Paid \$: _____	SS#: _____ - _____ - _____
Self-Employed Health Insurance _____	Student Loan Interest _____	
Payments to HSA: Taxpayer \$ _____	Spouse \$ _____	Coverage: Family _____ Individual _____ Deductible \$ _____
Are you an educator? <input type="checkbox"/> Yes <input type="checkbox"/> No Educator Expenses \$ _____		

Deductions and Credit items

MEDICAL EXPENSES

Insurance (not pretax or Self Employed) _____
Long Term Care Insurance..... _____
Policy #..... _____
Prescriptions..... _____
Eyeglasses/Doctors/Dentists/Hospital/Ambulance/Medical
Travel/Copays..... _____
Hearing Aids & Batteries..... _____
Medical Miles..... _____
Reimbursements..... _____
Did you receive reimbursement at work? _____

TAXES

Sales Tax Paid..... _____
Real Estate Taxes..... _____
State taxes paid in prior years..... _____
State Tax Estimates
Date pd. _____ \$ _____ date pd. _____ \$ _____
Date pd. _____ \$ _____ date pd. _____ \$ _____
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 (1098)
First Mortgage/Refinance..... _____
Loan origination Fee/Discount Fee _____
Second Mortgage..... _____
Home Equity..... _____
Second Home Interest Payments..... _____
Home Mortgage-Pd. To individuals
(name, address, social security number) _____
Investment Interest:
Margin Account..... _____
Other Investment Interest..... _____

EDUCATION EXPENSES

Post Secondary Tuition, Books & Supplies Paid \$ _____
Date: _____ Year in school _____

K-12 Education Expenses – Be sure to keep receipts

Child Name _____ Grade _____ Expenses\$ _____
Child Name _____ Grade _____ Expenses\$ _____
(Please bring 1098-T)

CHILD CARE EXPENSES

Names, addresses, and ID#s of provider(s), amount paid.

Do you have a dependent care benefit plan at work? _____

CONTRIBUTIONS

Churches..... _____
Charitable Auto Mileage..... _____
Other Contributions of Money..... _____
Volunteer Expenses..... _____
Property Donated (for which you
have receipts(fair market value)-. _____
Other..... _____

AUTOMOBILE EXPENSES

Total Miles..... _____
Business Miles _____
Commuting Miles _____
Tolls & Local Transportation..... _____
Lease Payments..... _____
Other..... _____
Interest Paid..... _____

ADOPTION EXPENSES

Amount Paid: _____ Date Finalized: _____
US Adoption _____ Foreign Adoption _____

Client Signature _____

Date _____