

2009

TAX DATA

WORKSHEET

BRING ALL OFFICIAL RELATED DOCUMENTS

NEW CLIENTS: BRING COPY OF 2008 TAX RETURN & SOCIAL SECURITY CARD FOR FILERS & DEPENDENTS

- W-2 Statements, W-2G (Gambling)
1099-INT (Interest)
1099-DIV (Dividends)
Home Purchase/Sale Papers
Home Mortgage Refinance Papers
1099 Social Security Income
1099-R (Pensions/Annuities Disb.)
1099-R (IRA/Keogh Withdrawals/Rollovers)
All IRA Year-end Statements
1099 Unemployment Income
1099 State Tax Refund
Stock Sales-Buy Side & Sell Side
1099-B (Broker Statement)
1099 Miscellaneous Commissions
1099 Prizes, Gambling Income
Rents
Agricultural Payments
K-1's S-Corps, Partnerships
K-1's Estates, Trusts
Alimony
Jury Duty
Hybrid Car Purchase

BRING VOIDED CHECK FOR DIRECT REFUND DEPOSIT

FURNISH INCOME & EXPENSE DETAIL SEPARATELY OR CALL FOR A SPECIAL WORKSHEET

- Business Self-Employed
Farm
Rentals

PERSONAL DATA (note if change from 2008)

Form with fields for Last Name, Home/Office Phone, Cell Phone, E-Mail, Taxpayer, Spouse, First Name & Initial, Occupation, Social Security #, Birthdate, Mailing Address, County, School District, City, State, Zip Code.

Dependents

Table for Dependents with columns for Name, Birthdate, X If not living with you, Months lived in your home, Social Security #, Relationship.

ESTIMATED TAXES PAID

Table with columns: Date Due, Date Paid, Federal, Date Paid, State. Rows for Fourth Qtr Prior, First Quarter, Second Quarter, Third Quarter, Fourth Quarter.

OTHER DEDUCTIONS & CREDITS

Form for Education Credits/Tuition Paid, College Savings Plan Iowa/Education IRA, and IRA (Regular & Roth).

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ITEMIZED DEDUCTIONS:

MEDICAL EXPENSES - Generally Must Exceed 7.5% of Income for Federal & Most States	
Prescription Drugs (no "over-the-counter" drugs)	
Doctors/Dentists/Hospitals/Glasses/Hearing Aid & Battery	
Medical Ins Premiums (out of pocket)	
Long-Term Health Care Premiums – Taxpayer/Spouse	
Medicare D Prem Deducted from Soc Sec or Paid Direct Medicare Premiums from Social Security	
Auto Travel (for medical purposes)	mi.
Out of Town Lodging & Number of Nights	
Insurance Reimbursements (only for above amounts)	
HSA-Bring 1099SA Form & Summary Report/Contributions Made & Distributions	

TAXES PAID	
Real Estate - Residence	
Real Estate - 2nd Home	
Real Estate - Other (list)	
Auto License Fee – No Trucks, Boats or Motorcycles	
Sales Tax – Vehicle or Home Building Materials	

HOME MORTGAGE INTEREST PAID		
BRING YOUR 1098 FORM(S)	Primary Home	Second Home
Interest Paid to an Institution:		
Points		
Interest Paid to an Individual:		
Individual's Name:	Social Sec. #	
Address:		
Mortgage Ins Premiums		

STUDENT LOAN INTEREST PD
Bring statement from lending agency.

CHILD OR DEPENDENT CARE		
Child or dependent care expenses to enable you to work or attend school full time. Number of children under 13:		
Name of Provider/Address	Soc Sec # or EIN #	Amount Paid

CHARITABLE CONTRIBUTIONS	
Cash/Check (only if substantiated by bank record or donee written receipt)	
Payroll Deduction	
Travel For Charitable Purposes	mi.
Value of goods contributed (usually the fair market value). Name & address of charitable recipient and detailed list of donated items when total equals \$500 or more.	

MISCELLANEOUS BUSINESS & INVESTMENT EXPENSES NOT LISTED ELSEWHERE		
	HIS	HERS
Dues: Union & Professional		
Employment Related Education/Seminars		
Tuition/Fees		
Books/Publications		
Licenses, Fee, Credentials, Etc.		
Tools, Supplies, Equipment		
Insurance-Business (E&O, Malpractice, Etc)		
Uniforms - Purchased		
Uniforms – Cleaned		
Business Travel (Explain)	mi.	mi.
-Meals		
-Lodging		
-Other Transportation		
-Reimbursement		
Job Seeking Expenses in Same Field		
-Employment & Resume Fees		
Investment Management Fees		
Safe Deposit Box		
Tax Preparation and Consulting Fees		
IRA or Keogh (HR-10) Fees Paid By You		
Gambling Losses – Only to Amt of Winnings		
Tuition (K-12 Only)		
Text Books (K-12 Only)		
Other:		
Move In/out State? Date of Move		

NONBUSINESS ENERGY PROPERTY CREDIT
Provide detailed documents of any energy efficient improvements to home including windows, doors, insulation, HVAC units, certain heat pumps and water heaters.

The Above Stated Information is Correct and Complete.

Signature: _____

Date: _____