

# HARVEY & CALDWELL

In association with



12980 Metcalf Avenue • Suite 305 • Overland Park • Overland Park, Kansas 66213  
(913) 451-4400

Name \_\_\_\_\_ Client # \_\_\_\_\_

## TAXPAYER PLANNING WORKSHEET

The information required on this form is pertinent to the preparation of your INCOME TAX RETURN.

Please complete and return to us as soon as possible. We must have this signed data sheet in order to complete your income Tax Return.

You are cautioned that paid bills and cancelled checks claimed by you as deductions herein, must be preserved for a period of three years to comply with Federal and State tax regulations and audit procedures. Do not claim as deductions any bills that have not actually been paid within the year.

If we may be of assistance to you in preparing this form, kindly contact us.

NAMES: Taxpayer \_\_\_\_\_ Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_  
Spouse \_\_\_\_\_ Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_

OCCUPATION: Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

ADDRESS List your current mailing address  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Dist \_\_\_\_\_ County \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

### DEPENDENT CHILDREN

1. _____	2. _____	3. _____
Birthdate _____	Birthdate _____	Birthdate _____
SS# _____	SS# _____	SS# _____
4. _____	5. _____	6. _____
Birthdate _____	Birthdate _____	Birthdate _____
SS# _____	SS# _____	SS# _____

### OTHER DEPENDENTS

With Less Than \$1000 Gross

Name	Relationship	Months Lived In Home	Amount of Support	
			By You	By Others

**ESTIMATED TAX PAYMENTS — YOU HAVE MADE** [important]

	APRIL 16, 20 1st QUARTER		JUNE 15, 20 2nd QUARTER		SEPT. 17, 20 3rd QUARTER		JAN. 15, 20 4th QUARTER		Totals
	Date	Amount	Date	Amount	Date	Amount	Date	Amount	
FEDERAL		\$		\$		\$		\$	\$
STATE		\$		\$		\$		\$	\$

**SALARIES**

(Taxpayer and Spouse)  
Attach your W-2 Forms from your employer

EMPLOYERS NAME	T/S	FEDERAL TAX WITHHELD	GROSS EARNINGS	FICA TAX WITHHELD	STATE TAX WITHHELD	CITY TAX WITHHELD
		\$	\$	\$	\$	\$

INTEREST YOU EARNED			DIVIDENDS YOU EARNED			TAXABLE OR NON-TAXABLE
T=Taxpayer	S=Spouse	J=Joint	Attach your 1099 Forms			Attach your 1099 Forms
TSJ	FROM WHOM RECEIVED	AMOUNT	TSJ	FROM WHOM RECEIVED	AMOUNT	
		\$			\$	
	Mortgage Interest Earned					

**CAPITAL GAINS AND LOSSES**

Sales of Real Estate, Personal Property, Stocks Bonds, ect.

ITEM SOLD	TSJ	DATE SOLD	DATE ACQ'D	SELLING PRICE	COST	GAIN [LOSS]
				\$	\$	\$

FOR REAL ESTATE & PERSONAL PROPERTY PURCHASES AND SALES, ENCLOSE CLOSING PAPERS

If you and your spouse worked, did you have child care expenses?

- Number of children cared for \_\_\_\_\_
- Were services performed in your house?  Yes  No
- If yes, did you file the wage tax return?  Yes  No
- Total amount \_\_\_\_\_

Name of Provider: \_\_\_\_\_ Address \_\_\_\_\_

Federal I.D. Number (SS#) \_\_\_\_\_

**OTHER INCOME**

**RENT INCOME**

Description and Address of Property

Property #1      Property #2      Property #3      Property #4

Gross Rents

\$                      \$                      \$                      \$

Expenses

Taxes

Insurance

Interest

Electricity

Fuel

Water

Repairs

Improvements

Other

For each rental property, report the number of fair rental days.

\_\_\_\_\_ Days    \_\_\_\_\_ Days    \_\_\_\_\_ Days    \_\_\_\_\_ Days

**OTHER INCOME**

Pensions ..... \$ \_\_\_\_\_

Partnerships (Attach K-1) ..... \$ \_\_\_\_\_

Small Business Corp (Attach K-1) \$ \_\_\_\_\_

Commissions ..... \$ \_\_\_\_\_

Farm Income (Attach Detail) ..... \$ \_\_\_\_\_

Alimony ..... \$ \_\_\_\_\_

Social Security/  
Railroad Retirement..... \$ \_\_\_\_\_

State Income Tax Refund ..... \$ \_\_\_\_\_

Tips (Not included on W-2) ..... \$ \_\_\_\_\_

Lottery or Other Winnings..... \$ \_\_\_\_\_

Unemployment Compensation ... \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

ENCLOSE CLOSING PAPERS FRO PROPERTY ACQUIRED THIS YEAR

**MEDICAL EXPENSE**

Medical Insurance Premiums \$ \_\_\_\_\_

Medical & Drugs \_\_\_\_\_

Miles Driven For Medical Care \_\_\_\_\_ Mi.

Other Medical Transportation \$ \_\_\_\_\_

**TO WHOM PAID**

Dr. \_\_\_\_\_

Dr. \_\_\_\_\_

Dr. \_\_\_\_\_

Dr. \_\_\_\_\_

Dr. \_\_\_\_\_

Dr. \_\_\_\_\_

Dr. \_\_\_\_\_

Dr. \_\_\_\_\_

Dr. \_\_\_\_\_

Hearing Aids..... \$ \_\_\_\_\_

Eyeglasses ..... \_\_\_\_\_

Lab Fees ..... \_\_\_\_\_

Ambulance ..... \_\_\_\_\_

Hospitals (list) \_\_\_\_\_

Other (list other medical expense — specify) \_\_\_\_\_

\_\_\_\_\_

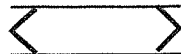
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insurance Reimbursement on above expense 

**TAXES**

Real Estate Tax ..... (Personal Residence, Land Investment) \$ \_\_\_\_\_

Personal Property Taxes..... \$ \_\_\_\_\_

Other..... \$ \_\_\_\_\_

CONTRIBUTIONS		PAID TO	AMOUNT	INTEREST PAID	
Check box if you have a receipt or cancelled check	<input type="checkbox"/>	_____ Church	\$ _____	Home Mortgage .....	\$ _____
	<input type="checkbox"/>	Easter Seals .....	_____	Name _____	
	<input type="checkbox"/>	United Campaign .....	_____	Address _____	
	<input type="checkbox"/>	Salvation Army .....	_____	2nd Mortgage .....	\$ _____
	<input type="checkbox"/>	Scouts .....	_____	Name _____	
	<input type="checkbox"/>	Miles Driven for Charitable Purposes _____ Mi.	_____	Address _____	
	<input type="checkbox"/>	Other (please list) .....	_____	Points .....	_____
	<input type="checkbox"/>	_____	_____	_____	_____

MISCELLANEOUS					
(PAID PERSONALLY)	Tax Preparation .....	\$ _____	Safety Deposit Box .....	\$ _____	
	Uniforms .....	_____	Union & Professional Dues.....	_____	
	Tools .....	_____	Prof. Books & Magazines.....	_____	
	Penalty on early withdrawal .....	_____	IRA for → Pd. _____	_____	
	Alimony .....	_____	Taxpayer _____	_____	
	Total Business Miles .....	_____	Spouse _____	_____	
	Total Miles .....	_____			

**LOSSES**

Through fire, storm, theft or casualty not reimbursed. \$ \_\_\_\_\_  
 Attach sheet with detailed explanation for each separate loss. \$ \_\_\_\_\_

**DECLARATION**

I HAVE REVIEWED THE INFORMATION GIVEN YOU ON THIS FORM AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, COMPLETE AND IT IS READY FOR YOUR PREPARATION OF MY INCOME TAX RETURN.

**NOTE: PLEASE DO NOT FORGET YOUR SIGNATURE** →

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