



# SWENSETH LAW OFFICE

Scott Sandy

Phone: 701.662.5058

PO Box 393

Fax: 701.595.7635

Devils Lake, ND 58301

Web: [swensethlawoffice.com](http://swensethlawoffice.com)

## TAX PREPARATION WORKSHEET

### PERSONAL DATA

Taxpayer Name		Spouse's Name	
SSN		SSN	
DOB		DOB	
Phone		Phone	
Email		Email	
Occupation		Occupation	
Address		City	State
			Zip

DEPENDENT ONE	DEPENDENT TWO	DEPENDENT THREE
Name	Name	Name
SSN	SSN	SSN
DOB	DOB	DOB
Relationship	Relationship	Relationship
K-12 Education Expense	K-12 Education Expense	K-12 Education Expense
Daycare Expense	Daycare Expense	Daycare Expense
Daycare Name	Daycare Name	Daycare Name
Daycare SSN/Fed ID #	Daycare SSN/Fed ID #	Daycare SSN/Fed ID #
Daycare Address	Daycare Address	Daycare Address
DEDUCTIONS		
Student Loan Interest	IRA Contributions <small>IRA ROTH SEP</small>	Moving Expenses **
College Tuition/Fees	Investment Exp	Employee Expenses <small>(use expense worksheet)</small>
Mortgage Interest Paid	Property Tax	PMI
Medical Expenses	Health Insurance	Car Tabs
Charity by Cash/Check	Non-Cash Charity***	Tax Prep Fees
Alimony Paid	HSA Contributions	Union Dues

\*Bring proof that dependent(s) live with you – school, health records, or other documents

\*\* For move of 50 miles or more, due to job, please bring detailed list of Moving Costs and Employer Reimbursement (if any)

\*\*\* Bring itemized donation receipts if non-cash donations exceed \$500. For help valuing your non-cash donations, look at [www.itsdeductible.com](http://www.itsdeductible.com)

### ADDITIONAL NOTES OR QUESTIONS



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## 2015 HEALTHCARE VERIFICATION

SELECT **ONE** OF THE CATEGORIES BELOW

A	<b>EVERYONE IN MY HOUSEHOLD WAS COVERED BY INSURANCE ALL YEAR</b>	
	Insurance Company Name:	Policy #
	Insurance Company Name:	Policy #

B	<b>I WAS COVERED FOR ONLY PART OF THE YEAR</b>			
	Insurance Company Name:	Policy #		
	Insurance Company Name:	Policy #		
<b>ENTER THE NUMBER OF HOUSEHOLD MEMBERS INSURED EACH MONTH</b>				
JAN	MAY	SEP		
FEB	JUN	OCT		
MAR	JUL	NOV		
APR	AUG	DEC		
<b>LIST ANY ADDITIONS OR SUBTRACTIONS OF HOUSEHOLD SIZE</b>				
DATE	NAME	CATEGORY (circle one)		REASON
		Addition	Subtraction	
		Addition	Subtraction	
		Addition	Subtraction	
		Addition	Subtraction	

C	<b>I DID NOT HAVE HEALTH INSURANCE ALL YEAR</b>	

ADDITIONAL INCOME OF HOUSEHOLD MEMBERS		
NAME	WAGES/OTHER	INVESTMENT INCOME

<b>SIGNATURE</b>	
Name:	Date:



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## RENTAL PROPERTY WORKSHEET

RENTAL PROPERTY ADDRESS (fill out one sheet for each rental property – do not combine)

Address	City	State	Zip
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Date Rents Started *(if new)*

RENTAL INCOME AMOUNT

Total Rents Received *(do not include refundable deposits)*

EXPENSES AMOUNT

Advertising & Promotions *(Advertising for rental property)*

Business Miles Driven *(Miles driven for rental business)*

Cleaning and Maintenance *(Any cleaning or maintenance costs)*

Commissions *(Paid to rental agencies, etc.)*

Insurance *(PMI, liability and/or umbrella policies)*

Legal and Accounting

Management Fees *(Paid for management by someone else)*

Interest – Mortgage *(Bring from 1098)*

Interest – Other *(Credit cards/other loans just for rental)*

Repairs *(Repairs to rental property)*

Supplies *(General supplies for rental property)*

Taxes *(Property taxes)*

Rental License Fees *(Paid by you for rental property)*

Bank Charges *(Bounced check fees, etc.)*

Appliances *(Use Equipment Worksheet to list multiple items)*

Improvement *(Major improvements – Use Equipment Worksheet to list multiple items)*

Furnishings *(Use Equipment Worksheet to list multiple items)*

Association Dues

TOTAL EXPENSES

NET INCOME

- Bring Settlement Statement (HUD) for any purchase, sale, or refinance
- Fill out one of these pages for **EACH RENTAL PROPERTY**
- If converting property to rental, we need Fair Market Value of property at time of conversion as well as your cost of buying and improving property

## AIRBNB, VRBO & SHORT TERM RENTAL

How many days was property rented during the year?

Sales Tax Collected/Paid

Fees Paid to Online Services

Was average stay of guests 7 days or less?  Yes  No



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## BUSINESS INCOME / EXPENSE WORKSHEET

BUSINESS INFORMATION (fill out one sheet for each business – do not combine)

Business Name /Professions

INCOME	1099 / SELF EMPLOYMENT	ATTRIBUTED TP W2
Income Received <i>(List all self-employed income in 1099 / Self Employment column)</i>		
Sales Tax Collected <i>(If included in income above – only if you charge sales tax)</i>		
COST OF GOODS SOLD	1099 / SELF EMPLOYMENT	ATTRIBUTED TP W2
Total Production Costs <i>(Direct costs to make products)</i>		
Ending Inventory <i>(At your cost, not retail)</i>		
EXPENSES	1099 / SELF EMPLOYMENT	AMOUNT
Advertising, Promo, Website costs, etc. <i>(Anything for promotion of business)</i>		
Auto Expenses <i>(See auto and in home office, worksheet)</i>	SEE AUTO WORKSHEET	
Commissions and Fees <i>(Agents, managers, etc.)</i>		
Subcontractors* <i>(Total labor – did you pay any one person more than \$600? Yes/No.)</i>		
Equipment Purchases <i>(Items costing more than \$200 have a useful life of &gt; 1 year)</i>	SEE EQUIPMENT WORKSHEET	
Business Insurance		
Business Interest <i>(Loans or 100% business credit cards)</i>		
Office and Postage		
Equipment Rental <i>(Equipment Rental and Car Rental – including gas)</i>		
Equipment Repairs <i>(Repairs on computers, equipment, etc)</i>		
Supplies <i>(Any small items needed for business)</i>		
Taxes & Licenses <i>(Business licenses and/or Misc. Business taxes)</i>		
Travel <i>(Airfare, lodging, - not food or auto)</i>		
Meals and Entertainment in Town <i>(Business meals with others)</i>		
Days Out of Town <i>(See per diem worksheet)</i>	SEE PER DIEM WORKSHEET	
Wages Paid to Otherst <i>(Bring details on payroll and payroll taxes)</i>		
Bank and Credit Card Charges <i>(On business accounts)</i>		
Dues and Subscriptions <i>(Memberships, magazines, etc)</i>		
Research and Development <i>(Books, classes, activities in your field)</i>		
Telephone <i>(Bus. Line, 2<sup>nd</sup> line, &amp; bus % of cell phone)</i>	Bus. Use %	
Internet <i>(List % of business cost)</i>	Bus. Use %	
Computer Software		
Printing and Film Processing <i>(For business photos)</i>		
Costumes and Props <i>(Performers – things only worn on stage)</i>		
Personal Maintenance <i>(Performers – direct costs for performance image)</i>		
Business Gifts <i>(Limited to \$25 per recipient per year)</i>		
OTHER (List out any costs that didn't fit in the above categories)		
Health Insurance Paid		
Quarterly Estimates Paid	BRING LIST OF DATES AND AMOUNTS PAID	
Retirement Account Contributions <i>(What kind? Trad IRA, Roth, SEP, 401K?)</i>		
Local Business Travel		
Other:		

\*If you paid \$600 or more to subcontractors, you should file a form 1099-MISC for their labor costs by January 31<sup>st</sup>

\*You can create and file Form 1099-Misc online with 15% discount



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## AUTO EXPENSE WORKSHEET

FILL OUT FOR MILEAGE OR ACTUAL	VEHICLE ONE	VEHICLE TWO
Year and Make of Vehicle		
Date Purchased/Leased		
Odometer Reading on December 31		
Total Miles Driven in 2015		
Business Miles <i>(Only for Car that you Own)</i>		
Commuting Miles Driven		
Parking and Tolls		
License Plate Taxes Paid		
Interest Income		
FILL OUT BELOW IF CLAIMING ACTUAL EXPENSES	VEHICLE ONE	VEHICLE TWO
Purchase Price / Lease Equivalent <i>(If new purchase)</i>		
Gas		
Repairs & Maintenance		
Insurance		
Lease Cost		
<b>TOTALS</b>		

## IN HOME OFFICE EXPENSE WORKSHEET

	OFFICE ONE	OFFICE TWO
Square Footage of Office		
Square Footage of Entire House		
Date Placed in Service		
Mortgage Interest Paid		
Property Taxes Paid		
Insurance on Home <i>(Hazard and Private Mortgage Insurance)</i>		
Repairs and Maintenance		
Improvements* <i>(Use equipment Worksheet to list Separate Improvement Projects)</i>		
Utilities		
Rent Paid		
Other		
Association Dues		
Cost of Home <i>(If new: list purchase + prior investments)</i>		
<b>TOTALS</b>		

\* Expenses directly related to office space are 100% deductible - **LIST SEPARATELY**



