Shekinah Services

INCOME TAX WORKSHEET
TAX YEAR 2011

GENERATIONAL INFORMATION

PRIMARY TAXFILER: ____

SECONDARY (SPOUSE): ____

NOTE: Names MUST match the name on your Social Security Card or tax return will be rejected. Check spelling carefully. If the name is wrong on SSN Card, use the wrong name.

Address: ____

____

E-Mail address ______________________________

Phone #'s: Evenings: __________________ Days: ___________________________

Cell ________________________

Spouse: Evenings: __________________ Days: ______________________

Cell _________________________

FAX: ___________________

SSN: Primary Taxpayer:__________________ Spouse:_______________________

NOTE: Everyone MUST have a SSN, including newborn babies

Occupation: Primary Taxpayer: _________________________

Spouse: ____________________________

Birthdates: Primary Taxpayer: ________________________

Spouse:______________________________

ELECTRONIC FILING? Yes_____ No_____
DIRECT DEPOSIT? Yes___ No___
If Yes, same Checking Acct as last year? Yes___ No ____
If No, please enclosed a VOIDED check for the account you wish to direct deposit your refund to.

DEPENDENT INFORMATION
You MUST have a SSN for all DEPENDENTS, even if born in 2010):

NAME	RELATIONSHIP	DOB	SSN

ADDITIONAL DEPENDENTS:
____
____
____

INCOME REVIEW

UNEMPLOYMENT amt. $____________ SCHOLARSHIPS amt:$______________
SOCIAL SECURITY amt.$__________________ Student Loan Interest: $_____________
2010 STATE TAX REFUND $_______________ (received in 2010)

INTEREST RECEIVED:
Received From: Amount:
____________________________________ ________________________
____________________________________ ________________________
____________________________________ ________________________
____________________________________ ________________________

DIVIDENDS RECEIVED: (Info obtained from 1099Div form)
Received from: Amount:
____________________________________ ________________________
____________________________________ ________________________
____________________________________ ________________________

____ __________________________

OTHER INCOME: (list)

____

____

CHILD CARE: The following information MUST be obtained from care provider in order to claim it:

Number of children cared for: __________
Name of Care Giver: ____________________________________
SSN # or Employer #: ____________________________________
Address & Phone:

____ __________________________

Amount Paid: __________________________
Child's name:____

COLLEGE EXPENSES

Name of College_______________________ Amount: ________ For Person: _________
Scholarship/Grants received: $__________________
Teacher's expenses for Student Materials __________

Note: If you pay education tuition for yourself or family member it may be deductible

CALIFORNIA RENTERS CREDIT:

Landlord's Name: _______________________ Phone: _______________________

Landlord's address: ____

Schedule A ITEMIZED DEDUCTIONS:

The following expenses must total MORE than $5800 for singles, or married filing separate;
for Married filing Jointly $11,600;
or head of household $8,500, before you actually get to deduct anything.
The former are the standard deductions. If it doesn't exceed the amount,
it will not be used on the tax return.

MEDICAL EXPENSES:

(Note: there is a 7.5% of your Adjusted Gross Income as a deductible – I'll apply Deductible)

Total all doctors, dentists, prescriptions, medical policies, glasses, hearing aids, crutches, and other medical expenses: _____________________
How many MILES did you travel for medical purposes? Count every doctor visit, trips to druggist, and/or trips to hospital to visit immediate family ________

TAXES: If you paid additional STATE Income Taxes in 2011 for tax year 2010, give TOTAL amount: _________

Real Estate Property Taxes: _________ Motor Vehicle License Fees: _________
How Many Vehicles? ________
State Sales Taxes Paid _________ (if you didn't keep track, I can use IRS Standard Tables)
Income Tax Preparation for previous year: ________
"Estimated" (Schedule 1040ES) taxes paid for 2011:
How much to Federal_____________ How much to State:___________

INTEREST PAID:

Home Mortgage paid to Banks and Institutions: _____________
Mortgage Insurance Premiums _________
Home Mortgage paid to Individuals: ________________

Name: _______________________________ SSN# _______________________
Address: _____________________________

Note: If you refinanced your home mortgage and ALL of the Refi'ed funds just went to payoff the old mortgage, then ALL of the Mortgage Interest and Mortgage Insurance is deductible. If you used some of the Refi money to pay off Credit Cards (personal debt or other uses), then only part of the Mortgage Interest is deductible.

What is the amount of your Refi __________

Amt. used personal debt or other expenses ________

Points paid: _________________ (provide Escrow Closing Statement)

CHARITY:
Cash and Check:___________________ *(You MUST have a written receipt for each donation over $250)*
Non-Cash: ___________________ *(If over $500 provide an itemized list showing:)*
*****Name/address of Charity, today's fair market value of the item, Original Cost of the item, date of donation.***
This would be items to your church, Salvation Army, Goodwill, etc...
(You MUST have a written receipt for each donation event)

Miles driven to support non-profit organizations such as children, sports___________
(Rule: This is support for the group, not just for your own children.)

CASUALTY & THEFT
Only amounts exceeding 10% of your total income + $100 is deductible.

PROVIDE itemized list with the following information:

Date of loss: _________ Original cost of item lost: __________

Date of purchase of each item:________ Value of each item at time of loss: ______

Amount paid by insurance Co: _________

How did you have the loss: (fire, theft, etc) ______________________

MOVING EXPENSES:

Move must be 50 miles or more than the distance from your former home to your former employment and must be due to a change or transfer of employment. Move must be within one year of new employment date.

a. Household goods movement & temporary storage: $______________

b. Family travel expenses: Lodging $________ Travel $______________

(Food/meals can't be deducted) Miles driven ________ (IRS Table for miles will be used.)

c. Distance from old home to new job location: ________ Distance from old home to old job location: _____

JOB EXPENSES: Give a list of Job Expenses on a separate sheet or on the reverse of this page: Example: Union Dues, Professional Assn dues, miles driven between job sites, job education, client entertainment, unreimbursed travel expenses, unreimbursed expenses, uniforms that aren't normal street-ware, etc. Lump your expenses into general categories e.g. "Tools" in lieu of itemizing such as wrenches, hammers, etc.

Total Miles driven for business reasons ______________

OTHER EXPENSES: Give a list of other expenses such as Tax Preparation (unless Shekinah Services prepared taxes previous year.), investment expenses, safe deposit box for stocks & bonds:

____

____

Schedule D Investments:

SALE OF STOCKS & BONDS I MUST have ALL of the below information
Can't guess this information. Use reverse if more than one.

Name & Number of shares	Date and COST of purchase	Date & Price Sold
______________________	____________________________	________________________

Sale/Purchase of Real Estate: *Provide copies of both the purchase and sale Escrow closing statements for each property purchased and/or sold.*

Schedule C Business Deductions:

Name of business: ____

Type of Business _______________

Business Address: ____

____

Provide total by category, of all business expenses, and a total gross income.

TOTAL INCOME RECEIVED FROM ALL SOURCES: $______________

Expenses: Advertising	___________	Repairs/maintenance	__________
Commissions & fees	___________	Taxes/Licenses	__________

Employee Benefit Programs ___________ Travel __________
Insurance (not auto) ___________ Entertainment/meals __________
Legal/Professional Fees ___________ Supplies __________
Mortgage Interest to banks ___________ Utilities __________
Mortgage Interest to Others ___________ Wages __________
Office Expenses ___________ Other (list) ________________________
Rent or lease Equipment ___________ ___________________________________
Rent or lease property ___________ ___________________________________

List equipment purchases separately, giving cost and date of purchase (use reverse if needed).

Vehicles used in business. If more than 1 vehicle, make separate list for EACH one,
DO NOT COMBINE VEHICLE EXPENSES:

Total miles driven for year ___________
Miles used for business ___________
Miles used for commuting ___________
Miles used for personal use ___________
Parking fees & tolls ___________

Note: You must have a written record of your mileage. It cannot be estimated. If you use your vehicle more than 50% for business purposes and want to list actual expenses, then list actual expenses below IF they total more than the per business mile above AND you have not claimed mileage for this vehicle in the past. You can only claim actual expenses for a vehicle new to your business. In most experiences, over the life of the business use, mileage always paid more than actual expenses. Shekinah recommends claiming mileage only (and if you don't have to depreciate, recapture when you sell vehicle).

If you are taking business mileage allowance (above) then skip the actual expenses below.

Auto Repairs/Parts (includes batteries, oil, washings, etc) _________
Auto Fuel __________
Auto License Fees __________
Auto Insurance __________
Other (give list) __________

Interest on business Auto debt _________

If Business Auto is new to you this year:
Did you keep your old Auto? __________
Total cost of New Auto __________
Date purchased: __________
Did you use your old Auto for business? __________
If so: Trade in value or sale price of old auto: __________

Office in Home Expenses:
If your home is the primary place where you do self-employed or home-based business, you may deduct some of the expenses of your home. If you qualify please provide the following Information: ("qualify" = exclusive use for business only)

Your Total rent: __________ (If you own your home, Mortgage Interest/Taxes have already been provided.)
Your total Utilities __________ Home Property Insurance: _________
Sq. ft. your Home/Apartment ___________ Sq. ft. of office area ________
Storage area Square Footage: _______

If Business is Day Care:
Number of days per year your home is used for Day Care: ___________
Number of hours per day used for Day Care ___________
Total Square footage used for Day Care (include the bathroom) ___________
Total Square footage of Home ___________
Square footage of your office ___________
Square footage of storage area ___________

Schedule E RENTAL REAL ESTATE:
Make a separate itemized list for each property to include the following:
Property address: ________________________________
TOTAL INCOME RECEIVED FROM ALL SOURCES FOR THIS PROPERTY: $_____________ (do not count deposits)

Expenses:
Advertising __________ Rent of Equip __________
Auto & Travel __________ Rent of office __________
Cleaning & Maintenance __________ Supplies __________
Commissions __________ Property Tax __________
Legal/Professional Fees _________ Utilities __________
Insurance __________ Licenses __________
Management Fees __________ Dues Prof Assn __________
Repairs __________ Professional Books & Magazines __________
Mortgage Interest to banks __________ Telephone __________
Mortgage Interest to others __________ Other (list on back if necessary) __________

OTHER Deductions: List other items you feel you may deduct; use reverse if necessary:
____
____
____

OTHER INCOME: List sources and amounts of income received from sources NOT reported on 1099's or W-2's:

COMMENTS: (anything you want to tell me)

General Instructions

IF SHEKINAH SERVICES DID NOT PREPARE YOUR PREVIOUS TAX RETURN, PROVIDE a copy of last year's tax return. Many times there are items that need to be carried forward to the next tax year and that would be indicated on your previous year's return.

Your information is already on file if Shekinah Services prepared your returns previously. Disregard previous instructions.

Refer to www.irs.gov for other eligible deductions and instructions not listed on this review sheet. Remember, Shekinah Services can only submit what you have provided. You are ultimately response for your tax return and must take full responsibility.

If you have any questions, contact the office at 870-460-9192 or email financialsuccess@shekinahservices.com

Located at 524 S. Gabbert Street, Monticello, AR 71655
Mailing address: PO Box 1335, Monticello, AR 71657

Office hours are 9 a.m. to 5 p.m. Monday through Saturday. Appointments can be made and special provisions to fit your schedule will also be considered.

This check sheet, with applicable supporting documents (W-2 forms etc), can be:
a. U.S. Postal Mailed to Shekinah Services, or, UPS/FEDEX/DHL
b. Make an appointment.
c. Faxed to 214-377-6702

You can drop your information by the office and you will get a call when they are completed. You may also be called if there are any questions.

If you live out of town, you will receive a copy of your return by mail with proper instructions for signing.
When mailing documents, please make copies in the event something is misplaced.

THE ORIGINAL COPIES OF ALL W-2 FORMS MUST BE SUBMITTED. You keep your copy for your records

DOCUMENT CHECKLIST:

All W-2's ______ (ORIGINAL COPIES but keep 1 copy for yourself)
All 1096's ______ (copies legible)
All 1098's ______ (copies legible)
All 1099's ______ only if they show tax withholdings (copies legible)
All other forms that report money you received _____ (copies legible)
Any documents you are not sure about or want to be reviewed._____ (copies legible)

NO RECEIPTS NECESSARY. FILL IN BLANKS ABOVE OR PROVIDE COPY OF RECORDKEEPING ORGANIZER SHEET.

HELPFUL NOTES FOR BUSINESS OWNERS

If someone works for you and you pay them more than $600 in any one year you must issue a Form W-2. You must deduct all of the payroll taxes and forward the deducted amounts to the applicable Federal and State agencies. Your bank can help you with that. Additionally, for your protection and your employee's protection, you should carry Workman's Compensation Insurance.

If the person falls into the category of "Independent Contractor" then you must give them a Form 1099 (Misc.) if they earn more than 600 in any year.

If you have people that perform work for you in your business, then you should discuss the above requirements with me for guidance.

If you pay any business more than $600 in one year for services, including rent to your landlord for commercial offices etc., you must issue that business/person a 1099Misc FORM.

If you need a computerized recordkeeping system, Shekinah Services carries a financial system that can be purchased. Contact Shekinah for details on how to get started.

HAVE A HAPPY TAX SEASON!

REMEMBER THE BURDEN OF PROOF IS ON YOU!

ADVANCE PREPARATION BRINGS GREATER REWARDS DURING THE TAX SEASON.

WWW.SHEKINAHSERVICES.COM