Emshwiller/Scheer Accountancy Co., Inc. d/b/a
**EMSHWILLER and EMSHWILLER**
**Phone 260-824-1826 / www.emshwiller.net**
**207 N. Johnson St., Bluffton, Indiana 46714**

# PERSONAL DATA WORKSHEET

**Year** ____________

| Name / Date of Birth | Spouse's Name / Date of Birth |
|---|---|
| Social Security Number | Social Security Number |
| Address | Zip Code |
| County of Residence – January 1, 20___ | County of Residence – January 1, 20___ |
| County of Employment – January 1, 20___ | County of Employment – January 1, 20___ |
| School District | Presidential campaign Fund? Yes No |
| Home Telephone Number | Work Telephone Number |
| E-Mail Address | Are you being claimed as a dependent on another tax return? Yes__ No __ |

( ) Single ( ) Married - Joint ( ) Married Separate ( ) Head of Household ( )Surviving Widow(er) with Child

## DEPENDENTS

| Dependents (1) Name (first, initial, and last name) | (2) Date of Birth | (3) Dependent's Social Security Number | (4) Relationship | (5) No. of months lived in your home in 20___ |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ______

## INCOME FROM WAGES (W-2) OR GAMBLING (W-2G)

| T/S | Name of Employer | Gross | Fed. W/H | Soc. Sec. | Med W/H | IN State W/H | IN Local Tax |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## PENSION / IRA DISTRIBUTION

| T/S | Name of Employer | Gross | Fed. W/H | IN State W/H | IN Local Tax | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## INTEREST (I) AND/OR DIVIDEND (D) INCOME

| T/S | I / D | Source | Amount | T/S | I / D | Source | Amount |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## OTHER INCOME AND INFORMATION

| T/S | Source | Amount | T/S | Source | Amount |
|---|---|---|---|---|---|
| | Social Security Income - Taxpayer | | | Unemployment Compensation | |
| | Social Security Income - Spouse | | | State Tax Refund | |
| | | | | | |

## CAPITAL GAINS AND LOSSES - Please provide cost basis statement.

| Description/Number of Shares | Date Acquired | Date Sold | Sales Price | Cost Basis |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

## ESTIMATED TAX PAYMENTS

| Due Date: **(Estimated Fed. Income Tax Paid)** | 4-15-20___ | 6-15-20___ | 9-15-20___ | 1-16-20___ |
|---|---|---|---|---|
| Date Paid | | | | |
| Amount | $ | $ | $ | $ |
| **ESTIMATED ST. INCOME TAX PAID** | | | | |
| Date Paid | | | | |
| Amount | $ | $ | $ | $ |

# ITEMIZED DEDUCTIONS

## HEALTH INSURANCE

Health Insurance provided by: Employer ____ Self ____ No. of Months______ (Provide 1095 B or C)

## MEDICAL AND DENTAL

| | | | | | |
|---|---|---|---|---|---|
| Prescription Medicines & Drugs | $ | | Dr. | $ | |
| Artificial Teeth | | | Dr. | | |
| Dental | | | Total | $ | |
| Eyeglasses | | | **INSURANCE REIMBURSEMENTS** | | |
| Hearing Aids & Batteries | | | | | |
| Hospital | | | | | |
| Nursing Home or Long-Term Care Fees | | | **HOSPITAL & MEDICAL INSURANCE PREMIUMS** | | |
| Laboratory & Fees | | | | | |
| Nurse & Nursing | | | | | |
| Orthopedic Shoes – Braces | | | | | |
| Therapy Treatments | | | | | |
| Transportation Expense | | | | | |
| Auto Miles For Medical Treatment Miles | | | Long-Term Care Insurance - Taxpayer | $ | |
| X Rays | | | Long-Term Care Insurance - Spouse | | |
| | | | | | |
| | | | **TOTAL INSURANCE** | $ | |

## CONTRIBUTIONS

| | | | | | |
|---|---|---|---|---|---|
| Name of Organization (need receipt if over $250.00) | | | | $ | |
| | | | | | |
| | | | Charity Auto Miles @ ¢ | | |
| | | | Non Cash Contributions (Date, Description, Fair Market Value) | | |
| | | | | | |
| | | | Total Contributions | $ | |

## TAXES

| | | | | | |
|---|---|---|---|---|---|
| State Income Tax | $ | | Sales Tax Paid on Large Purchases | $ | |
| Local Tax | | | (Motor Vehicles and Boats) | | |
| Real Estate Tax: Personal Residence | | | Auto Excise Tax (License Plates) | | |
| Real Estate Tax: Second Residence | | | | | |

## INTEREST

| | | | | | |
|---|---|---|---|---|---|
| Home mortgage interest paid financial institutions (Report deductible points on list) (Form 1098) | $ | | Home mortgage interest you paid to individuals | $ | |
| | | | Name of Payee | | |
| | | | Address | | |
| | | | Social Security # | | |

## CHILD CARE EXPENSE

| | | |
|---|---|---|
| | $ | |
| Number of Children | | |
| Name of Babysitter | | |
| Address | | |
| | | |
| Babysitter Social Security Number / FID # | | |
| | | |
| | | |
| | | |

## RENT

| |
|---|
| Amount of Rent Paid In Year $ Number of Months |
| Address |
| |
| Landlord's Name |
| Address |
| |
| |
| |
| |

## COLLEGE

| |
|---|
| |
| Tuition Paid: **Must have 8863 and Receipts** |
| Name: |
| Amount: Paid out of pocket/Student Loan for Tution and Books |
| Year in School: Freshman Sophomore Junior Senior |
| |

## RETIREMENT

| | T | S |
|---|---|---|
| Keough Plan | | |
| Traditional IRA | | |
| Roth IRA | | |
| | | |
| | | |