



GRIMSDALE FINANCIAL SOLUTIONS

(323) 238-9710
11400 W OLYMPIC BLVD STE #635,
LOS ANGELES, CA 90064

INCOME TAX INFORMATION WORKSHEET

Tax Payer Name		Spouse Name	
Cell Phone		Cell Phone	
Email Address		Email Address	
Occupation		Occupation	
Date of Birth		Date of Birth	
Social Security #		Social Security #	
MAILING ADDRESS			

DEPENDENTS

NAME	SOCIAL SECURITY #	DOB	RELATIONSHIP	MONTHS IN YOUR HOME	DID DEPENDENT HAVE INCOME OF \$3,000 OR MORE?

INCOME

WAGES (attach W-2s)		INTEREST INCOME (attach 1099)		DIVIDEND INCOME (attach 1099)	
EMPLOYERS	GROSS WAGES	PAYEE	AMOUNT	PAYEE	AMOUNT

OTHER INCOME (Partnerships, pensions, profit sharing plans, prizes, awards, 1099-MISC, K1s)

SOURCE	AMOUNT	SOURCE	AMOUNT
UNEMPLOYMENT			
SOCIAL SECURITY			

TAXES

AMOUNT

REAL ESTATE/PROPERTY TAXES	
AUTO LICENSE	
STATE INCOME TAXES PAID	
OTHER	

FEDERAL ESTIMATED TAX PAYMENTS

DATE PAID	AMOUNT

STATE ESTIMATED TAX PAYMENTS

DATE PAID	AMOUNT

RENTAL PROPERTIES

INCOME		MAINTENANCE		INSURANCE	
REPAIRS		GARDENING		UTILITIES	
ADVERTISING		MORTGAGE INTEREST		TRAVEL	
CLEANING		PROPERTY TAXES			

HEALTH INSURANCE

DID YOU HAVE HEALTH INSURANCE	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
DID YOU GET IT THROUGH THE MARKETPLACE (attach 1095-A)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

ALIMONY	PAID	<input type="checkbox"/>	RECEIVED	<input type="checkbox"/>	AMOUNT	
DATE OF AGREEMENT						
SOCIAL SECURITY # OTHER PARTY						

MEDICAL EXPENSES

MEDICINE/DRUG PRESCRIPTIONS	
DOCTORS, DENTIST, NURSES, HOSPITALS, GLASSES	
MEDICAL INSURANCE PREMIUMS	
MILES DRIVEN TO/FROM DOCTORS	

INTEREST EXPENSES

HOME MORTGAGE (1ST)	
HOME MORTGAGE (2ND)	
INVESTMENT INTEREST	

AUTO

TOTAL MILEAGE	
BUSINESS MILEAGE	
AVG DAILY COMMUTE	
TOTAL COMMUTE MILEAGE	
OTHER PERSONAL MILEAGE	
GAS & OIL	

REPAIRS/MAINTENANCE	
AUTO INSURANCE	
LEASE	
WASH & WAX	
MISCELLANEOUS	

OTHER DEDUCTIONS

TRAVEL	
UNION/PROFESSIONAL DUES	
BUSINESS TELEPHONE	

PROFESSIONAL PUBLICATIONS	
SAFE DEPOSIT BOX RENTAL	

CHARITABLE CONTRIBUTIONS

SOURCE	AMOUNT

SOURCE	AMOUNT

CHILD CARE

NAME OF PERSON/ORGANIZATION	
ADDRESS	
PHONE	
SOCIAL SECURITY NUMBER/FEDERAL ID#	
AMOUNT PAID PER CHILD	

MISCELLANEOUS EXPENSES

	YES	NO	AMOUNT
LOSS FROM THEFT/FIRE/WIND/EARTHQUAKE/STORM			NON-TAXABLE INCOME IRA, SEP-IRA, OR KEOUGH ACCOUNT
LIMITED/GENERAL PARTNERSHIP			JOB SEEKING EXPENSES
SALE OF RESIDENCE			COLLEGE/529 EXPENSES
SALE OF STOCK			STUDENT LOAN INTEREST
SALE OF OTHER PROPERTY			

ADDITIONAL INFORMATION: