

South Wind Bookkeeping & Tax Service  
3500 S Sheldon Lane #102  
Sioux Falls, SD 57105

Phone: (605) 271-6377  
Fax: (605) 271-6378  
Email: [bev@southwindbookkeeping.com](mailto:bev@southwindbookkeeping.com)

## PERSONAL TAX PREPARATION WORKSHEET

Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse D.O.B: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Spouse SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Dependent 1: \_\_\_\_\_ Dependent 2: \_\_\_\_\_

Dependent 1 D.O.B: \_\_\_\_\_ Dependent 2 D.O.B: \_\_\_\_\_

Dependent 1 SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Dependent 2 SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Dependent 3: \_\_\_\_\_ Dependent 4: \_\_\_\_\_

Dependent 3 D.O.B: \_\_\_\_\_ Dependent 4 D.O.B: \_\_\_\_\_

Dependent 3 SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Dependent 4 SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Don't forget to tell us of any new additions to your family, whether by birth, adoption or other!**

### Income:

W-2's: \_\_\_\_\_

Interest & Dividends: \_\_\_\_\_

1099's: \_\_\_\_\_

Social Security Benefits: \_\_\_\_\_

Unemployment / Alimony / Gambling Winnings, etc.: \_\_\_\_\_

\_\_\_\_\_

### Stock / Mutual Fund Sales:

Name / Date Purchased / Date Sold / Selling Price / Cost:

\_\_\_\_\_

\_\_\_\_\_

Contributions to Roth or Traditional IRA's or Conversions: \_\_\_\_\_

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**Itemized Deductions Schedule A:**

Did you buy or sell a house in 2008? \_\_\_\_\_ ( \*\*\* Bring in Settlement Papers from Title Office \*\*\* )

Real Estate Taxes: \_\_\_\_\_ Mortgage Interest: \_\_\_\_\_

2nd Mortgages / Home Equity Lines: \_\_\_\_\_

Sales tax paid on purchased vehicles: \_\_\_\_\_

Medical Expenses: \_\_\_\_\_

Contributions to Charities: \_\_\_\_\_

**Self Employment: Schedule C:**

Gross Sales (Make sure your 1099's correlate with bank deposits): \_\_\_\_\_

Expenses (Bring your worksheets; Keep larger expenses separate from smaller due to depreciation):  
\_\_\_\_\_

**Rentals: Schedule E:**

Please complete rental property worksheet also on this site.

**Employee Business Expenses:**

Mileage: \_\_\_\_\_ Auto Lease Payments: \_\_\_\_\_ Supplies: \_\_\_\_\_

Office Expenses: \_\_\_\_\_ Hotel: \_\_\_\_\_ Entertaining: \_\_\_\_\_

Advertising: \_\_\_\_\_ Phone: \_\_\_\_\_ Number of days overnight: \_\_\_\_\_

**Child Care Expenses:**

Did you use a Flexible Spending Account? (Please circle one of the following for your answer): Yes No

Name, Address, ID Number, and Amounts: \_\_\_\_\_