



<b>Interest Income:</b>							<i>Enclose 1099-Int Forms</i>						
Payer:	Acct. last 4 digits	TSJ	Amount	Code	PAB	W/H	Payer:	Acct. last 4 digits	TSJ	Amount	Code	PAB	W/H
___ See Attached Schedule													

Code: (U)- U.S. Govt. Interest (M)- Muni Interest (D)- Fed. & State Exempt (S)- Seller Fin. Mort. (P)-Penalty Early Withdrawal (O)-OID (BP) Bond Prem.  
 If Seller Financed Mortgage: Name: \_\_\_\_\_ Social Security # of Payer \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Address: \_\_\_\_\_

<b>Dividend Income</b>						<i>Enclose 1099- Div Forms</i>				Foreign	Foreign	US	\$				
Payer :	Acct #	TSJ	Ordinary	Qualified	Cap Gain	1250	Income	Tax	%	Amt	Exempt	PAB	W/H	Ret			
___ See Attached Schedule																	

**Sale Of Stock, Real Estate/ Equipment: Enclose 1099-B Forms, Brokerage /Closing Statements**

Qty Sold/ Description	Date Bought	Date Sold	Sales Price	Cost Basis	Expenses To Sell
	/ /	/			
	/ /	/			
	/ /	/			
	/ /	/			
	/ /	/			
	/ /	/			

**Pension/Annuity/IRA Distributions: Enclose all 1099-R Forms Roth Conversion? \_Y\_ \_N \* Donated IRA?**

Payer	T/S	Gross Distribution	Fed W/H	State W/H	Taxable	Code	IRA	Roll?

\_\_\_ See Attached Schedule Were any proceeds from IRA's used for Medical, Education, IRS Levy, 1<sup>st</sup> time home or military? Ye s No

**Other Income or Benefits Received: Include Non -Taxable: Enclose all 1099-Misc , SSA -1099 & W-2G**

	Amount	Fed W/H	State W/H	Medicare	Part D	Repaid	Part B
Social Security/ RR (T)							
Social Security/ RR (S)							
Unemployment (T/S)							
Gambling / Lotto/ (State: ___)				# Forms			Session Log? Y N

State Refund:	Alimony Received:	Tips( Not Included on W-2)	Other Income:
Jury Duty:	Prizes/Awards:	Hobby Income	Workman's Comp:
Personal Injury Awards:	Disability Income:	Directors/Trustee Fee:	Child Support:
Strike Pay:	Proceeds Installment:	Scholarships/Grants:	First Time Home Credit:

**RENTAL : - Add'tl worksheets attached**

Gross Rents
Expenses: Insurance
Utilities
Repairs
Supplies
Mortgage Interest
Real Estate Taxes
Other: _____
QJV ___ LLC ___ Active ___ Material ___

<b>1099- MISC.:</b> ( worksheet attached ___ ) Business ___ Farm ___ QJV ___ OIH ___ # ___					
Payer	Amount	Box	Payer	Amount	Box
<b>K-1's #</b> ___	Type	Active/	Type	Active/	
Payer	P/S/T/E	Material	Payer	P/S/T/E	Material
Other:1099-C ___ 1099- A ___ 1099-Q ___ 1099-K ___ 1099-LTC ___ 1098-Q ___					
Business Info Attached: _____					

Any Contributions before 4/15? Y N

### Adjustments To Income

**Roth IRA Basis:** (T) \$ \_\_\_\_\_  
(S) \$ \_\_\_\_\_

**IRA (I) / Roth (R) / SEP (S) / Keogh (K) / Solo 401k (4K) (Attach Statements) Form 5498**

Type	T/S	Contribution	Date	Name Of Bank / Fund	FMV 12/31	Type	T/S	Contribution	Date	Name Of Bank/Fund	FMV12/31
		\$	/		\$			\$	/		\$
		\$	/		\$			\$	/		\$
		\$	/		\$			\$	/		\$
		\$	/		\$			\$	/		\$

Teachers K-12: Supplies/ Prof. Develop: \$ \_\_\_\_\_ Student Loan Interest: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ (Attach Form 1098-E # \_\_\_\_\_)

Alimony Paid \$ \_\_\_\_\_ To whom paid: \_\_\_\_\_ SS#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Court ordered? Yes No (bring Divorce Decree)

Qualified Performing Artist: \_\_\_\_\_ Reservist Expense: \_\_\_\_\_ Moving Expenses: Must be 50 miles or more and job related, Keep all receipts necessary to substantiate

**Health/Medical Savings Accounts: HSA Archer MSA Medicare Advantage MSA (Attach Forms)**

**Form 5498-SA: Type** Single Family Contribution: Taxpayer\$ \_\_\_\_\_ Spouse\$ \_\_\_\_\_ Company / Policy # \_\_\_\_\_  
Amount of High Deductible Insurance \$ \_\_\_\_\_ # of Months in Plan \_\_\_\_\_

**Forms 1099-SA: Distribution for Qualified Expenses \$ \_\_\_\_\_ Documentation of expenses? Y N FMV: \$ \_\_\_\_\_**  
(Note: Can't be used for over the counter drugs!) Amounts not used for medical expenses are taxable with possible penalty!

### Itemized Deductions

**Medical:** Form 1095 A B C Form required  
Company Cobra Medicare Market Tri State \_\_\_\_\_

**Health Insurance:** (Pretax? Y N) \$ \_\_\_\_\_  
Company: \$ \_\_\_\_\_

**Qualified Long Term Care Insurance:** Taxpayer \$ \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Spouse \$ \_\_\_\_\_

**Prescriptions:** (No Canadian Drugs) \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Doctor Bills: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Med. Lodging# nights \_\_\_\_\_ Transport/Ambulance \$ \_\_\_\_\_  
Hospitals \$ \_\_\_\_\_ Required Nursing Home \$ \_\_\_\_\_

Hearing Aid/ Batteries Dentures/ Supplies \$ \_\_\_\_\_  
# \_\_\_\_\_ Medical Miles Parking For Medical Care \_\_\_\_\_

Medical Equipment \$ \_\_\_\_\_ Supplies/Rentals \$ \_\_\_\_\_  
Other: List: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Dental:** Bills \$ \_\_\_\_\_ Dental Insurance \$ \_\_\_\_\_

**Vision:** Glasses/ Contacts/ Supplies/ Exams/ Insurance \$ \_\_\_\_\_  
Less: FSA HSA MSA Ins Net Reimbursements (\_\_\_\_\_)

**Taxes:** Notes: \_\_\_\_\_

**Real Estate Tax Paid:** Do Not Include Utilities/Assessments  
Principle Residence (Year \_\_\_\_\_) Adj. ( \_\_\_\_\_ ) \_\_\_\_\_  
(Year \_\_\_\_\_) \_\_\_\_\_

2nd Residence /Land(Year \_\_\_\_\_)(State) \_\_\_\_\_  
Other Taxes: List \_\_\_\_\_

Sales Tax on Cars/Boats/ Actual Receipts \_\_\_\_\_

**Interest: Form 1098** Code: P: Primary E: Equity 2: Secondary

Mortgage Payee/ Loan #	P/E/2	Type	Amount	Loan Balance

Points Paid \$ \_\_\_\_\_ # years \_\_\_\_\_ **Equity Loan: Limited \$100,000**  
Bring Closing Statement if you: Bought Sold Refinanced \_\_\_\_\_

**If Refinanced Same Lender? Yes No**  
**If Mortgage paid to an individual/ Land Contract:** List \_\_\_\_\_

Address: \_\_\_\_\_  
Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Must have to be able to deduct!

**Investment Interest (Brokerage Accts, vacant land) \$ \_\_\_\_\_**

### Contributions: Are these contribution documented? Yes No

(Contributions of \$250 or more require written substantiation from the organization with disclosure of goods or services ) See Attached \_\_\_\_\_  
Church \$ \_\_\_\_\_ Religious Org. \$ \_\_\_\_\_  
United Way \$ \_\_\_\_\_ UPAF \$ \_\_\_\_\_ March of Dimes \$ \_\_\_\_\_  
Red Cross \$ \_\_\_\_\_ Special Olympics \$ \_\_\_\_\_ MDA \$ \_\_\_\_\_  
Humane Society \$ \_\_\_\_\_ PAC \$ \_\_\_\_\_ Cancer \$ \_\_\_\_\_  
Zoo \$ \_\_\_\_\_ World Vision \$ \_\_\_\_\_ Wounded Warrior \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ Miles driven for Charity \$ \_\_\_\_\_ Parking For Charity \_\_\_\_\_

**Non Cash:** For Valuation assistance: [www.itsdeductible.com](http://www.itsdeductible.com)

Charity	#	Description	Date	FMV
Goodwill				
Purple Heart				
Milw. Rescue				
Salv. Army				
Dry Hootch				

( Like kind Cumulative total \$5,000 or more> need appraisal)

**Donated Vehicles:** For Valuation assistance: [www.kbb.com](http://www.kbb.com)  
Description \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |  
Date Bought: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Original Cost: \_\_\_\_\_

**If over \$500 must have Form 1098-C from charity to be able to deduct**

### Miscellaneous Deductions:

Union/ Prof. Dues		Tools, Supplies, Equip.	
Uniform Cost/ Maint		Safety Shoes/ Glasses	
Job Search Costs		Licenses	
Job Related Education		Job Related Miles (Bring log)	
Other:		Travel	
Meals/Entertain.		Tax Prep//Planning	
Safe Deposit Box		Investment Pub	
Brokerage Fees		IRA Fees (Paid By You)	

**Other Expenses:** Limited only to the income you claimed in other income:  
Gambling Losses: Attach your Log book \_\_\_\_\_  
Hobby Expenses: Attach summarized worksheet \_\_\_\_\_

**Office In Home?: If Yes, Bring supporting info**

**Energy Credit:** Solar Water Heating \_\_\_ Solar Electric Equip. \_\_\_ Plug In/ Fuel Cell Vehicle Credit: \_\_\_ Bring in purchase invoice

**Adoption Expenses: Bring all Adoption Papers This Return Must Be Paper Filed!** (Credit Limited to tax, carry forward balance)  
 Date adoption became final: \_\_\_/\_\_\_/\_\_\_ Was child: Foreign \_\_\_ Special Needs \_\_\_ Born before 1999 & Disabled \_\_\_  
 Is Child a US citizen? Yes No Did you receive any Employer-Provided Adoption Benefits? Yes No If Yes, \$ \_\_\_  
 Adoption Fees: \$ \_\_\_ Re-Adoption Expenses \$ \_\_\_ Court Costs: \$ \_\_\_ Attorney Fees: \$ \_\_\_ Travel Expenses: \$ \_\_\_ Include Meals & lodging)

**Casualty Losses:** through fire, storm, theft or casualty not reimbursed – attach sheet with detailed explanation for each loss

**Child & Other Dependent Care:** This needs to be filled out, even if you have pre-tax childcare benefits at work ( W-2 box 10 amount \$ )

Name & Address (Individual or Organization To Whom Paid)	SS#/Fed ID#	Total Amount	Dependent	Allocation

Did you pay someone more than \$2,000 to perform these services in your home? If yes, did you file wage statements with the IRS? Y N

**COLLEGE TUITION To Claim Credit you Must bring all 1098-T Forms & Detail Billing/ Receipts (Page 2) Prior AOTC:#** \_\_\_

Student Name	Tuition Billed	Tuition Paid	How Paid	Grants/ Scholarship	Related Fees	Course Materials	Year 1 2 3 4	Name Of College	State	Full Part

Any amounts from a Sec 529, Educational IRA, IRA, Roth IRA or Educational Savings Bonds to pay for tuition? Y N Form 1099-Q  
 If yes, also list cost of: Books/Supplies \$ \_\_\_ Room/Board \$ \_\_\_ Computer/ Internet Cost \$ \_\_\_

Has Student ever been convicted on a felony count of possession or distribution of a controlled substance? Yes \_\_\_ No \_\_\_

**ESTIMATED TAX PAYMENT :** In order to match government records, Please **Provide Proof** of these payment

	Applied from prior	1st Quarter Amount	4/15 Date	2nd Quarter Amount	6/15 Date	3rd Quarter Amount	9/15 Date	4th Quarter Amount	1/15 Date	With Ext Amount
Federal	\$	\$	/	\$	/	\$	/	\$	/	\$
State	\$	\$	/	\$	/	\$	/	\$	/	\$

**Wisconsin Adjustments**

Rent Paid: Address	# months	Rent per month	Total Paid	Heat Included?
				Yes No
				Yes No

**Private School Tuition Deduction:** Grades K-8 & Grade 9-12 Please bring in statements showing student, proof of payment, School ID#

Child: \$ \_\_\_ School: \_\_\_ Grade: \_\_\_ Child: \$ \_\_\_ School: \_\_\_ Grade: \_\_\_  
 Child: \$ \_\_\_ School: \_\_\_ Grade: \_\_\_ Child: \$ \_\_\_ School: \_\_\_ Grade: \_\_\_

**Do you wish to contribute on your state tax return to?** Second Harvest \$ \_\_\_ Special Olympics \$ \_\_\_ Red Cross \$ \_\_\_  
 Veterans Trust Fund \$ \_\_\_ Multiple Sclerosis \$ \_\_\_ Military Family Relief \$ \_\_\_ Cancer Research \$ \_\_\_ Endangered Resources \$ \_\_\_

**Eligible for Credits?** Armed Forces \_\_\_ Health Insurance Risk- Sharing \_\_\_ Film Production Credit \_\_\_ Veterans \_\_\_

Did you have any purchases out of state (mail order or internet) without Wisconsin sales tax? Yes \_\_\_ No \_\_\_

- If yes, Amount of purchases \$ \_\_\_

**Wisconsin College Savings Program Contributions:** If Yes, bring in statements

**Qualify for Homestead?** If so, Please bring **completed** rent certificate or Copy of **current** Real Estate Tax Bill

Questions/ Other Information: \_\_\_\_\_

**Declaration:** I HAVE REVIEWED THE INFORMATION GIVEN TO YOU ON THIS FORM AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, COMPLETE AND READY FOR YOUR PREPARATION OF MY INCOME TAX RETURN. I ACKNOWLEDGE THAT I HAVE MAINTAINED ADEQUATE DOCUMENTATION TO SUBSTANTIATE ALL DEDUCTIONS THAT I HAVE CLAIMED.

Note: Your Signature is required: X \_\_\_\_\_ Date \_\_\_\_\_