

Adjustments To Income

Retirement:

Type Code: IRA (I) Roth (R) SEP (S) Keogh (K) Solo 401k (4K)

(Attach Statements) Form 5498

| Type | T/S | Contribution | Date | Bank / Fund Name | FMV 12/31 | Basis |
|------|-----|--------------|------|------------------|-----------|-------|
| | | \$ | | | \$ | |
| | | \$ | | | \$ | |
| | | \$ | | | \$ | |
| | | \$ | | | \$ | |
| | | \$ | | | \$ | |

| Type | T/S | Contribution | Date | Bank/Fund Name | FMV12/31 | Basis |
|------|-----|--------------|------|----------------|----------|-------|
| | | \$ | | | \$ | |
| | | \$ | | | \$ | |
| | | \$ | | | \$ | |
| | | \$ | | | \$ | |
| | | \$ | | | \$ | |

Teachers K-12: Supplies/ Prof. Develop: T/S \$ _____ \$ _____

*Alimony Paid \$ _____ Court ordered? Yes No (bring Divorce Decree)

To whom paid: _____ SS#: ____/____/____

Qualified Performing Artist: _____ Reservist Expense: _____

* Moving Expenses: Military Only, Keep all receipts necessary to substantiate

Student Loan Interest: Attach Form 1098-E (#)

| T/S | Payer | |
|-----|-------|----|
| | | \$ |
| | | \$ |
| | | \$ |

Health/Medical Savings Accounts:

Type Code: H-HSA A- Archer MSA M- Medicare Advantage MS- MSA

| Type Code | Family/ Single | Form 5498-SA Contribution | Company Policy # | High Deductible | # of months | Form 1099-SA Distribution | Used for Medical? | FMV 12/31 |
|-----------|----------------|---------------------------|------------------|-----------------|-------------|---------------------------|-------------------|-----------|
| Taxpayer | | \$ | | | | \$ | Y N | \$ |
| Spouse | | \$ | | | | \$ | Y N | \$ |

Itemized Deductions

* Note: Misc./Job Related Expenses - No Longer deductible

***Medical: Form 1095 A ___ B ___ C ___ (Form required)**

Company ___ Cobra ___ Medicare ___ Market ___ Tri ___ State ___

Penalty Exception : _____

Health Insurance: (Pretax? Y N) _____ \$ _____

Company: _____ \$ _____

Qualified Long Term Care Insurance: Taxpayer \$ _____

Insurance Company: _____ Spouse \$ _____

Prescriptions: (No Canadian Drugs) \$ _____ \$ _____ \$ _____

Doctor Bills: \$ _____ \$ _____ \$ _____ \$ _____

Hospitals \$ _____ Req. Nursing Home \$ _____

Med. Lodging# nights _____ Transport/Ambulance \$ _____

_____ Medical Miles Parking For Medical Care _____

Hearing Aid/ Batteries \$ _____ \$ _____

Medical Equipment \$ _____ Supplies/Rentals \$ _____

Other: List: _____ \$ _____ Therapy \$ _____

Dental: Bills \$ _____ Dental Insurance \$ _____

Dentures/ Supplies \$ _____

Vision: Glasses/ Contacts/ Supplies/ Exams/ Insurance \$ _____

Less: FSA _ HSA _ MSA _ Ins _ Net Reimbursements (_____)

***Taxes:**

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 limited- Use: _____

Bring Closing Statement if you: Bought ___ Sold ___ Refinanced ___

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) \$ _____

***Casualty Losses: Only Federally Declared Disaster Area**

through fire, storm or casualty not reimbursed

- attach sheet with detailed explanation for each loss

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 \$ _____

Special License Plates \$ _____ \$ _____

_____ \$ _____ \$ _____

_____ Miles driven for Charity \$ _____ Parking For Charity

Non Cash: (Cumulative total \$5,000 or more > need appraisal)

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

For Valuation assistance: www.amazinggoodwill.com/donating

Donated Vehicles: For Valuation assistance: www.kbb.com

Description _____ Charity: _____ Letter: Y N

Date Bought: _____ Original Cost: \$ _____

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

Gambling Losses/Expenses:

You Must Claim All Winnings

Please bring log/ documentation _____ see attached

Energy Credit:

Prior Credit Taken: _____

Solar Water Heating _____ Solar Electric Equip. _____ Solar Panels _____ Geothermal Heat Pump _____ Fuel Cells _____ Small Wind Turbine _____

Ext. Windows _____ Central Air _____ Exterior Doors _____ Insulation _____ Metal Roofs _____ Qualified Hot Water Heater _____ Biomass Stove _____
HVAC Air Circulating Fan _____ Boiler _____ Furnace _____ Qual. Asphalt Roof _____ Electric Heat Pump _____ Skylights _____**Plug In/ Fuel Cell / Electric Vehicle Credit:** _____**Bring in all purchase invoices****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)**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 | | | | Name Of College | State | Full Part | |
|--------------|----------------|--------------|----------|---------------------|--------------|------------------|------|---|---|----|-----------------|-------|-----------|--|
| | | | | | | | 1 | 2 | 3 | 4> | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

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 & Grades 9-12 Please bring statements disclosing all information.

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**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 _____