

Personal Income Tax Organizer: Tax Year 20____

All **New Clients** *Must* Fill this Section Out

HAMMERNIK & ASSOCIATES 2448 S 102nd St Ste 130 West Allis, Wi 53227 Phone: 414-545-1890 email: info@hammernikassoc.com

Before Your Appointment – Carefully Read and Complete Only the Sections That Pertain to your Tax Situation

Personal Information: Complete this section **Only** if any changes from prior year.

TAXPAYER'S Name:						•				
Date of Birth//	_ O	ecupation:								
SPOUSE'S Name:						-		ID Protection Pi		
Date of Birth//	_ 00	ecupation:						_	-	
Address:				C	ity:		State	: Zip Code	e:	
Best Contact Info: Cell:			T/S	Em	ail:			@		
DEPENDENTS: Comp	lete this	s section only if any changes or	new depend	dent from	prior year	Months At (As) Gr	oss I	D Protec	tion
Full Name (Must Match S.	S Card	Social Security #	Relations	hip I	Date Of Birth	Home Studen	t Inc	come Disabled	Pin	
						<u> </u>	<u> \$</u>			
				<u> </u>		<u> </u>	\$ \$			
				<u> </u>		<u> </u>	I\$			
		i i		i		i i	i\$	i i		
							I\$			j
If claiming a child who do	es n	ot live with you: You	<u>Must</u> atta	ach a s	igned conser	nt Form 8332 to	your re	turn to claim kids?	Yes N	lo
Checklist: By answering	these	questions it will hel	p in pre	paring	g a complete	e and accurate	e retur	n	Yes	No
Do you want \$3 of your tax to	go to	the Presidential/State Can	npaign Fu	ınd? <i>If</i>	joint return,	does spouse?				
All Taxpayers/ Dependents are	manc	lated to have qualified he	ealth insu	rance.	Are you comp	liant? Hardshi	р Ехсер	otion?		
Would you like communication	n betw	veen all your tax and finar	ncial advi	sors? V	Vritten consen	nt forms would b	e neede	ed .		
Were you notified by the IRS of						Ĭ				
Did your marital status change										
Did you make or receive any g										<u> </u>
Do you have ownership/ incom		•				-				†
Do you have a financial interes										†
Do you have any foreign source							ii couiii	ııy:		
Do you qualify under DOMA to					ieu income ex	ctusion.				
Are you claimed or could you					v veer If ve	avnlain				+
Did you receive any non-taxab		-				_				+
Did you barter any services for			•	runs D	enejus, work	ers Comp				+
•				- 0 D	- I C44	-4-				+
Do you hold any stock or other										+
Did you receive any insurance					* *			ID 41.0		+
If 70 1/2 or older, (or inherited								ir IRA's?		+
Do you have income, expenses					•					-
Did you have any debt that was		-			in document	ation * Studer	t Loans	s/Disability		+
Did you file bankruptcy this ye		·								-
Any changes for next year? Me						_	Sales []	Other		
Were you denied Earned Incom	ne Cre	edit by the IRS? Have you	u been re	-certifi	ed for the cre	dit?				1
Do you own or Trade any "Dig	gital A	ssets"? If so, please discl	ose: Whe	re acco	ount is based,	swaps/transacti	ons, \$ a	imounts		
* Denotes 2018 Tax Law (Chan	ges								
W-2's Total #		Bring In Yearend Paystub		HSA						HSA
Employer	T/S	Wages (Box 1)	State	Y/N	Employe	ŕ	T/S	Wages (Box 1)	State	Y/N

mtere	st Income:								Enc	lose 109	99-Int For	ms						
Payer:	Acct. last 4 di	gits	TSJ	Amou	ınt	Code	PAB	W/H	Paye	er: Ac	ct. last 4 dig	ts T	SJ	Amoun	ıt	Code	e PAI	3 W/H
										See Attach	ed Schedule							
Code: (U	U)- U.S. Govt. Inte	erest (1	M)- M	uni Interes	t (D)- Fee	d. & S	tate Ex	empt (v Early	Withd	rawal (O)-OID	(BP) I	Bond P	rem.
	r Financed Mor			ne:						y # of Pa		/		lress:	,	(/-		
	nd Income	T/S			e 1099-1				1270	Foreign	0	US	\$		ax	212	Fed	Return
'ayer :	Acct # last 4 #	J	Ore	dinary	Qualifie	ed	Cap	Gain	1250	Income	Tax	%	Amt	. Exe	mpt	PAB	W/H	Capital
See A	ttached Schedule																	
Sale (Of Stock, Ro	eal E	Stat	e/ Equi	pment		Enc	lose	1099-В	Form	s, Broke	rage ,	/Clo	sing Si	tatei	ment	S	
	d/ Descriptio			e Bought				Sales			ost Basis			es To Sell		otes:		
Zty 501	iu/ Descriptio	111	Dan	t Dought	Date	Solu		saics.	HILL		ost Dasis	E.	rpense	s 10 Sell	110	ics.		
Payer		/IRA	T/S	Gross 1	ons: Ei Distribu					rms W/H	Roth Co		ion?	_Y _ N	*	Dona A Ro		RA?
Payer	•	/IKA											ion?					RA?
			T/S	Gross]	Distribu	ition	Fed	W/H	State	W/H	Taxa	ble		Code	IRA	A Ro	11?	
Se	ee Attached Sche	edule	T/S We	Gross]	Distribu	om IR	Fed A's us	W/H	State Medical,	W/H Educati	Taxa	ble	time k	Code	IR A	A Ro	Yes A	No
Se		edule	T/S We	Gross]	Distribu	om IR	Fed A's us	W/H	State Medical,	W/H Educati	Taxa	ble	time k	Code	IR A	A Ro	Yes A	No
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Adjustments To Income

Retirement: Type Code: IRA (I) Roth (R) SEP (S) Keogh (K) Solo 401k (4K) (Attach Statements) Form 5498

Туре	T/S	Contribution	Date	Bank / Fund Nan	ne FMV 12/31	Basis	Туре	T/S	Contribu	tion Dat	e Bank/Fund Nan	ne FMV	12/31	Basis		
		\$			\$				\$			\$				
		\$			\$				\$			\$				
		\$			\$				\$			\$				
		\$			\$				\$			\$				
		\$			\$				\$			\$				
Te	ache	rs K-12: Si	ıpplies/	Prof. Develop:	T/S \$	\$		Stude	ent Loan l	nterest	Attach Form 1	1098-E	(#)		
*A	limor	v Paid \$		Court ordered?	Yes No (bring l	Divorce Deci	ree) [T/S	Payer	interest.	7 ttuen 1 or m 1	1070 L	. "			
								175	T uy CI			\$				
							L					Ť				
Qu	alifie	d Performii	ng Artis	t:	Reservist E	xpense:						\$				
*]	Movii	ng Expenses	: Milita	ry Only,. Keep all 1	receipts necessary	to substantia	te					\$				
Нес	ilth/l	Medical So	avings	Accounts:	Type Code:	H-HSA A	- Archer	MSA	M- Me	dicare Advo	untage MS- MSA	L				
		Code	Family/ Single	Contribution	Company Policy #			1	High Deductible	# of months	Form 1099-SA Distribution	Used for Medical?	+	V 12/31		
Tax	payei	•		\$							\$	Y N	\$			
Spo	use			\$							\$	Y N	<i>\$</i>			
										•						
					Ite	mized D	eduction	ons	* N	ote: Misc./J	ob Related Expens	es - No Lon	ger dedu	ctible		
*]	Med	lical· Fo	rm 10	95 A R	C (Form	raquirad	Med.	Lods	oing# nig	hts	_Transport/An	nbulance	\$			
$\frac{1}{CC}$	mna	nv Cob	ra N	/S A B _ // dicareMa	_ C (FUIII rket Tri	State	#]	Medical	Miles 1	Parking For M	edical Ca	re			
								ing A	id/ Batte	ries \$		S				
H	ealth	Insuranc	e:(Preta	ax? Y N)	\$		Medi	cal E	auipmer	nt \$	Supplies/F	Rentals \$		_		
Co	ompa	nv:			\$		Othe	r: Lis	t:		\$ T	herapy \$				
O	ualifi	ied Long '	Term	Care Insuran	ce: Taxpaver \$	<u> </u>	Dent	Medical Equipment \$ Supplies/Rentals \$ Other: List: \$ Therapy \$ Dental: Bills \$ Dental Insurance \$								
								Dentures/ Supplies \$								
Pr	escr	iptions: (N	lo Canad	ian Drugs) \$	\$	\$	Vision: Glasses/ Contacts/ Supplies/ Exams/ Insurance \$									
Do	octor	Bills:\$		\$	\$	\$	_ , 151	,,,,	1433037 00	incare con Bu	pp.105, 2.141115, 111	ourance q				
Н	ospit	als \$	Re	eq. Nursing Ho	ome \$		Less:	FSA .	_HSA_1	MSA _In:	s _ Net Reimbu	irsements	()		
*	axe	es:							utions		hese contribution d			No		
Re	al E	state Tax	Paid:	Do Not Include Ut	ilities/Assessment	ts	•				quire written subst					
Pri	incipl	e Residenc	e (Yea	r)Adj. ()						ds or services) Relig		Attache	€ a		
			(Yea	r)							\$ March					
2n	d Res	sidence /La	nd (Ye	ar)(State)			Red (cross S	γΨ \$	C1711 Special C	Olympics \$	MDA	, Ψ \$			
Ot	her 7	Taxes: List	<u> </u>		_		Huma	ine So	ciety \$	P	AC \$ (Cancer \$	T			
Sa	les Ta	ax on Cars/	Boats/	Actual Receipts			Zoo \$		_ World \	Vision \$_	Wounded	d Warrior	\$			
							Speci	al Lic	ense Plat	es \$		\$				
*]	Inte	rest: For	m 109	8 Code: P: Prin	nary *E: Equity 2	: Secondary		14.1	1: (\$		\$ Parkin				
N	Aortga	age Payee/ L	oan#	P/*E/2 Type	Amount L	oan Balance	2		es driven f	•						
							Non				mulative total \$5,00					
								rity odwill		Descript	ion	Date	F	TMV		
								ple He								
								w. Re								
								v. Arn								
				s * Equity			- Dry	Hoot	•							
Br	ing C	losing State	ement i	f you: Bought	Sold Re	financed _	-									
If N	Norton	ge paid to an	individu	al/ Land Contract;	List		Fo	r Valu	uation ass	istance:	www.amazing	goodwill.co	m/donat	ting		
A 1	1						_ Dor				luation assistar					
So	cial S	ecurity #	/	/ <u>Mu</u>	est have to be ab	le to deduct	! Desc				Charity:		Letter: `	ΥN		
_		, . .						Bough ver \$50		e Form 10	Original Cos 98-C from charity			t		
In	vestn	nent Inter	est: (B	rokerage Accts, va	cant land) \$_		110	. υ. ψυθ	· must nav	- 1 JIM 10	charity	be able to	. acauci			
*	Cası	ualty Los	ses: <u>0</u>	nly Federally De	clared Disaster	<u>Area</u>					Losses/Expe					
		through fire	e, storm	or casualty not re	eimbursed						Claim <u>All</u> Winnir					
	_	attach shee	t with de	etailed explanatio	n for each loss			Please br	ing log/ doc	rumentation	_see attached	i				

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 / Electr	<u>ic Vehicle Cr</u>	edit:					Bring	g in all purche	ase inv	voices	
Date adopti Is Child a U	n Expenses: Bring ion became final: JS citizen? Yes es: \$ Re-Adoption F	// V No Did yo	Vas chil u receiv	d: Foreig e any En	n nployer	Specia -Provid	l Needs I led Adoption I	Born bei Benefits	fore 1999 & Disa ? Yes No If Y	ibled /es, \$ _		
Child &	Other Dependen	t Care: This ne	eds to be	filled out, e	even if yo	u have p	re-tax childcare l	benefits a	t work (W-2 box	10 amou	ınt \$)	
Name & A	ddress (Individual or	Organization To	Whon	n Paid		SS#	/ Fed ID#	Total Aı	nount Depend	dent	Allocation	
Did you pa	y someone more than	\$2,000 to parfe	rm thac	a sarvica	s in voi	ır hom	a? If was did y	zou filo	waga statamants	with th	a IDC2 V N	
COLLEG	E TUITION To Cl	aim Credit you Tuition How		bring <u>all</u> . Grants/	1098-T Rela		& Detail Billin	g/ Rece Year	eipts (Page 2)	Prior A	OTC:#	
Student N		Paid Paid		nolarship	Fee			1 2 3 4>	Name Of Colle	ege	State Part	
Any amour	nts from a Sec 529, E	ducational IRA	IDA	Doth ID	1 or Fe	lucatio	nal Savinge B	onde to	nay for tuition?	VNE	orm 1000 O	
If yes, also	list cost of: Books/S	upplies \$		Roor	n/Boar	d \$		_ Comp	outer/ Internet Co	st \$		
Has Stude	nt ever been convict	ed on a felony o	count o	f possessi	ion or o	distribu	ıtion of a con	trolled	substance? Ye	s	No	
Еѕтімат	ED TAX PAYMI	ENT:	I	n order to	match	govern	ment records,	Pleas	e- <i>Provide Proof</i> o	f these]	payment	
		1st Quarter	4/15	2nd Qu		6/15	3rd Quarter		-	1/15	With Ext	
Federal	Applied from prior \$	Amount \$	Date	Amou \$	unt	Date	Amount \$	Date	Amount \$	Date	Amount \$	
State	\$	\$		\$			\$		\$		\$	
			•	Wiscons	sin Ad	justme	nts	•				
Rent Paid:	Address				# mo	nths	Rent per mo	onth	Total Paid	Heat	Included?	
										Ye		
-										Ye	s No	
<u>Pr</u>	ivate School Tuition	Deduction: Gr	ades K	-8 & Gra	ides 9-	12 Plea	ase bring stat	ements	disclosing all in	format	tion.	
Child:	\$Sch	ool:	Gr	ade:	C	hild:	\$	Sch	ool:		Grade:	
Child:	\$Sch	ool:	Gr	ade:	C	hild:	\$	Sch	ool:		Grade:	
Veterans T	rust Fund \$ Mult	tiple Sclerosis \$	M	ilitary Fa	mily R	elief \$_	Cancer Re	esearch	\$ Endangere	d Resou	ırces \$	
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 \$												
Wiscon	sin College Saving	s Program Co	ontribu	utions: I	f Yes,	bring	in statements	·				
Qualify f	or Homestead? If	f so, Please br	ing <u>Co</u>	<u>mpleted</u>	Rent	Certif	icate or Cop	y of <u>C</u>	<i>Eurrent</i> Real E	state T	`ax Bill	
CORRECT,	On: I HAVE REVIEWE COMPLETE AND REAL DOCUMENTATION TO	DY FOR YOUR PE	REPARA	TION OF N	MY INCO	OME TA	X RETURN. I A					
Note: Your S	ignature is required: \mathbf{X}_{-}						Date					