

Note any changes to:

- Address
- Occupation
- Family Structure
- Occupants of Home



CLIENT ORGANIZER

Email: _____
 Home Tel.: _____
 Taxpayer Work Tel.: _____
 Spouse Work Tel.: _____
 Cell: _____

ALL CLIENTS: BRING COPY OF LAST YEAR'S TAX RETURN

ALL CLIENTS: BRING ALL W-2s, 1099s, 1098s, & any other important tax documents

Dependent	Date of Birth	SS#	Relationship	Months lived with you
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Non-dependents who live with you	Date of Birth	SS#	Relationship	Months lived with you
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Did you get a state tax refund last year? No _____ Yes \$ _____

Amount paid into the state with last years tax return: \$ _____

Did you pay any estimated tax? No _____ Yes _____

List amount paid each quarter

Date	Federal	State
4-15	_____	_____
6-15	_____	_____
9-15	_____	_____
12-31	_____	_____
1-15	_____	_____

Most Common Errors:

- Missing long term care premiums
- Missing health insurance paid not through employer
- Pre-tax day care needs special processing
- Children of divorced/never-married have complex rules. Tell us about all people in the home.
- Mutual fund changes
- Did everyone in your household have qualifying health insurance for all 12 months?
- Wisconsin - Private school tuition

Unemployment: Amount received by You \$ _____ Spouse \$ _____

Did you have income or loss from:	Business or Farm	(Circle) Yes	No
	Rental Dwellings	Yes	No
	Sell Stock/Property/Mutual Fds.	Yes	No <i>(Provide Cost Info)</i>
	Sale of Your Home	Yes	No
	Bartering Income	Yes	No
	Gambling Winnings	Yes	No

Did you receive alimony? No _____ Yes \$ _____

Did you pay alimony? No _____ Yes \$ _____ recipients SS# _____

List amounts paid to an IRA, SIMPLE, SEP, or ROTH You \$ _____ Spouse \$ _____ *Bring statements if available.*

Did you purchase a new home? No _____ Yes _____

Did you make any energy efficient improvements to your home? No _____ Yes _____

Child Care: Amount paid in order to work \$ _____

Name, address, and tax number of provider _____

Rent paid in Wisconsin \$ _____ Heat included? Yes or No

How much child support did you receive? \$ _____ *[child support is not taxable income]*

Did you live in Wisconsin the entire year? Yes or No

If no, list dates you lived in Wisconsin _____

Where else did you live? _____

ITEMIZED DEDUCTIONS

MEDICAL:

(The amount exceeding 7.5% of gross income is allowed)

Prescriptions \$ _____
 Insulin & Supplies \$ _____
 Health Insurance \$ _____
(Excluding pretax)
 Doctor & Dental \$ _____
 Chiropractor \$ _____
 Optical \$ _____
 Miles Driven _____
 Parking/Fares \$ _____
 Crutches/mechanical \$ _____
 Hearing Aids \$ _____
 Part B Premiums \$ _____

Long Term Care
 Premium You \$ _____
 Long Term Care
 Premium Spouse \$ _____

REAL ESTATE TAX

Main Home \$ _____
 Other Real Estate \$ _____
cottage, lot etc.
(Paid in tax year)

INTEREST PAID:

On 1st or 2nd homes:
 Bank or Mortgage Co. \$ _____
(Attach form 1098[s])
 Investment/
 Margin Interest \$ _____
 Private Mortgage
 Insurance PMI \$ _____
 Points paid on purchase _____
 Points paid at refinance _____
 Sales Tax paid on Car or Boat \$ _____
(Tax must be paid in tax year)
 For car purchase, is car new or used? *(circle one)*

CHARITY

Cash or check to charity: \$ _____
(All donations require a receipt or proof such as a letter from the charity)
 Miles for Charity _____
 Non-Cash Charity \$ _____
(Amounts over \$500.00 require a list of each item and resale value. Large items require date of purchase and cost.)

Mortgage Review (Optional)
 Estimated Mortgage Balance \$ _____
 Estimated Mortgage Rate _____%

MISCELLANEOUS:

(The amount exceeding 2% of gross income is allowed.)

Tax Prep Fee \$ _____
 Unreimbursed work
 expenses \$ _____
 Meals/Entertainment
 for clients \$ _____
 Tools for work \$ _____
 Uniforms \$ _____
 Safety shoes \$ _____
 Job agency fee \$ _____
 Chauffeurs license \$ _____
 Professional journals
 and magazines \$ _____
 Education required for work
 Tuition \$ _____
 Miles _____
 Safe Deposit Box \$ _____
 Investment Exp. \$ _____
 WRAP (%) IRA Fees
 paid from account \$ _____
 WRAP (%) IRA Fees
 paid not from account \$ _____
 Investment Exp. \$ _____
 Union Dues \$ _____
 Miles to temporary
 job locations _____
 Gambling losses
*(may be deducted to the
 amount of winnings reported)* \$ _____

OTHER DEDUCTIONS

MOVING EXPENSES:

(Must be work related)
 Miles from old job to new _____
 Moving household goods \$ _____
 Transportation and lodging
 for you and your family on
 trip to new home \$ _____

EDUCATION EXPENSES:

Student Name	Tuition Paid in Taxyear	Book Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
Student loan interest	\$ _____	
K-12 Teacher Expense	\$ _____	
	<i>(\$250 limit)</i>	