

2019 TAX QUESTIONNAIRE

REQUIRED DISCLAIMER:

THE DATA IN THIS ORGANIZER IS TRUE, COMPLETE, ACCURATE, & DOCUMENTED.
 TIMOTHY OSOWSKI TAX & ACCOUNTING *IS NOT RESPONSIBLE* FOR
 UNDERREPORTED INCOME OR OVERSTATED DEDUCTIONS.

PHONE

HOME _____
 BUSINESS _____
 CELL PHONE _____
 **EMAIL _____

X _____
 SIGNATURE _____ DATE _____

SELF

SPOUSE

1) NAME _____
 ADDRESS _____ CITY/STATE/ZIP _____
 SOCIAL SECURITY # _____
 BIRTH DATE _____
 OCCUPATION _____
 SCHOOL DISTRICT _____ TOWNSHIP _____ COUNTY _____

DO YOU WISH TO DONATE TO THE ELECTION CAMPAIGN FUND?

\$3 TO FEDERAL: SELF: YES _____ NO _____ SPOUSE: YES _____ NO _____

2) DEPENDENTS (IMPORTANT-WE CANNOT ASSUME THE SAME NAMES AS LAST YEAR)

SOCIAL SECURITY <u>FORMAL</u> NAME	BIRTH DATE	SS# (IF <u>NOT</u> IN OUR FILE)	RELATIONSHIP	STUDENT Y/N
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3) **HOW MANY JOB W2's ARE ATTACHED?** SELF _____ SPOUSE _____

4) INTEREST AND DIVIDENDS RECEIVED (SIMPLY ATTACH 1099 FORMS - NO LISTING REQUIRED)

IRA'S	TRADITIONAL	ROTH	TRADITIONAL	ROTH
CONTRIBUTION FOR 2019:	SELF _____	_____	SPOUSE _____	_____
WITHDRAWALS IN 2019:	SELF _____	_____	SPOUSE _____	_____
ROLLOVERS IN 2019:	SELF _____	_____	SPOUSE _____	_____

6) **PENSION, 401K, RETIREMENT, OR PROFIT SHARING RECEIVED:** HOW MANY 1099R ATTACHED _____

7) MISCELLANEOUS INCOME

NON-TAXABLE INCOME (FOR WIS HOMESTEAD)

UNEMPLOYMENT _____	WORKMANS COMP INSUR. _____
TIPS NOT ON W-2 _____	VA PENSION _____
ALIMONY RECEIVED _____	CHILD SUPPORT RECEIVED _____
OTHER _____	OTHER _____
SLOTS & LOTTERY WINNINGS _____	_____
SLOTS & LOTTERY EXPENSES _____	_____ (NOT TO EXCEED WINNINGS)

8A) ANNUAL HOUSING RENT PAID: _____ IS HEAT INCLUDED? YES _____ NO _____

8B) ALIMONY PAID OUT: _____ PAID TO: _____ THEIR SS# _____

8C) STUDENT LOAN INTEREST PAID OUT (FORM 1098E): _____

8D) EDUCATION IRA/EDVEST WITHDRAWAL: _____ AMOUNT USED FOR EDUCATION: _____

8E) EDUCATION CONTRIBUTIONS TO WISCONSIN EDVEST PLANS: _____

8F) HSA OR MSA MEDICAL SAVING ACCOUNT? YES _____ NO _____ (PLEASE BRING IN ANNUAL STATEMENTS)

***** Bring a Cancelled Check if you want your refund Direct Deposited *****

DEDUCTION SCHEDULE

9) UNREIMBURSED MEDICAL EXPENSES

(ONLY IF GREATER THAN 7.5 % OF INCOME)
(DO NOT INCLUDE FLEX OR PRE-TAX AMOUNTS)

RX & INSULIN (OUT OF POCKET) _____
 DOCTORS/DENTIST/HOSPITALS _____
 RETIREMENT HOME/ASSISTED LIVING PMTS _____
 HEARING AIDS & BATTERIES _____
 GLASSES/CONTACTS/SUPPLIES _____
 MEDICAL AIRFARE & LODGING _____
 MEDICAL MILES DRIVEN _____

11 CHARITABLE CONTRIBUTIONS

CHURCH PER STATEMENT _____
 UNITED WAY, RED CROSS, ETC _____
 GOODWILL, ETC. @ RUMMAGE VALUE _____
 VOLUNTEER MILES DRIVEN _____
 MAJOR NON-CASH ITEMS: (OVER \$500)
 (BRING DOCUMENTATION)

TO WHOM	WHAT	FAIR VALUE

(Do **Not** List **Pre**-Tax Employer Plans Below)

9A) DOES AN EMPLOYER PAY PART OF YOUR HEALTH INSURANCE PREMIUM: YES _____ NO _____
 9B) IS YOUR PAYCHECK INSURANCE DEDUCTION PRE-TAX (FLEX PLAN, ECT.): YES _____ NO _____
 9C) AMOUNT OF HEALTH & DENTAL INSURANCE PAID BY YOU **IF NOT PRE-TAX:** _____
 9D) NURSING HOME INSURANCE PAID & LONG TERM CARE INSURANCE PAID: HUSBAND _____ WIFE _____
 9E) RETIREES - MEDICARE PART **B** PREMIUMS PAID: _____
 9F) RETIREES - MEDICARE PART **D** PREMIUMS PAID: _____
 9G) RETIREES - **MEDICARE SUPPLEMENT** / INSURANCE PAID: _____

10 TAXES

PRIMARY HOME R.E. TX. PAID IN 2019 _____
 R.E. TAX ON COTTAGE, LOT, ETC _____
 SALES TAX ON: _____
 - CAR / BOAT / MOTORCYCLE _____
 - MOTOR HOME / SNOWMOBILE / ATV _____
 STATE TAX ADDITIONAL '18 PAID IN 2019 _____

12 INTEREST PAID-ATTACH 1098 FORMS

HOME MORTGAGE:
 PAID TO _____ \$ _____
 PAID TO _____ \$ _____
 HOME EQUITY LOAN _____ \$ _____
 HOME EQUITY LOAN _____ \$ _____

QUARTERLY ESTIMATED PAYMENTS MADE FOR 2019:

FEDERAL		WISCONSIN	
DATE PAID	AMOUNT	DATE PAID	AMOUNT
1) _____	_____	1) _____	_____
2) _____	_____	2) _____	_____
3) _____	_____	3) _____	_____
4) _____	_____	4) _____	_____

INTEREST YOU PAID TO INDIVIDUALS, THEIR:

*ADDRESS _____
 *SOCIAL SECURITY # _____
 *AMOUNT _____ \$ _____
 MORTGAGE POINTS ON PURCHASE _____
 MORTGAGE POINTS ON REFINANCE _____
 MORTGAGE INSURANCE (P.M.I.) _____

13 UNREIMBURSED MISCELLANEOUS & W-2 EMPLOYEE DEDUCTIONS

The deductions for these have expired at the end of 12/31/17 with the new tax law.

14) QUALIFIED & CERTIFIED ENERGY EXPENDITURES

	LABOR & MATERIAL		MATERIALS ONLY
FURNACE / MAIN FAN / BOILER	_____	INSULATION	_____
CENTRAL AIR CONDITIONING	_____	WINDOWS / SKYLIGHT / TINTING	_____
WOOD OR PELLET STOVE	_____	EXTERIOR DOORS	_____
HOT WATER HEATER	_____	SOLAR / WIND SYSTEMS	_____

(EXCLUDED: SIDING, ELECTRIC & TANKLESS HOT WATER HEATERS)

15) SALE OF STOCKS & BONDS (COMPLETE THIS SECTION ONLY IF NO BROKER 1099B)

-BRING ANNUAL 1099B ON SALES & ALSO BRING PURCHASE DOCUMENTS OR LISTING OF TOTAL COST
 -DO NOT USE SHARE PRICE - ONLY **TOTAL** TRANSACTION DOLLARS

DESCRIPTION	DATE PURCHASED	DATE SOLD	NET SALES PROCEEDS	TOTAL COST
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

16) SALE OF REAL ESTATE

PLEASE PROVIDE: -CLOSING STATEMENTS FOR SALE & PURCHASE
 -FINANCING PAPERS FOR NEW MORTGAGE

17) RENTAL PROPERTIES

	#1	#2	#3
ADDRESS OF PROPERTY	_____	_____	_____
TYPE OF PROPERTY	_____	_____	_____
NAME OF PROPERTY IF LLC	_____	_____	_____
RENT COLLECTED	_____	_____	_____
ADVERTISING	_____	_____	_____
MILES DRIVEN	_____	_____	_____
CLEANING & MAINTENANCE	_____	_____	_____
CONDO/ASSOCIATION FEES	_____	_____	_____
INSURANCE	_____	_____	_____
LEGAL & ACCOUNTING	_____	_____	_____
MANAGEMENT FEES	_____	_____	_____
INTEREST-INSTITUTIONAL MORTG	_____	_____	_____
INTEREST-PAID TO INDIVIDUALS	_____	_____	_____
INTEREST-OTHER	_____	_____	_____
PAINTING	_____	_____	_____
REPAIRS	_____	_____	_____
SUPPLIES	_____	_____	_____
TAXES	_____	_____	_____
UTILITIES	_____	_____	_____
OTHER	_____	_____	_____
LIST ANY MAJOR IMPROVEMENTS OVER \$500	#1	#2	#3
DATE	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18) CHILD CARE PAYMENTS:

DO YOU HAVE A **PRE-TAX PLAN** THROUGH YOUR EMPLOYER? YES _____ NO _____

CHILD CARE PROVIDERS:	#1	#2
NAME(S)	_____	_____
ADDRESS	_____	_____
SS# OR T.I.N.# (mandatory)	_____	_____
TOTAL PAID CHILD #1	_____	_____
CHILD #2	_____	_____

19) INTEREST & DIVIDENDS RECEIVED-ATTACH ALL 1099'S (DON'T LIST)

MUTUAL FUNDS: BRING IN ENTIRE 2019 YEAR-END ENVELOPE CONTENTS WITH 1099 DIV.
DO NOT INCLUDE I.R.A. ACCOUNTS

20) EDUCATION PAYMENTS-AFTER HIGH SCHOOL (EVEN IF ONLY ONE COURSE)

STUDENT NAME:	_____	_____
MORE THAN HALFTIME?	Y N	Y N
1/1/18 GRADE LEVEL	_____	_____
SCHOOL NAME	_____	_____
CITY/STATE OF SCHOOL	_____	_____

EXPENSES:	DATE	AMOUNT	DATE	AMOUNT
TUITION	_____	_____	_____	_____
FEES	_____	_____	_____	_____
BOOKS	_____	_____	_____	_____
ROOM & BOARD	_____	_____	_____	_____
LAPTOP, ETC.	_____	_____	_____	_____

- PAID BY PARENTS & CHILD **BY CASH OR LOAN PROCEEDS** (AMOUNTS PAID BY SCHOLARSHIP DO NOT APPLY)

21) PRIVATE SCHOOL TUITION (K-12)

	SCHOOL NAME	ADDRESS	EIN OF THE SCHOOL
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

	STUDENT NAME	GRADE LEVEL	TUITION	MANDATORY BOOKS
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

SOLE PROPRIETOR / BUSINESS

22) SELF EMPLOYED & 1099 SALES REPS (OR ATTACH YEAR END QUICKBOOKS, DOME BOOK, ETC INSTEAD)

NAME OF BUSINESS _____
 TYPE OF BUSINESS _____

SALES/GROSS RECEIPTS/COMMISSIONS _____

IF APPLICABLE:
 MERCHANDISE PURCHASED FOR **RESALE** _____
 12/31/18 INVENTORY @ COST _____
 SUBCONTRACTORS PAID _____

TOTAL PERSONAL & BUSINESS MILEAGE _____
 BUSINESS MILEAGE ONLY _____

DO YOU HAVE WRITTEN DOCUMENTATION LOG OR DIARY
 TO SUBSTANTIATE MILEAGE? YES _____ NO _____

DID YOU PAY OVER \$600 TO ANY
INDIVIDUAL FOR SERVICES OR TO A
 SUB-CONTRACTOR? YES _____ NO _____

IF YES, DID YOU PROVIDE THE
 NECESSARY 1099's? YES _____ NO _____

EXPENSES

ADVERTISING _____
 COMMISSIONS/CONSULTANTS _____
 DUES & SUBSCRIPTIONS _____
 BUSINESS INSURANCE _____
 BUSINESS LOAN INTEREST _____
 LEGAL & ACCOUNTING _____
 OFFICE & POSTAGE _____
 RENT _____
 REPAIRS _____
 SUPPLIES _____
 TAXES _____
 TRAVEL-AIR & LODGING _____
 MEALS (NO ENTERTAINMENT) _____
 TELEPHONE-BUSINESS USE _____
 OTHER UTILITIES @ 100% _____
 WAGES TO EMPLOYEES (GROSS) _____
 VEHICLE EXPENSES (IF NO MILEAGE) _____
 OTHER _____

EQUIPMENT PURCHASED IN 2019:			
TYPE	NEW/USED	DATE	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(PLEASE BRING INVOICES ON **TRADES**)

BUSINESS USE OF HOME % _____

EMPLOYERS NOTICE
 PENALTY FOR NOT ATTACHING
 AN IMMIGRATION FORM (I-9) TO EACH
 EMPLOYEE W-4 IN YOUR FILE IS A **\$1000**
FINE EACH IF AUDITED

Questions/Comments/Additional Items

23) Health Insurance

Please bring the Form 1095 sent by each health insurance provider.

POLICY #1

Insurance Provider: _____

Name	"X" if all 12 Months Covered	"X" for Months covered if not the full year											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

POLICY #2 (if multiple policies for the year)

Insurance Provider: _____

Name	"X" if all 12 Months Covered	"X" for Months covered if not the full year											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Note: The insurance providers and employers are not required to issue the Form 1095 until March 1. You may not receive your tax document timely. If very little changed in 2019 for health insurance, we can proceed without having the document. If significant changes to your insurance occurred in 2019, we will need the 1095's to ensure accuracy.

**** If you receive insurance through the **"Market Place"**, it is mandatory that we have the Form 1095-A.****