

2020 TAX QUESTIONNAIRE

REQUIRED DISCLAIMER:

THE DATA IN THIS ORGANIZER IS TRUE, COMPLETE, ACCURATE, & DOCUMENTED.
I CERTIFY NO UNDERREPORTED INCOME OR OVERSTATED DEDUCTIONS.

PHONE

PRIMARY _____
SECONDARY _____
BEST TIME TO CALL _____
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 FORMAL NAME	BIRTH DATE	SS# (IF NOT IN OUR FILE)	RELATIONSHIP	STUDENT Y/N
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3) **BLIND:** SELF _____ SPOUSE _____ **DISABLED:** SELF _____ SPOUSE _____

4) **HOW MANY JOB W-2's ARE ATTACHED?** SELF _____ SPOUSE _____

IRA'S	TRADITIONAL	ROTH	TRADITIONAL	ROTH
CONTRIBUTION FOR 2020:	SELF _____	_____	SPOUSE _____	_____
WITHDRAWALS IN 2020:	SELF _____	_____	SPOUSE _____	_____
ROLLOVERS IN 2020:	SELF _____	_____	SPOUSE _____	_____

6) **HOW MANY RETIREMENT 1099-R's ARE ATTACHED?** SELF _____ SPOUSE _____

7) MISCELLANEOUS INCOME

UNEMPLOYMENT _____
TIPS NOT ON W-2 _____
ALIMONY RECEIVED _____
OTHER _____
SLOTS & LOTTERY WINNINGS _____
SLOTS & LOTTERY EXPENSES _____

NON-TAXABLE INCOME (FOR WIS HOMESTEAD)

WORKMAN'S COMP INSUR. _____
VA PENSION _____
CHILD SUPPORT RECEIVED _____
OTHER _____

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: _____

****STIMULUS RECEIVED****

FIRST STIMULUS: \$ _____ SECOND STIMULUS: \$ _____

Bring a Voided 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)

<u>TO WHOM</u>	<u>WHAT</u>	<u>FAIR VALUE</u>
_____	_____	_____
_____	_____	_____

(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:** SELF _____ SPOUSE _____
 9D) NURSING HOME INSURANCE PAID & LONG TERM CARE INSURANCE PAID: SELF _____ SPOUSE _____
 9E) RETIREES - MEDICARE PART **B** PREMIUMS PAID: _____
 9F) RETIREES - MEDICARE PART **D** PREMIUMS PAID: _____
 9G) RETIREES - **MEDICARE SUPPLEMENT** / INSURANCE PAID: _____
 9H) HSA OR HEALTH SAVING ACCOUNT? (NOT FLEX ACCOUNTS) YES _____ NO _____
 (PLEASE BRING IN **BOTH ANNUAL STATEMENTS** - 5498-SA & 1099-SA)

10 TAXES

PRIMARY HOME R.E. TX. PAID IN 2020 _____
 R.E. TAX ON COTTAGE, LOT, ETC _____
 SALES TAX ON: _____
 - CAR / BOAT / MOTORCYCLE _____
 - MOTOR HOME / SNOWMOBILE / ATV _____
 STATE TAX ADDITIONAL '19 PAID IN 2020 _____

12 INTEREST PAID-ATTACH 1098 FORMS

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

QUARTERLY ESTIMATED PAYMENTS MADE FOR 2020:

FEDERAL		WISCONSIN	
<u>DATE PAID</u>	<u>AMOUNT</u>	<u>DATE PAID</u>	<u>AMOUNT</u>
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.

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 2020 YEAR-END ENVELOPE CONTENTS WITH 1099 DIV.
DO NOT INCLUDE TRADES INSIDE I.R.A. ACCOUNTS

LOOK FOR A 1099-INT FOR INTEREST ON REFUNDS FROM US TREASURY

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

STUDENT NAME:	_____	_____
MORE THAN HALFTIME?	Y N	Y N
1/1/20 GRADE LEVEL	_____	_____
SCHOOL NAME	_____	_____
CITY/STATE OF SCHOOL	_____	_____

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

- PAID BY PARENTS & CHILD **BY CASH OR LOAN PROCEEDS**

PLEASE BRING IN ALL 1098-T's. THESE ARE VITAL FOR THE CREDIT. SOME ARE NOT MAILED AND MUST BE PRINTED OFF.
 FORM 1099-Q's ARE NEEDED IF ANY DISTRIBUTIONS OCCURRED FROM A 529 SAVINGS PLAN.

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** _____
 12/31/20 INVENTORY @ COST _____
 SUBCONTRACTORS PAID _____

PPP MONEY RECEIVED: _____

WI "WE ARE ALL IN" GRANTS RECEIVED: _____

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 _____

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

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 2020:			
TYPE	NEW/USED	DATE	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(PLEASE BRING INVOICES ON **TRADES**)

BUSINESS USE OF HOME % _____

Questions/Comments/Additional Items

23) Marketplace Health Insurance - ONLY (Obama Care)

Please bring the Form 1095-A sent by each Marketplace provider.

POLICY #1

Marketplace Insurance Provider: _____

Everyone in Household Claimed or Not 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)

Marketplace Insurance Provider: _____

Everyone in Household 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
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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