

2021 TAX QUESTIONNAIRE

REQUIRED DISCLAIMER:

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

PRIMARY PHONE NO. _____

SECONDARY NO. _____

X _____ EMAIL _____

SIGNATURE

DATE

SELF

SPOUSE

<p>1) NAME _____</p> <p>SOC SEC # _____</p> <p>BIRTH DATE _____</p> <p>OCCUPATION _____</p> <p>ADDRESS _____</p> <p>CITY/STATE/ZIP _____</p>	<p>NAME _____</p> <p>SOC SEC # _____</p> <p>BIRTH DATE _____</p> <p>OCCUPATION _____</p> <p>TOWNSHIP _____ COUNTY _____</p> <p>SCHOOL DISTRICT _____</p>
---	---

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 W-2 FORMS ARE ATTACHED?

SELF _____ SPOUSE _____

4) PENSION, 401K, or RETIREMENT (1099-R):

SELF _____ SPOUSE _____

5) INTEREST AND DIVIDENDS RECEIVED (Provide all 1099 Forms)

MUTUAL FUNDS: BRING IN ENTIRE 2021 YEAR-END ENVELOPE CONTENTS WITH 1099 DIV.
DO NOT INCLUDE TRADES INSIDE IRA ACCOUNTS
INCLUDE 1099-INT FOR INTEREST ON REFUNDS FROM U.S. TREASURY

6) IRAs

	TRADITIONAL	ROTH	TRADITIONAL	ROTH
CONTRIBUTION FOR 2021:	SELF _____	_____	SPOUSE _____	_____
WITHDRAWALS IN 2021:	SELF _____	_____	SPOUSE _____	_____
ROLLOVERS IN 2021:	SELF _____	_____	SPOUSE _____	_____

7) OTHER INCOME

UNEMPLOYMENT (Need 1099-G) _____	GOV'T STIMULUS #3 _____
TIPS <u>NOT</u> ON W-2 _____	ADVANCE CHILD CREDIT _____
ALIMONY RECEIVED _____	↪ Provide Letter 6419 from IRS
GAMBLING WINNINGS _____	OTHER _____

8) MISCELLANEOUS

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

B) ALIMONY PAID OUT: _____ DATE OF DIVORCE SETTLEMENT _____

 PAID TO: _____ RECIPIENT'S SOC SEC# _____

C) STUDENT LOAN INTEREST PAID OUT (Form 1098-E): _____

D) EDUCATION IRA/EDVEST WITHDRAW (Form 1099-Q): _____ AMOUNT USED FOR EDUCATION: _____

E) EDUCATION CONTRIBUTIONS TO WISCONSIN EDVEST PLANS: _____

Provide 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, ETC.): 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 PROVIDE **BOTH** ANNUAL STATEMENTS - 5498-SA & 1099-SA)

10 TAXES

PRIMARY HOME R.E. TAX PAID IN 2021 _____
 REAL ESTATE TAX ON COTTAGE, LOT, ETC _____
 SALES TAX ON: _____
 - CAR / BOAT / MOTORCYCLE _____
 - MOTOR HOME / SNOWMOBILE / ATV _____
 STATE TAX ADDITIONAL '20 PAID IN 2021 _____

12 INTEREST PAID - ATTACH 1098 FORMS

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

QUARTERLY ESTIMATED PAYMENTS MADE FOR 2021:

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 <u>ONLY</u>
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) VIRTUAL CURRENCY / BITCOIN

DID YOU BUY, SELL, OR TRADE ANY **VIRTUAL CURRENCY**: YES _____ NO _____

16) SALE OF REAL ESTATE

PLEASE PROVIDE: -CLOSING STATEMENTS FOR SALE & PURCHASE
-FINANCE 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

DESCRIPTION	DATE	#1	#2	#3
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

STUDENT NAME:	_____	_____
MORE THAN HALFTIME?	Y N	Y N
1/1/21 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** (AMOUNTS PAID BY SCHOLARSHIP DO NOT APPLY)
- INCLUDE ALL **1098-T** FORMS. THESE ARE VITAL FOR THE EDUCATION CREDIT.
- INCLUDE ALL **1099-Q** FORMS IF DISTRIBUTIONS OCCURRED FROM 529 SAVINGS PLANS.

20) PRIVATE SCHOOL TUITION (K-12)

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

	STUDENT NAME	GRADE LEVEL	PAID TO INSTITUTION	
			TUITION	MANDATORY BOOKS
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

SOLE PROPRIETOR / BUSINESS

21) 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** _____
 12/31/21 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 FORMS? YES _____ NO _____

EMPLOYER 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 2021:			
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 provide 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. ****