

2022 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 2022 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 | SPOUSE | TRADITIONAL | ROTH |
|------------------------|-------------|-------|--------------|-------------|-------|
| CONTRIBUTION FOR 2022: | SELF _____ | _____ | SPOUSE _____ | _____ | _____ |
| WITHDRAWALS IN 2022: | SELF _____ | _____ | SPOUSE _____ | _____ | _____ |
| ROLLOVERS IN 2022: | SELF _____ | _____ | SPOUSE _____ | _____ | _____ |

7) OTHER INCOME

| | |
|--|---|
| <p>UNEMPLOYMENT (Need 1099-G) _____</p> <p>TIPS <u>NOT</u> ON W-2 _____</p> <p>ALIMONY RECEIVED _____</p> <p>GAMBLING WINNINGS _____</p> | <p>NETWORK PAYMENT TRANSACTIONS (e.g. PayPal, Ebay, Venmo) Provide 1099-K form _____</p> <p>OTHER _____</p> |
|--|---|

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 _____

10) 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)

11) TAXES

PRIMARY HOME R.E. TAX PAID IN 2022 _____
 REAL ESTATE TAX ON COTTAGE, LOT, ETC _____
 SALES TAX ON: _____
 - CAR / BOAT / MOTORCYCLE _____
 - MOTOR HOME / SNOWMOBILE / ATV _____
 STATE TAX ADDITIONAL '21 PAID IN 2022 _____

12) INTEREST PAID - ATTACH 1098 FORMS

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

QUARTERLY ESTIMATED PAYMENTS MADE FOR 2022:

| 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.

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)

NEW ELECTRIC VEHICLE _____ PURCHASE DATE _____ VEHICLE MAKE/MODEL _____

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 |
| 1/1/22 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** _____
 12/31/22 INVENTORY @ COST _____
 SUBCONTRACTORS PAID _____

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 _____

TOTAL PERSONAL & BUSINESS MILEAGE _____
 BUSINESS MILEAGE ONLY _____
 BUSINESS MILEAGE JAN - JUN _____
 BUSINESS MILEAGE JUL - DEC _____

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

| EQUIPMENT PURCHASED IN 2022: | | | |
|------------------------------|----------|------|--------|
| TYPE | NEW/USED | DATE | AMOUNT |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

(PLEASE BRING INVOICES ON **TRADES**)

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

BUSINESS USE OF HOME % _____

Questions/Comments/Additional Items

22) 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. ****