

2023 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
1) NAME	_____	NAME	_____
SOC SEC #	_____	SOC SEC #	_____
BIRTH DATE	_____	BIRTH DATE	_____
OCCUPATION	_____	OCCUPATION	_____
ADDRESS	_____	TOWNSHIP	_____ COUNTY _____
CITY/STATE/ZIP	_____	SCHOOL DISTRICT	_____

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) 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 2023 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 (non-payroll)

	TRADITIONAL	ROTH	TRADITIONAL	ROTH
CONTRIBUTION FOR 2023:	SELF _____	_____	SPOUSE _____	_____
WITHDRAWALS IN 2023:	SELF _____	_____	SPOUSE _____	_____
ROLLOVERS IN 2023:	SELF _____	_____	SPOUSE _____	_____

7) OTHER INCOME

UNEMPLOYMENT (Need 1099-G) _____ NETWORK PAYMENT TRANSACTIONS (e.g. PayPal, Ebay, Venmo)
TIPS NOT ON W-2 _____ Provide 1099-K form _____
ALIMONY RECEIVED _____
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 _____

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)

<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, 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 2023 _____
 REAL ESTATE TAX ON COTTAGE, LOT, ETC _____
 SALES TAX ON:
 - CAR / BOAT / MOTORCYCLE _____
 - MOTOR HOME / SNOWMOBILE / ATV _____
 STATE TAX ADDITIONAL '22 PAID IN 2023 _____

12) INTEREST PAID - ATTACH 1098 FORMS

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

QUARTERLY ESTIMATED PAYMENTS MADE FOR 2023:

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

INTEREST YOU PAID TO INDIVIDUALS, PROVIDE THEIR:

*ADDRESS _____
 *SOCIAL SECURITY # _____
 *AMOUNT \$ _____

13) UNREIMBURSED MISCELLANEOUS & W-2 EMPLOYEE DEDUCTIONS

*** The deductions for these 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	_____
WATER HEATER	_____	SOLAR / WIND SYSTEMS	_____

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

NEW ELECTRIC VEHICLE _____	PURCHASE DATE _____	VEHICLE MAKE/MODEL _____
USED 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
1/1/23 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	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** _____
 12/31/23 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 _____

DO YOU HAVE A 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 _____

ARE YOU AN LLC? YES _____ NO _____

IF YES, DID YOU OR WILL YOU BE FILING BENEFICIAL
 OWNERS WITH "FinCEN"? _____

EQUIPMENT PURCHASED IN 2023:			
TYPE	NEW/USED	DATE	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(PLEASE BRING INVOICES ON **TRADES**)

BUSINESS USE OF HOME SQ FT _____
 TOTAL HOME SQ FT _____

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 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 (Claimed or Not) Name	"X" if all 12 Months Covered	"X" for Months covered if not 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. ****