

DEDUCTION SCHEDULE

9) UNREIMBURSED MEDICAL EXPENSES

(ONLY IF GREATER THAN 7.5 % OF INCOME)
(DO NOT INCLUDE FLEX PLAN OR HSA 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 2024 _____
 REAL ESTATE TAX ON COTTAGE, LOT, ETC _____
 SALES TAX ON:
 - CAR / BOAT / MOTORCYCLE _____
 - MOTOR HOME / SNOWMOBILE / ATV _____
 STATE TAX ADDITIONAL '23 PAID IN 2024 _____

12) INTEREST PAID - ATTACH 1098 FORMS

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

QUARTERLY ESTIMATED PAYMENTS MADE FOR 2024:

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 ONLY
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 _____
 HOME ENERGY AUDIT PERFORMED BY A QUALIFIED AUDITOR _____ YES _____ NO

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
1/1/24 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** _____

12/31/24 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 _____

EQUIPMENT PURCHASED IN 2024:

TYPE	NEW/USED	DATE	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(PLEASE BRING INVOICES ON **TRADES**)

BUSINESS USE OF HOME SQ FT _____

TOTAL HOME SQ FT _____

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"? _____

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 "Marketplace", it is mandatory that we have the Form 1095-A. ****