

2009 PERSONAL TAX DEDUCTION WORKSHEET

Name _____
 D.O.B. ____/____/____ SS# _____
 Occupation _____

Spouse Name _____
 D.O.B. ____/____/____ SS# _____
 Occupation _____

Phone- Home _____ CIRCLE ONE
 Work _____ (Taxpayer/Spouse)
 Cell _____ (Taxpayer/Spouse)

Email Address _____

Address _____



INCOME CHECKLIST

(Attach Documentation)

	✓
Wages (W-2's)	_____
Dividend Income (1099-DIV)	_____
Interest Income (1099-INT)	_____
State Refunds (1099-G)	_____
Gambling Income (W-2G)	_____
HSA/MSA Distributions (1099-SA)	_____
Home Sale (1099-S)	_____
IRA/Pension Pymts (1099-R)	_____
Social Security (SSA-1099)	_____
Stock Sales (1099-B)	_____
Unemployment (1099-G)	_____
Alimony	_____
Jury Duty	_____
Schedule K-1's	_____
1099-Misc	_____
_____	_____
_____	_____

DEPENDENTS

Name	D.O.B.	SS# (Please verify)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHILD CARE CREDIT

Name & Address of Provider	SS#	Amount Paid
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(Please breakdown amounts paid per child)

_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION CREDITS (Form 1098-T)

Student Name	Tuition & Fees Paid
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1) _____
 2) _____

Is student taking at least 1/2 credits of full-time status?	Has student completed at least 4 years of postsecondary education?
1) Y N	1) Y N
2) Y N	2) Y N

STUDENT LOAN INTEREST (Form 1098-E)

Amount paid \$ _____

DID YOU PURCHASE A NEW CAR IN 2009?

If yes, please be sure to attach dealer paperwork.

ESTIMATED TAXES PAID

DATE	IRS	STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL	_____	_____

PENSION PLANS

[not 401(k)]

Contributions for current year

	<i>Individual</i>	<i>Spouse</i>
IRA	\$ _____	\$ _____
ROTH-IRA	_____	_____
SEP/SIMPLE IRA	_____	_____
Conversion of Regular IRA to ROTH-IRA in 2009	_____	

MEDICAL/HEALTH SAVINGS ACCOUNT CONTRIBUTIONS

2009 Contributions to: (Circle which)

	<i>Individual</i>	<i>Spouse</i>
MSA	\$ _____	\$ _____
HSA	\$ _____	\$ _____

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ITEMIZED DEDUCTIONS

- **Medical/Dental Expenses**
 - Insurance premiums \$ _____
(not pre-tax)
 - Long-term care premiums _____
 - Prescriptions (Medicine/drugs) _____
 - Out-of-pocket expenses for
Doctors/Dentists/Hospitals/Eyecare _____
 - Medical miles driven _____

- **Home Mortgage Interest**
 - Paid-Financial Institutions \$ _____
 - Paid-Individuals \$ _____
 - Name _____
 - Address _____
 - SS# _____

- **Miscellaneous Deductions**
 - **Employee business expenses**
 - Tools/Protective clothes \$ _____
 - Union dues _____
 - Other _____
 - Other _____
 - Tax Preparation fees _____
 - Teacher out-of-pocket expenses for
supplies and books (up to \$250) _____
 - Other Misc. Expenses (moving, alimony paid,
etc) _____

- **Taxes**
 - State Tax paid with
previous year return _____
 - Real Estate _____
 - Personal Property _____

- **Contributions**
 - Checks \$ _____
 - Cash (Must have receipts) \$ _____
 - Non-Cash _____
(If over \$250, attach list showing description of
property, charity name, address, date acquired, date
contributed, your cost basis, value, and how valued)
 - Mileage for charitable work _____

RENT EXPENSE

Did you have rent expense? Y or N

Rental 1: How much? \$ _____/mo x _____ months= \$ _____
Rental 2: How much? \$ _____/mo x _____ months= \$ _____
Total 2009 Rent: \$ _____

Was heat included? Rental 1: Y or N
Rental 2: Y or N

PREFERENCES

How would you like to be contacted? Phone _____ Email _____
(Please circle)

Federal and state election campaign funds?
(This does not change your tax or refund) Y or N

Would you like to donate to any of the following:

- Breast Cancer Research? \$ _____
- Endangered Resources? \$ _____
- Fire Fighters Memorial? \$ _____
- Military Family Relief Fund (new) \$ _____
- Multiple Sclerosis Research \$ _____
- Packer Football Stadium? \$ _____
- Prostate Cancer Research? \$ _____
- Second Harvest Food Banks (new) \$ _____
- Veteran's Trust Fund? \$ _____

OUT OF STATE/INTERNET PURCHASES

Did you have any out-of-state or internet purchases
that you did not pay Wisconsin Sales Tax on?

If yes: Total \$ _____ x \$.055 = \$ _____

ELECTRONIC FILING

Do you want to electronically file your tax returns?
Y or N

5-digit PIN number# _____ spouse# _____

Do you want Direct Deposit? Y or N
(If yes, we need a voided check.)

SIGNATURE – PLEASE SIGN

I (we) certify that all the information listed is
correct and complete, and may be relied upon to
prepare my income tax returns.

(Taxpayer's Signature) (Date)

(Spouse's Signature) (Date)