

2011 PERSONAL TAX DEDUCTION WORKSHEET

If anything changed from last year, check this box.

INCOME CHECKLIST

(Attach Documentation)

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 _____

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)
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHILD CARE CREDIT

Provider: Name & Address _____ SS#/FEIN _____

<u>Child</u>	<u>Amt Paid</u>
_____	_____
_____	_____
_____	_____

EDUCATION CREDITS (Form 1098-T)

Student Name	Tuition & Fees Paid
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 \$ _____

QUALIFIED ENERGY CREDIT EXPENSES

If yes, please attach a detailed list of expenses.

ESTIMATED TAXES PAID (not wage withholding)

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 2011 _____

2011 HEALTH SAVINGS ACCOUNTS

	<i>Individual</i>	<i>Spouse</i>
Contributions	\$ _____	\$ _____
Distributions	\$ _____	\$ _____

Were all distributions used to pay for qualified medical expenses? **Y or N** Initial _____

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ITEMIZED DEDUCTIONS

- **Medical/Dental Expenses**
 - Prescriptions (Medicine/drugs) \$ _____
 - Insurance premiums (NOT pre-tax) _____
 - Medical miles driven _____
 - Long-term care premiums _____
 - Out-of-pocket expenses for Doctors/Dentists/Hospitals/Eyecare _____
- **Taxes**
 - Real Estate _____
 - Personal Property _____
- **Home Mortgage Interest**
 - Paid-Financial Institutions \$ _____
 - Paid-Individuals \$ _____
 - Name _____
 - Address _____
 - SS# _____
- **Contributions** \$ _____

Do you have receipts or cancelled checks for each contribution? **Y or N Initial** _____

 - 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 _____
- **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 Expenses (i.e. moving, alimony paid) _____

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 2011 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 & state election campaign funds? Y or N
 (This does not change your tax or refund)

Would you like to donate to any of the following:

Breast Cancer Research? \$ _____	Multiple Sclerosis Research \$ _____
Endangered Resources? \$ _____	Packers Football Stadium? \$ _____
Feeding America? \$ _____	Prostate Cancer Research? \$ _____
Firefighters Memorial? \$ _____	Red Cross WI Disaster Relief? _____
Military Family Relief Fund \$ _____	Veterans Trust Fund? \$ _____

New!

OUT OF STATE/INTERNET PURCHASES

WI now needs verification. You MUST answer.

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

Please verify by circling: **Y or N Initial** _____

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

ELECTRONIC FILING

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

If not, reason why: _____

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)