

2023 PERSONAL TAX DEDUCTION WORKSHEET

CONTACT INFORMATION

Name _____ Spouse Name _____
 Address _____ Address _____

 D.O.B. ____/____/____ SS# _____ D.O.B. ____/____/____ SS# _____
 Occupation _____ Occupation _____
 Preferred contact person? Y or N Preferred contact person? Y or N
 Phone Home /Cell _____ Phone Home /Cell _____
 Email Address _____ Email Address _____

Do you want direct deposit if you have a refund? (Please include a voided check) Y or N

Please answer Yes or No to <u>ALL</u> questions in this box.	YES	NO
Does your family have Marketplace health insurance? If yes, we need Form 1095-A		
Do you have any income from a Foreign Country or any Foreign Accounts?		
Do you have any income from a source that you did not receive a W-2 or 1099? If yes, please detail.		
Did you or your dependents receive, sell, send, or exchange any virtual currency during 2023?		
Do you have any dependents that lived with you for over 6 months? Could anyone else claim this child? Y or N Please fill out worksheet on page 3 for all children that you can claim.		
Did you pay anyone for childcare expenses? If yes, fill out worksheet on page 3.		
Did you or any of your dependents have education expenses? If yes, fill out worksheet on pg 3.		
Did your children attend private elementary or high school in WI? (WI deduction)		
Did you foreclose, file bankruptcy, or have repossession procedures?		
Do you receive any Disability income?		
Did you pay or receive Alimony? If yes, what date was the divorce final? _____		
Did you convert a traditional/SEP/SIMPLE IRA to a Roth IRA? If yes, attach form 1099-R.		
Did you make any catalog or internet purchases and not pay WI sales tax? If yes, total amount _____ x \$.055 = \$ _____		

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)

2023 PERSONAL TAX DEDUCTION WORKSHEET

Name: _____

ESTIMATED TAXES PAID (not withholding from wages/pensions)

DATE	FEDERAL	STATE-_____	STATE-_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	_____	_____	_____

IRA/ROTH/SEP CONTRIBUTIONS

[not deducted from paycheck]

Individual

Spouse

Contributions for 2023 \$ _____

\$ _____

Circle Type:

IRA ROTH SEP/SIMPLE

IRA ROTH SEP/SIMPLE

HEALTH SAVINGS ACCOUNTS

Individual
Contributions \$ _____
Spouse
Distributions \$ _____

Were all distributions used to pay for qualified medical expenses?

Y or N Initial _____

ITEMIZED DEDUCTIONS

➤ Medical/Dental Expenses

Insurance premiums _____
(NOT pre-tax from work)

Medicare Premiums _____

Long-term care premiums _____

Medical miles driven _____

Out-of-pocket expenses for
Doctors/Dentists/Meds/Eyecare _____
(NOT paid from HSA)

➤ Taxes

Home Real Estate _____

Other _____

➤ Home Mortgage Interest

Paid-Financial Institutions \$ _____

Paid-Individuals \$ _____

Name _____

Address _____

SS# _____

➤ Rent Expense

Do you rent your personal residence? Y or N

Rental 1: How much? \$ _____/mo x ___ months= \$ _____

Rental 2: How much? \$ _____/mo x ___ months= \$ _____

Total 2023 Rent: \$ _____

Was heat included? Rental 1: Y or N

Rental 2: Y or N

➤ Contributions

Cash/Check/Credit Card \$ _____

Non Cash \$ _____

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

Mileage for charitable work _____

➤ Miscellaneous Deductions

• Tax preparation fees \$ _____

• Gambling losses \$ _____

(Only up to amount of gambling winnings)

• K-12 Teacher out-of-pocket expenses for supplies & books (up to \$300) \$ _____

➤ Student loan Interest (Form 1098-E)

Amount Paid \$ _____

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RESIDENTIAL ENERGY CREDITS

Residential energy efficient property including solar, wind, geothermal and fuel cell – Bring in paperwork.

Amount paid in 2023 \$ _____

Type of improvement? _____

Residential energy efficient improvements to your personal residence including insulation, windows, furnaces, etc

Amount paid in 2023 \$ _____

Type of improvement? _____

No lifetime limit on this credit

DEPENDENTS

Full Name	Relationship	Date of Birth	Social Security Number	Months Living with You In 2023	Can Anyone Else Claim This Dependent?	College Student (if yes, see table below)	Gross Income Earned During 2023	Health Insurance All Year
<i>Ex: Joseph J Johnson</i>	<i>Son</i>	<i>1/1/1991</i>	<i>123-45-6789</i>	<i>8</i>	<i>No</i>	<i>Yes</i>	<i>\$2500</i>	<i>X</i>

CHILD DAYCARE CREDIT

Child Name	Provider Name & Address	SS#/FEIN	Amount Paid
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION CREDIT- FORM 1098-T REQUIRED FROM EACH SCHOOL FOR CREDIT

Student Name	Student Name	Student Name
Did student complete first 4 years of post-secondary education before 2023? Yes No	Did student complete first 4 years of post-secondary education before 2023? Yes No	Did student complete first 4 years of post-secondary education before 2023? Yes No
Has the student ever been convicted of a felony for possession or distribution of a controlled substance? Yes No	Has the student ever been convicted of a felony for possession or distribution of a controlled substance? Yes No	Has the student ever been convicted of a felony for possession or distribution of a controlled substance? Yes No