

# 2024 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 <b>virtual currency</b> during 2024?		
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)

# 2024 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 2024 \$ \_\_\_\_\_

\$ \_\_\_\_\_

Circle Type:

IRA ROTH SEP/SIMPLE

IRA ROTH SEP/SIMPLE

## HEALTH SAVINGS ACCOUNTS

	Individual	Spouse	Were all distributions used to pay for qualified medical expenses?
Contributions	\$ _____	\$ _____	
Distributions	\$ _____	\$ _____	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 2024 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 \$ \_\_\_\_\_

RESIDENTIAL ENERGY CREDITS

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

Amount paid in 2024 \$ \_\_\_\_\_

Type of improvement? \_\_\_\_\_

\_\_\_\_\_

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

Amount paid in 2024 \$ \_\_\_\_\_

Type of improvement? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No lifetime limit on this credit

DEPENDENTS

Full Name	Relationship	Date of Birth	Social Security Number	Months Living with You In 2024	Can Anyone Else Claim This Dependent?	College Student (if yes, see table below)	Gross Income Earned During 2024	Health Insurance All Year
Ex: Joseph J Johnson	Son	1/1/1991	123-45-6789	8	No	Yes	\$2500	X

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 2024?  Yes      No	Did student complete first 4 years of post-secondary education before 2024?  Yes      No	Did student complete first 4 years of post-secondary education before 2024?  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