

**A. PERSONAL DATA** **2009 YEAR END TAX INFORMATION**

	Name	Social Security #	Birth Date - Mo/Day/Yr	Occupation
Taxpayer * >		- -	/ /	
Spouse >		- -	/ /	
Address >			City:	Zip:
Home Phone ( )	Cell Phone ( )			
Email >			School District:	Township:

*\*If we prepared your return last year and nothing has changed in Section A or B, just enter your name and proceed to Section C*

**B. DEPENDENTS** *Dependents under 24 with unearned income may be subject to parent's tax rates*

	Name	Social Security #	Birth Date - Mo/Day/Yr	Number of Months Lived with You
Child #1		- -	/ /	
Child #2		- -	/ /	
Child #3		- -	/ /	
Child #4		- -	/ /	

**C. ITEMIZED DEDUCTIONS** *Only include Out-Of-Pocket Amounts NOT REIMBURSED by Insurance*

Medical Expenses	Enter \$ Amounts	Medical Expenses	\$ Amounts
Health and Dental Insurance Premiums >		Prescription Drugs >	
Long Term Care Premiums - Taxpayer >		Doctors & Hospitals >	
Long Term Care Premiums - Spouse >>		Dentist & Orthodontist >	
Miles Driven for Medical Trips @.24/mi >		Glasses, Hearing Aids >	

**Do Not Include Amounts Reimbursed by an Employer Flex Plan ... for HSA's see section J of page 2**

Taxes	Enter \$ Amounts	Interest Expense	\$ Amounts
Real Estate Taxes Primary Residence >		Home Mortgage Interest *bring 1098s	
RE Taxes on Second Residence >>>>		Home Mortgage Ins Premiums >	
Sales Tax Paid in 2009 on Vehicle >>>>		Points Paid on Home Loan >	
New or Used? Purchase Date of Vehicle		Seller Financed Home Interest >	

Charitable Contributions	Enter \$ Amounts	Name of Charitable Organization
<i>Enter total contributions to all qualified non-profit organizations. You must retain a copy of the canceled check or receipt as proof of donation</i>		
Miles Driven for Charity @.14/mi >>		<i>Describe Type of Noncash Donation Below</i>
Fair Market Value of Noncash Donations >>		
Name and Address of Charity for Noncash Donation >>>>>		

Miscellaneous Deductions	Enter \$ Amounts	Misc. Deductions	\$ Amounts
Qualified Educator Expense (\$250 max)		Gambling Losses >	
Union Dues and Professional Dues >>>		Uniforms & Licenses >	
Investment Advisor Expenses >>>>>>>		Tax Preparation Fees >	
Job-Related Tools or Education Not Reimbursed		Safe Deposit Box >	
Miles Driven for Work Not Reimbursed <i>(Do Not Include Commuting Miles to and from Work)</i> >>>>			
Moving Expenses if you moved greater than 50 miles to get a new job >>>>>>>>>>>>>>>>			

D. ESTIMATED TAX PAYMENTS	Federal	State	Date Paid
1st Quarter due April 15, 2009			
2nd Quarter due June 15, 2009			
3rd Quarter due September 15, 2009			
4th Quarter due January 15, 2010			

*If you paid a final 2008 Wisconsin estimate in January 2009, how much did you pay? \$*

**E. WAGES** Bring in all W-2 Forms for all jobs held in 2009**F. INTEREST AND DIVIDEND INCOME**

Bring in all 1099-INT and 1099-DIV forms, year-end investment statements, and mutual fund supplemental information

**G. RETIREMENT INCOME** - Retirees on SS did you receive \$250/person Economic Recovery Pmt? Yes or No \_\_\_\_\_

Bring in all Pension, IRA, Annuity, Social Security, Life Insurance Rollover and Railroad Retirement 1099 forms

H. OTHER INCOME	Enter \$ Amounts	OTHER INCOME (cont.)	\$ Amounts
Jury Duty (only per diem, not mileage reimb.)		Personal Rep Fees >	
Inheritance (Bring K-1 Form from the Estate)		Alimony Received >	
Scholarships, Fellowships, Grants Received		Workers' Compensation >	
State Income Tax Refund from 2008 Return		Tips Received >	
Gambling Winnings (bring W-2G forms)		1099G Unemployment Comp >	
Partnerships or Trusts (Bring K-1 Forms)		Other >	

**I. STOCKS AND MUTUAL FUNDS**

All sales of securities must be reported even if there is no profit or loss. For each sale, provide statements which show the security sold, number of shares, date acquired, original cost, date sold, and selling price. Bring the 1099-B and 1099-S

**J. HEALTH SAVINGS ACCOUNT CONTRIBUTIONS FOR 2009** - Bring 1099-SA Form

Family Plan? Y/N	Deductible	Total Amount Contributed	Total Withdrawn for Medical	12/31/09 Balance

**K. RETIREMENT CONTRIBUTIONS FOR 2009**

Type	Taxpayer Amount	Spouse Amount
Traditional IRA		
ROTH IRA		
SIMPLE or SEP		

**L. EDUCATION EXPENSES**

		Taxpayer Amount	Spouse Amount	Bring Student Loan 1099-E
Student Loan Interest Paid >				
Student Name	EdVest 529 Plan \$ Amount	<b>BRING FORM 1098-T TUITION FORM</b>		

If you have a dependent attending post secondary school, please have them print a detailed summary of all payments and credits applied to their account. For each student, we need to know the school's name, what year they are in school (1st, 2nd, 3rd, 4th), are they enrolled at least 1/2 time, amounts paid for tuition, fees, room &amp; board, books, and computers

**M. CHILD AND DEPENDENT CARE EXPENSES**

Child's Name	Provider Name	Provider Address	Provider SS# or Fed. ID#	\$ Amount Pd

**N. ENERGY TAX CREDITS**

Description	Date Placed in Service	\$ Amount Pd
Qualified Hybrid Vehicle Purchased in 2009		
Energy Saving Residence Improvements **		

\*\* Bring documentation showing the purchase &amp; the manufacturer's certification that it was a qualified energy saving improvement

**O. RENT PAID FOR PERSONAL RESIDENCE**

\$ \_\_\_\_\_ per month from \_\_\_\_\_ to \_\_\_\_\_ Was heat included? Yes or No \_\_\_\_\_  
 \$ \_\_\_\_\_ per month from \_\_\_\_\_ to \_\_\_\_\_ Was heat included? Yes or No \_\_\_\_\_

**P. 1st TIME HOME BUYERS** - You must bring a copy of the closing statement to your preparer

Purchase Price of Home &gt; \$ \_\_\_\_\_ Date of Purchase &gt; \_\_\_\_\_

**Q. OUT-OF-STATE PURCHASES** Amount paid for any purchases on which you did NOT pay sales tax \$ \_\_\_\_\_