

PLEASE COMPLETE THE QUESTIONNAIRE THOROUGHLY ANSWERING ALL QUESTIONS THAT APPLY TO YOU (For more information, visit [www.orourketax.com](http://www.orourketax.com)):

TAXPAYER NAME \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
DO YOU LIVE IN THE CITY, VILLAGE, OR TOWNSHIP OF \_\_\_\_\_ COUNTY \_\_\_\_\_  
AS OF LAST DEC. 31, WERE YOU SINGLE OR MARRIED? \_\_\_\_\_

BUY HOME IN 2016 \_\_\_\_\_ CLOSING DATE \_\_\_\_\_ SELL HOME IN 2016 \_\_\_\_\_ CLOSING DATE \_\_\_\_\_  
PLEASE BRING SETTLEMENT STATEMENT FROM HOME PURCHASE OR SALE ALONG.

ANY OUT-OF-STATE OR ONLINE PURCHASES WHERE SALES TAX WAS NOT PD? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, PLEASE PROVIDE THE TOTAL DOLLAR AMOUNT OF THESE PURCHASES \_\_\_\_\_

CAN YOU BE CLAIMED AS A DEPENDENT ON SOMEONE ELSE'S RETURN? YES \_\_\_\_\_ NO \_\_\_\_\_

**DEPENDENT CHILDREN:**

NAMES: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SOC SEC #: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ MOS. IN HOME: \_\_\_\_\_

FOR ANY OF THE ABOVE DEPENDENTS, INVESTMENT INCOME GREATER THAN \$2000? \_\_\_\_\_  
OTHER DEPENDENTS: \_\_\_\_\_

INTEREST INCOME (Provide 1099-Int): \_\_\_\_\_ DIVIDEND INCOME (Provide 1099-Div): \_\_\_\_\_

DO YOU HAVE ANY FOREIGN BANK ACCOUNTS? YES \_\_\_\_\_ NO \_\_\_\_\_

**OTHER INCOME:**

PENSIONS/ANNUITIES \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_ BRING FORM 1099-SSA

SELF EMPLOYMENT INCOME \_\_\_\_\_ PRIZES, GAMBLING, TIPS \_\_\_\_\_  
BABYSITTING \_\_\_\_\_ CHILD SUPPORT RCVD \_\_\_\_\_ PAID \_\_\_\_\_  
JURY DUTY \_\_\_\_\_ ALIMONY RCVD \_\_\_\_\_ PAID \_\_\_\_\_  
UNEMPLOYMENT \_\_\_\_\_ IRA WITHDRAWAL \_\_\_\_\_ BRING 1099R  
RENTAL INCOME \_\_\_\_\_ OTHER INCOME \_\_\_\_\_

CONSUMER (C CARD, ETC) OR MORTGAGE DEBT CANCELLED \_\_\_\_\_ BRING 1099C OR 1099A

DID YOU SELL STOCK OR PROPERTY? IF SO, WE WILL NEED TO KNOW HOW MUCH YOU PAID FOR THE PROPERTY OR STOCK AND THE DATE OF PURCHASE \_\_\_\_\_  
PLEASE BRING YEAREND BROKERAGE STATEMENT (Form 1099B and Cost Basis Statement)

FEDERAL ESTIMATES PAID:		STATE ESTIMATES PAID:		
AMOUNT:	DATE PAID:	AMOUNT:	DATE PAID:	DUE DATE;
_____	_____	_____	_____	4-15-16
_____	_____	_____	_____	6-15-16
_____	_____	_____	_____	9-15-16
_____	_____	_____	_____	1-16-17

TRADITIONAL IRA CONTRIBUTIONS FOR TAXPAYER \_\_\_\_\_ SPOUSE \_\_\_\_\_

ROTH IRA CONTRIBUTIONS FOR TAXPAYER \_\_\_\_\_ SPOUSE \_\_\_\_\_

DID YOU CONVERT YOUR TRADITIONAL IRA TO A ROTH IN 2016? \_\_\_\_\_

DID YOU PAY ANY K-12 PRIVATE SCHOOL TUITION IN 2016? YES \_\_\_\_\_ NO \_\_\_\_\_ AMT PAID? \_\_\_\_\_

**COLLEGE OR TECH SCHOOL EXPENSES PAID FOR YOURSELF, SPOUSE, OR CHILD?**

**NOTE: PLEASE BRING FORM 1098-T ISSUED BY THE EDUCATIONAL INSTITUTION.**

TUITION \_\_\_\_\_ BOOKS \_\_\_\_\_ STUDENT LOAN INTEREST PAID \_\_\_\_\_  
WISCONSIN EXEMPT COLLEGE FUND CONTRIBUTION (EDVEST, ETC.) \_\_\_\_\_

**DID YOU HAVE ANY CHILD CARE EXPENSES? \_\_\_\_\_ IF SO, PLEASE PROVIDE THE YEARLY TOTAL, NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF YOUR BABYSITTER OR DAY CARE CENTER \_\_\_\_\_**

**REAL ESTATE TAXES PAID ON PERSONAL RESIDENCE IN 2016 \_\_\_\_\_**

**OTHER REAL ESTATE TAXES PAID IN 2016 \_\_\_\_\_**

**RENT PAID IN 2016 \_\_\_\_\_ DID RENT INCLUDE YOUR HEAT? YES \_\_\_\_\_ NO \_\_\_\_\_**

**HOME MORTGAGE INTEREST PAID FROM FORM(S) 1098 \_\_\_\_\_**

**QUALIFYING HOME MORTGAGE INSURANCE PREMIUM PD IN 2016 (ON FORM 1098) \_\_\_\_\_**

**CASH OR CHECK CHARITABLE CONTRIBUTIONS \_\_\_\_\_**

**NONCASH CHARITABLE CONTRIBUTIONS \_\_\_\_\_ CHARITABLE MILEAGE \_\_\_\_\_**

**HEALTH INSURANCE COMPLIANCE:**

**DID EVERY MEMBER OF YOUR HOUSEHOLD HAVE HEALTH INSURANCE FOR THE ENTIRE YEAR? YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO YOU PENALTIES MAY APPLY. IF YES, PLEASE BRING YOUR INSURANCE CARD, MEDICARE CARD, AND FORM 1095B/1095C TO YOUR TAX APPOINTMENT.**

**DID YOU OBTAIN INSURANCE THROUGH A HEALTH INSURANCE EXCHANGE? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WE MUST HAVE FORM 1095-A HEALTH INSURANCE MARKETPLACE STATEMENT TO COMPLETE YOUR RETURN.**

**MEDICAL EXPENSES: (Subject to Limitations)**

**HEALTH INSURANCE PAID (NOT THROUGH EMPLOYER) \_\_\_\_\_**

**MEDICARE B \_\_\_\_\_ NURSING HOME INSURANCE \_\_\_\_\_**

**BILLS WHICH YOU PAID OUT OF YOUR POCKET FOR THE FOLLOWING:**

**PRESCRIPTIONS \_\_\_\_\_ HEARING AIDS AND BATTERIES \_\_\_\_\_**

**DOCTORS \_\_\_\_\_ EYEGASSES AND CONTACTS \_\_\_\_\_**

**DENTIST \_\_\_\_\_ AMBULANCE \_\_\_\_\_**

**HOSPITAL \_\_\_\_\_ OTHER MEDICAL EXPENSES \_\_\_\_\_**

**MILEAGE FOR MEDICAL: \_\_\_\_\_ TRAVEL EXPENSE FOR MEDICAL \_\_\_\_\_**

**ENERGY CONSERVATION EXPENSES:**

**DID YOU HAVE EXPENDITURES FOR YOUR RESIDENCE FOR ENERGY EFFICIENT WINDOWS, DOORS, FURNACE, STOVE, WATER HEATER, CENTRAL AIR, INSULATION, ETC.? \_\_\_\_\_**

**DID YOU CLAIM ANY ENERGY CREDITS ON YOUR TAX RETURNS FOR 2006-2015? \_\_\_\_\_**

**BRING RECEIPTS AND ENERGY CERTIFICATION FROM THE SELLER FOR 2016 PURCHASES.**

**MISCELLANEOUS EXPENSES:**

**TEACHER CLASSROOM EXPENSE \_\_\_\_\_ BUSINESS ENTERTAINMENT \_\_\_\_\_**

**EMPLOYEE BUSINESS EXPENSES \_\_\_\_\_ INVESTMENT AND TAX ADVICE \_\_\_\_\_**

**SAFE DEPOSIT BOX \_\_\_\_\_ HOBBY LOSSES \_\_\_\_\_**

**GAMBLING LOSSES \_\_\_\_\_ DUES AND SUBSCRIPTIONS \_\_\_\_\_**

**SAFETY EQUIPMENT \_\_\_\_\_ UNIFORMS \_\_\_\_\_**

**JOB SEEKING EXPENSES \_\_\_\_\_ TOOLS \_\_\_\_\_**

**BUSINESS AUTO EXPENSES:**

**BUSINESS MILES: \_\_\_\_\_ BEG ODOMETER: \_\_\_\_\_ END ODOMETER: \_\_\_\_\_**