

PLEASE COMPLETE THE QUESTIONNAIRE THOROUGHLY ANSWERING ALL QUESTIONS THAT APPLY TO YOU (For more information, visit 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? _____

RECOVERY REBATE (STIMULUS) AMOUNT RCVD IN SPRING OF 2021: _____

BUY HOME IN 2021 _____ CLOSING DATE _____ SELL HOME IN 2021 _____ 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 \$2200? _____

INTEREST INCOME (Provide 1099-Int): _____ DIVIDEND INCOME (Provide 1099-Div): _____

DO YOU HAVE ANY FOREIGN BANK ACCOUNTS? YES ___ NO ___
DID YOU BUY, SELL OR DISPOSE OF VIRTUAL CURRENCY (EX. BITCOIN)? 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 _____	401K/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;
_____	_____	_____	_____	4-15-21
_____	_____	_____	_____	6-15-21
_____	_____	_____	_____	9-15-21
_____	_____	_____	_____	1-17-22

TRADITIONAL IRA CONTRIBUTIONS FOR TAXPAYER _____ SPOUSE _____
ROTH IRA CONTRIBUTIONS FOR TAXPAYER _____ SPOUSE _____
DID YOU CONVERT YOUR TRADITIONAL IRA TO A ROTH IN 2021? _____

DID YOU PAY ANY K-12 PRIVATE SCHOOL TUITION IN 2021? YES ___ NO ___ AMT PAID? _____
TEACHER CLASSROOM EXP _____ GAMBLING LOSSES & GAMBLING EXP _____

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 SITTER OR DAY CARE CENTER

REAL ESTATE TAX PAID RESIDENCE IN 2021 _____ OTHER RE TAX PAID IN 2021 _____
RENT PAID IN 2021 _____ DID RENT INCLUDE YOUR HEAT? YES ___ NO ___
HOME MORTGAGE INTEREST PAID FROM FORM(S) 1098 _____
QUALIFYING HOME MORTGAGE INSURANCE PREMIUM PD IN 2021 (ON FORM 1098) _____

CASH OR CHECK CHARITABLE CONTRIBUTIONS _____ CHARITABLE MILEAGE _____
NONCASH CHARITABLE CONTRIBUTIONS _____ BRING DONEE DOCUMENTATION

HEALTH INSURANCE AND HEALTH SAVINGS ACCOUNTS (HSA):

DID YOU HAVE AN HSA DURING 2021? YES ___ NO ___ CONTRIBUTIONS FOR 2021 NOT MADE
THROUGH AN EMPLOYER'S PAYROLL _____. DISTRIBUTIONS TAKEN IN 2021 FOR
QUALIFIED MEDICAL EXPENSES _____ (BRING FORM 1099-SA)

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

MEDICAL EXPENSES: (Subject to Limitations)

HEALTH INSURANCE PAID (NOT THROUGH EMPLOYER) _____
MEDICARE B _____ NURSING HOME/ LONG TERM CARE INSURANCE _____
BILLS WHICH YOU PAID OUT OF YOUR POCKET FOR THE FOLLOWING:
PRESCRIPTIONS _____ DOCTORS _____ HEARING AIDS AND BATTERIES _____
DENTIST _____ HOSPITAL _____ EYEGLASSES AND CONTACTS _____
MEDICAL MILES _____ OTHER _____ NURSING HOME/ASSISTED LIVING _____

ENERGY CONSERVATION EXPENSES

EXPENSES FOR WINDOWS, DOORS, FURNACE, STOVE, INSULATION, CENTRAL AIR, ETC?
INSTALLATION OF SOLAR, WIND, GEOTHERMAL? BRING RECEIPTS & DOCUMENTATION

SELF EMPLOYED BUSINESS EXPENSES: (Visit www.orourketax.com for a complete business itemizer
with more detail for vehicle expense, insurance, phone, travel, interest, office in your home expense, etc.)

ADVERTISING (incl yellow pages) _____	BANK CHARGES _____
OFFICE SUPPLIES _____	GENERAL SUPPLIES _____
LEGAL & CONSULTING FEES _____	OTHER FEES (Describe) _____
MERCHANT FEES (Cr Card) _____	POSTAGE & SHIPPING _____
SHOP OR OFFICE RENT _____	EQUIPMENT RENT _____
REPAIRS & MAINTENANCE _____	SMALL TOOLS _____
DUES & SUBSCRIPTIONS _____	PERMITS _____
PRINTING _____	UNIFORMS (Not work clothes) _____
SHOP OR OFFICE UTILITIES _____	SUBCONTRACTOR EXPENSE _____
SALES TAX _____	PERSONAL PROPERTY TAX _____
SHOP OR OFFICE REAL ESTATE _____	PENSION PLAN CONTRIBUTIONS _____

IF WE DO NOT DO YOUR PAYROLL, PLEASE BRING YEAREND PAYROLL REPORTS (940, W3,)

BUSINESS AUTO MILES:- _____ BEG ODOMETER: _____ END ODOMETER: _____