

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 2022 \_\_\_\_\_ CLOSING DATE \_\_\_\_\_ SELL HOME IN 2022 \_\_\_\_\_ 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 \$2300? \_\_\_\_\_

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

DO YOU HAVE ANY FOREIGN BANK ACCOUNTS? YES \_\_\_ NO \_\_\_  
DID YOU RECEIVE, SELL OR DISPOSE OF A DIGITAL ASSET (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;
_____	_____	_____	_____	4-15-22
_____	_____	_____	_____	6-15-22
_____	_____	_____	_____	9-15-22
_____	_____	_____	_____	1-15-23

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

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

DID YOU CONVERT YOUR TRADITIONAL IRA TO A ROTH IN 2022? \_\_\_\_\_

DID YOU PAY ANY K-12 PRIVATE SCHOOL TUITION IN 2022? 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 2022 \_\_\_\_\_ OTHER RE TAX PAID IN 2022 \_\_\_\_\_  
RENT PAID IN 2022 \_\_\_\_\_ DID RENT INCLUDE YOUR HEAT? YES \_\_\_ NO \_\_\_  
HOME MORTGAGE INTEREST PAID FROM FORM(S) 1098 \_\_\_\_\_  
QUALIFYING HOME MORTGAGE INSURANCE PREMIUM PD IN 2022 (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 2022? YES \_\_\_ NO \_\_\_ CONTRIBUTIONS FOR 2022 NOT MADE  
THROUGH AN EMPLOYER'S PAYROLL \_\_\_\_\_. DISTRIBUTIONS TAKEN IN 2022 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 \_\_\_\_\_ EYEGASSES AND CONTACTS \_\_\_\_\_  
MEDICAL MILES: (Jan-Jun) \_\_\_\_\_ (Jul-Dec) \_\_\_\_\_ OTHER MED EXP \_\_\_\_\_  
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.ourortax.com](http://www.ourortax.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: (Jan-Jun) \_\_\_\_\_ (Jul-Dec) \_\_\_\_\_  
BEG ODOMETER: \_\_\_\_\_ END ODOMETER: \_\_\_\_\_