

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 2018 \_\_\_\_\_ CLOSING DATE \_\_\_\_\_ SELL HOME IN 2018 \_\_\_\_\_ 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 \$2100? \_\_\_\_\_

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 \_\_\_\_\_ 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;
_____	_____	_____	_____	4-17-18
_____	_____	_____	_____	6-15-18
_____	_____	_____	_____	9-17-18
_____	_____	_____	_____	1-15-19

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

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

DID YOU CONVERT YOUR TRADITIONAL IRA TO A ROTH IN 2018? \_\_\_\_\_

DID YOU PAY ANY K-12 PRIVATE SCHOOL TUITION IN 2018? 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 \_\_\_\_\_**

TEACHER CLASSROOM EXP \_\_\_\_\_ GAMBLING LOSSES & GAMBLING EXP \_\_\_\_\_

REAL ESTATE TAXES PAID ON PERSONAL RESIDENCE IN 2018 \_\_\_\_\_

OTHER REAL ESTATE TAXES PAID IN 2018 \_\_\_\_\_

RENT PAID IN 2018 \_\_\_\_\_ DID RENT INCLUDE YOUR HEAT? YES \_\_\_\_\_ NO \_\_\_\_\_

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

QUALIFYING HOME MORTGAGE INSURANCE PREMIUM PD IN 2018 (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 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 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 \_\_\_\_\_ HEARING AIDS AND BATTERIES \_\_\_\_\_

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

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

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

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

**SELF EMPLOYED BUSINESS EXPENSES: (Provide expense amounts for categories shown. Visit  
[www.ourketax.com](http://www.ourketax.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) \_\_\_\_\_

OFFICE SUPPLIES \_\_\_\_\_

LEGAL & CONSULTING FEES \_\_\_\_\_

MERCHANT FEES(Cr Card) \_\_\_\_\_

SHOP OR OFFICE RENT \_\_\_\_\_

REPAIRS & MAINTENANCE \_\_\_\_\_

DUES & SUBSCRIPTIONS \_\_\_\_\_

PRINTING \_\_\_\_\_

SHOP OR OFFICE UTILITIES \_\_\_\_\_

SALES TAX \_\_\_\_\_

SHOP OR OFFICE REAL ESTATE \_\_\_\_\_

BANK CHARGES \_\_\_\_\_

GENERAL SUPPLIES \_\_\_\_\_

OTHER FEES (Describe) \_\_\_\_\_

POSTAGE & SHIPPING \_\_\_\_\_

EQUIPMENT RENT \_\_\_\_\_

SMALL TOOLS \_\_\_\_\_

PERMITS \_\_\_\_\_

UNIFORMS(Not work clothes) \_\_\_\_\_

SUBCONTRACTOR EXPENSE \_\_\_\_\_

PERSONAL PROPERTY TAX \_\_\_\_\_

PENSION PLAN CONTRIBUTIONS \_\_\_\_\_

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

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