

2020 PERSONAL TAX DEDUCTION WORKSHEET

CONTACT INFORMATION

Name _____ Spouse Name _____

Address _____ Address _____

D.O.B. ___/___/___ SS# _____ D.O.B. ___/___/___ SS# _____

Occupation _____ Occupation _____

Preferred contact person? Y or N Preferred contact person? Y or N

Phone Home /Cell _____ Phone Home /Cell _____

Email Address _____ Email Address _____

Do you want direct deposit if you have a refund? Y or N
(Please include a voided check)

Please answer Yes or No to ALL questions in this box.	YES	NO
Did you receive the 2020 Economic Impact Payment (Stimulus check)? If yes, amount received \$ _____. Please include the letter you received if available.		
Does your family have Marketplace health insurance? If yes, we need Form 1095-A		
Do you have any income from a Foreign Country or any Foreign Accounts?		
Do you have any income from a source that you did not receive a W-2 or 1099? If yes, please detail.		
Did you receive, sell, send, or exchange any virtual currency during 2020?		
Do you have any dependents that lived with you for over 6 months? Could anyone else claim this child? Y or N Please fill out worksheet on page 3 for all children that you can claim.		
Did you pay anyone for childcare expenses? If yes, fill out worksheet on page 3.		
Did you or any of your dependents have education expenses? If yes, fill out worksheet on pg 3.		
Did your children attend private elementary or high school in WI? (WI deduction)		
Did you foreclose, file bankruptcy, or have repossession procedures?		
Do you receive any Disability income?		
Did you pay or receive Alimony? If yes, what date was the divorce final? _____		
Did you convert a traditional/SEP/SIMPLE IRA to a Roth IRA? If yes, attach form 1099-R.		
Did you make any catalog or internet purchases and not pay WI sales tax? If yes, total amount _____ x \$.055 = \$ _____		

SIGNATURE – PLEASE SIGN

I (we) certify that all the information listed is correct and complete,
and may be relied upon to prepare my income tax returns.

(Taxpayer's Signature) (Date)

(Spouse's Signature) (Date)

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ESTIMATED TAXES PAID (not withholding from wages/pensions)

DATE	FEDERAL	STATE-_____	STATE-_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	_____	_____	_____

IRA/ROTH/SEP CONTRIBUTIONS

[not deducted from paycheck] *Individual* *Spouse*

Contributions for 2020 \$ _____ \$ _____

Circle Type: IRA ROTH SEP/SIMPLE IRA ROTH SEP/SIMPLE

HEALTH SAVINGS ACCOUNTS

	<i>Individual</i>	<i>Spouse</i>	Were all distributions used to pay for qualified medical expenses?
Contributions	\$ _____	\$ _____	
Distributions	\$ _____	\$ _____	Y or N Initial _____

ITEMIZED DEDUCTIONS

➤ **Medical/Dental Expenses**

Insurance premiums _____
(NOT pre-tax from work)

Medicare Premiums _____

Long-term care premiums _____

Medical miles driven _____

Out-of-pocket expenses for Doctors/Dentists/Meds/Eyecare _____
(NOT paid from HSA)

➤ **Taxes**

Home Real Estate _____

Other _____

➤ **Rent Expense**

Did you have rent expense? Y or N

Rental 1: How much? \$ _____ /mo x _____ months = \$ _____

Rental 2: How much? \$ _____ /mo x _____ months = \$ _____

Total 2020 Rent: \$ _____

Was heat included? Rental 1: Y or N
Rental 2: Y or N

➤ **Home Mortgage Interest**

Paid-Financial Institutions \$ _____

Paid-Individuals \$ _____

 Name _____

 Address _____

 SS# _____

➤ **Contributions** \$ _____

Do you have receipts or cancelled checks for each contribution? Y or N Initial _____

Mileage for charitable work _____

➤ **Miscellaneous Deductions**

- Tax preparation fees \$ _____
- Gambling losses \$ _____
(Only up to amount of gambling winnings)
- K-12 Teacher out-of-pocket expenses for supplies & books (up to \$250) \$ _____

➤ **Student loan Interest (Form 1098-E)**

Amount Paid \$ _____

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RESIDENTIAL ENERGY CREDITS

Residential energy efficient property including solar, wind, geothermal and fuel cell – Bring in paperwork.

Amount paid in 2020 \$ _____

Type of improvement? _____

No lifetime limit on this credit

Residential energy efficient improvements to your personal residence including insulation, windows, etc

Amount paid in 2020 \$ _____

Type of improvement? _____

Have you claimed this credit for any improvements in any year since 2005?

If yes, how much? _____

This credit is limited on how much can be claimed in your lifetime.

DEPENDENTS

Full Name	Relationship	Date of Birth	Social Security Number	Months Living with You In 2020	Can Anyone Else Claim This Dependent?	College Student (if yes, see table below)	Gross Income Earned During 2020	Health Insurance All Year
<i>Ex: Joseph J Johnson</i>	<i>Son</i>	<i>1/1/1991</i>	<i>123-45-6789</i>	<i>8</i>	<i>No</i>	<i>Yes</i>	<i>\$2500</i>	<i>X</i>

CHILD CARE CREDIT

Child Name	Provider Name & Address	SS#/FEIN	Amount Paid
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION CREDIT- FORM 1098-T REQUIRED FOR CREDIT

Student Name	Student Name	Student Name
Name of School Attended in 2020	Name of School Attended in 2020	Name of School Attended in 2020
Did student complete first 4 years of post-secondary education before 2020? Yes No	Did student complete first 4 years of post-secondary education before 2020? Yes No	Did student complete first 4 years of post-secondary education before 2020? Yes No
Has the student ever been convicted of a felony for possession or distribution of a controlled substance? Yes No	Has the student ever been convicted of a felony for possession or distribution of a controlled substance? Yes No	Has the student ever been convicted of a felony for possession or distribution of a controlled substance? Yes No