

2019 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 to contribute to the election campaign funds? Y or N
 (This does not change your tax or refund)

Would you like to contribute to any of the Wisconsin Form 1 charities? Y or N

Please answer Yes or No to ALL questions in this box.	YES	NO
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 2019?		
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
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL	_____	_____

SOLAR ENERGY OR ELECTRIC CAR ENERGY CREDIT – BRING IN PAPERWORK.

STUDENT LOAN INTEREST (Form 1098-E)

Amount Paid \$ _____

IRA/ROTH/SEP CONTRIBUTIONS

[not deducted from paycheck]	Individual	Spouse
Contributions for <u>2019</u>	\$ _____	\$ _____
Circle Type:	IRA ROTH SEP/SIMPLE	IRA ROTH SEP/SIMPLE

HEALTH SAVINGS ACCOUNTS

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

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 _____
- **Home Mortgage Interest**
 - Paid-Financial Institutions \$ _____
 - Paid-Individuals \$ _____
 - Name _____
 - Address _____
 - SS# _____

- **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 2019 Rent: \$ _____
 - Was heat included? Rental 1: Y or N
Rental 2: Y or N
- **Contributions** \$ _____
 - Do you have receipts or cancelled checks for each contribution? Y or N Initial _____
 - Mileage for charitable work _____
 - Non-Cash \$ _____
(If over \$250, attach list showing description of property, charity name, address, date acquired, date contributed, your cost basis, value, and how valued)

- **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) \$ _____

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DEPENDENTS

Full Name	Relationship	Date of Birth	Social Security Number	Months Living with You In 2019	Can Anyone Else Claim This Dependent?	College Student (if yes, see table below)	Gross Income Earned During 2019	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

Student Name	Student Name	Student Name
Name of School Attended in 2019	Name of School Attended in 2019	Name of School Attended in 2019
Did student complete first 4 years of post-secondary education before 2019? Yes No	Did student complete first 4 years of post-secondary education before 2019? Yes No	Did student complete first 4 years of post-secondary education before 2019? Yes No
Did student receive a 1098-T from this school in 2019? (required for credit) Yes No	Did student receive a 1098-T from this school in 2019? (required for credit) Yes No	Did student receive a 1098-T from this school in 2019? (required for credit) Yes No
Was the student enrolled half-time or more during at least one academic period that began in 2019? Yes No	Was the student enrolled half-time or more during at least one academic period that began in 2019? Yes No	Was the student enrolled half-time or more during at least one academic period that began in 2019? Yes No
Has the Hope Credit or American Opportunity Credit been claimed for this student for any 4 prior tax years? Yes No	Has the Hope Credit or American Opportunity Credit been claimed for this student for any 4 prior tax years? Yes No	Has the Hope Credit or American Opportunity Credit been claimed for this student for any 4 prior tax years? 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