



Did you pay for over half of the cost of keeping up your home during 2017?

Yes No

Upkeep expenses include rent, utilities, food eaten in the home, mortgage interest, real estate taxes, and insurance on the home. If you use payments you received under any public assistance program to pay for part of the cost of keeping up your home, you cannot count them as money you paid. However, you must include them in the total cost of keeping up your home to figure if you paid over half the cost.

By answering "Yes," you are confirming that if requested by the IRS, you can provide documentation that verifies you paid for over half the cost of keeping up your home, such as rent receipts, utility bills, grocery receipts, and other household bills.

Can you be claimed as a dependent on someone else's tax returns? Yes _____ No _____

DEPENDENTS – List if different from last years return or if you a new client.

First Name	Last Name	Birth Date	Social Security Number	Relationship to you	# of Months Lived with You in 2017

Please provide a social security card for the new dependent.

If requested by the IRS, circle the documentation you can provide to show evidence of the relationship between you and each of your dependents listed above: birth certificates, marriage certificates, court documents, letters from authorized placement agencies, other (list) _____

If requested by the IRS, circle the documentation you can provide to show evidence that each of your dependents lived with you for the number of months stated above during 2017: school, medical, childcare provider, social service records, other (list) _____



HEALTH CARE COVERAGE INFORMATION

Were all members of your family covered by health care all year? If not, list details. **Please provide form 1095.**

EXEMPTIONS FROM HAVING HEALTH CARE COVERAGE

If you or any other member of your tax household went without qualifying health care coverage at any time during 2017, list the months without healthcare.

DURING 2017, DID YOU OR YOUR SPOUSE....

Did you live in WI all year? Yes No
Live or work in any other states? Yes No If not, list.

State(s)	From	To
----------	------	----

INCOME AND DEDUCTIONS

Receive any of the following? Please list how many of each form you received:

- Wage or Salaries Self-employment income or a 1099-MISC Gambling winnings
- Unemployment Compensation Pension, Annuity, IRA, or Retirement income
- Social Security Benefits Interest on savings or stock dividends Other _____
- Jury Duty Inheritance K-1's Rental income

Make payments for any of the following?

- Daycare Expenses Student Loan Interest Home mortgage interest HSA
- College Tuition (Need Form 1098T) Books and Supplies Real Estate Taxes
- Educator Expense (Teachers only and need receipts) IRA contribution (Roth or Traditional)
- Other _____

Include all appropriate documentation with this form.



EDUCATION

Post- Secondary Education: Full time student? ___ Yes ___ No College Attended _____
_____ How many years of Post-Secondary Education? _____
Any Scholarships or Grants? ___ Yes ___ No If yes, how much? _____
Include form 1098T and the amount paid (not billed) in 2017.

Edvest/529 plans: **Contributions** _____ Name(s) _____
Distributions – include form 1099Q
If money was withdrawn from 529 plan, list separately the cost of housing _____

Private School Tuition: Amount _____ (Provide documentation)
School name _____ EIN _____ Student _____ Grade _____

ITEMIZED DEDUCTIONS:

Medical: Insurance premiums paid with after tax money _____ (supplemental insurance)
Medical bills _____ Dental _____ Prescriptions _____
Eye Care _____ Hearing Aids _____ Long Term Care Insurance (H) _____ (W) _____
Other aids (crutches, sling, CPAP, etc.) _____
Mileage to and from doctor, hospital, dentist, pharmacy, etc. Roundtrip _____ (Written record)

Taxes: Taxes paid on home in 2017 _____ Year of Tax Bill _____
Other Real Estate Tax _____

Mortgage Interest: Mortgage Interest _____ Home Equity Interest _____

Charitable Contributions: Cash/Check _____ (Need receipt for any transaction over \$250. Subtract value of any goods or services received.)

Property donated: _____ Need name of organization, description of item(s) and value when donated. If donation is a car, we need the donation slip and the price the car was sold for.

Volunteer mileage: _____

Miscellaneous Expenses: Unreimbursed business/job expenses (ex: union dues, car expenses, safety shoes) _____

Investment Fees _____ **Gambling Losses** (if winning included in income) _____

Casualty Loss: List type and amount of loss, date loss occurred, and insurance reimbursement

Direct Deposit: Yes ___ No ___ If not on file, we need canceled check or copy of account information.