# 2009 PERSONAL INCOME TAX RETURN DATA

The information required on this form is pertinent to the preparation of your INCOME TAX RETURN and relates to you and your family personally and not your business operations.

Please complete and return to us as soon as possible BUT NO LATER THAN FEBRUARY 15, 2010. WE MUST HAVE THIS COMPLETED AND SIGNED DATA SHEET IN ORDER TO COMPLETE YOUR INCOME TAX RETURN.

**Information received after March 31, 2010 will be automatically extended at an additional charge.**

You are cautioned that paid bills and cancelled checks claimed by you as deductions herein, must be preserved for a period of five years to comply with Federal and State regulations and audit procedures. Do not claim as deductions any bills that have not been actually paid within the year. If we may be of assistance to you in preparing this form, kindly contact us.

***Would you like your Tax Return emailed to you in lieu of a paper copy?*** ☐ ***YES*** ☐ ***NO***

***If YES, please indicate your email address***________________________________

**Names:**

| Self | Spouse |
|---|---|
| **Self** ____________________________ | **Spouse** ____________________________ |
| Soc Sec # ____________________________ | Soc Sec # ____________________________ |
| Date of Birth ____________________________ | Date of Birth ____________________________ |
| Marital Status: *Single Married Divorced* | Marital Status: *Single Married Divorced* |
| Occupation ____________________________ | Occupation ____________________________ |
| Home Phone (   )______________________ | Home Phone (   )______________________ |
| Work Phone (   )______________________ | Work Phone (   )______________________ |
| Cell Phone (   )______________________ | Cell Phone (   )______________________ |
| Email ____________________________ | Email____________________________ |
| Date of Death *(if applicable)* ________________ | Date of Death *(if applicable)* ________________ |

**Address:** ________________________________________ ______________ ________ ______________

Street | City / Village / Town *(Circle One)* | State | Zip

______________________________ ________________________ ☐Yes ☐No

County | Township/School District | Within City Limits?

**New Dependents:** If you had a new dependent(s) for 2009, please provide the new information.

| Full Name | Social Security # | Date of Birth | Relationship | Months Lived in Home | % of Support By You | % of Support By Others |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Did you Adopt a child in 2009? ☐Yes ☐No Qualified adoption expenses $ _________________

Are any of last year's dependents no longer dependents? ☐Yes ☐No If yes, please list dependent_____________________

| | Self | Spouse |
|---|---|---|
| Can you be claimed as a Dependent on someone else's return? | ☐Yes ☐No | ☐Yes ☐No |
| Do you wish to designate $3 of your taxes to the Presidential Campaign Fund? *(This will not affect the amount of taxes)* | ☐Yes ☐No | ☐Yes ☐No |
| Are you legally blind? | ☐Yes ☐No | ☐Yes ☐No |

Any dependents legally blind? ☐Yes ☐No

If yes, please list dependent__________________________________________

Do you want to donate to any of the following? *(Please indicate amount)* ☐Yes ☐No ☐Yes ☐No

| | | | |
|---|---|---|---|
| Endangered Resource Fund | $__________ | Multiple Sclerosis | $__________ |
| Packer Stadium Fund | $__________ | Firefighters Memorial | $__________ |
| Breast Cancer Research | $__________ | Prostate Cancer Research | $__________ |
| Veterans Trust Fund | $__________ | | |

## Additional Questions

| | | |
|---|---|---|
| Did you have W-2 income? | ☐ YES | ☐ NO |
| If YES, please indicate the number of W-2's enclosed ________ | | |
| Was any W-2 income "Military Combat Pay"? | ☐ YES | ☐ NO |
| Did you purchase items out of state with no sales tax? Amount $_________________ | ☐ YES | ☐ NO |
| Do you have any children under age 19, or under 24 if a full time student, with investment income/unearned income more than $1,900? | ☐ YES | ☐ NO |
| Did you have any debts cancelled or forgiven during 2009? | ☐ YES | ☐ NO |
| If YES, was any of this related to your primary residence? | ☐ YES | ☐ NO |
| Did you sell your home in 2009? | ☐ YES | ☐ NO |
| If YES, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? | ☐ YES | ☐ NO |
| If YES, please provide closing statements & 1099's | | |
| Did you purchase a primary residence after December 31, 2008 and before May 1, 2010? (A HUD closing statement is required) | ☐ YES | ☐ NO |
| Did you sell, exchange or purchase any real estate other than your primary residence in 2009? | ☐ YES | ☐ NO |
| If YES, please attach closing statements and 1099's. | | |
| Did you withdraw any amounts from your IRA or Roth IRA? | ☐ YES | ☐ NO |
| If YES, for Principal Residence? | ☐ YES | ☐ NO |
| If YES, to pay for higher education? | ☐ YES | ☐ NO |
| Did you receive grants of stock options from your employer, exercise any stock options granted to you or dispose of any acquired stock under a qualified employee stock purchase plan? | ☐ YES | ☐ NO |
| Did you or any dependents incur any post secondary education expenses, such as tuition? | ☐ YES | ☐ NO |
| Did you move to a different home because of a change in the location of your job? | ☐ YES | ☐ NO |
| Did you or your spouse receive distributions from long-term contracts? If YES, please include Form 1099-LTC. | ☐ YES | ☐ NO |
| Did you make gifts of more than $13,000 to any individual? | ☐ YES | ☐ NO |
| Did you have any foreign income or pay any foreign taxes during 2009? | ☐ YES | ☐ NO |
| If YES, was this income derived from unreported off-shore or foreign income? | ☐ YES | ☐ NO |
| Did you purchase a new vehicle after February 16, 2009 and before January 1, 2010? | ☐ YES | ☐ NO |
| Did you purchase a new "clean fuel", electric or advanced lean-burn technology vehicle in 2009? | ☐ YES | ☐ NO |
| If YES to either, please provide purchase paperwork. | | |
| Did you use gasoline or special fuels for business or farm purposes *(other than for a highway vehicle)* during the year? | ☐ YES | ☐ NO |
| Have you received a punitive damage or award for damages other than physical injuries or illness? | ☐ YES | ☐ NO |
| Did you engage in any bartering transactions? | ☐ YES | ☐ NO |
| Were you notified by the IRS or other taxing authority of any changes in prior year returns? If yes, please provide a copy of the notice(s). | ☐ YES | ☐ NO |
| Did you receive retirement/severance compensation? If YES, date received __________________ | ☐ YES | ☐ NO |
| Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account without taking a distribution? | ☐ YES | ☐ NO |
| Were you covered under COBRA subsidiary insurance at any time during 2009? | ☐ YES | ☐ NO |
| If YES, at any point were you eligible for individual or spousal coverage? | ☐ YES | ☐ NO |

**Please answer items 1-26 YES or NO.**

**If you check YES to any items 1-26, please complete the corresponding items on pages 5-10 for only those items checked YES.**

**Once complete, sign the bottom of page 11 and return ALL pages to us by February 15, 2010.**

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**1.)** Did you have any unreimbursed out-of-pocket medical expense costs that exceed 7.5% of your income during 2009? □ YES □ NO
*(Do NOT include payments made through your Medical Savings Account, Health Savings Account and/or Flexible Spending Account.)*

**2.)** Did you pay real estate taxes? □ YES □ NO

**3.)** Did you pay mortgage interest? □ YES □ NO
*(If any is from Home Equity Line of Credit, please describe the use on Page 5)*
Did you refinance any debts during 2009? *(Please provide paperwork)* □ YES □ NO
If YES, did you pay any closing points? □ YES □ NO

**4.)** Did you make any charitable contributions? □ YES □ NO

**5.)** Did you have any casualty losses? *(including flood damage)* □ YES □ NO

**6.)** Did you make any estimated tax payments? □ YES □ NO

**7.)** Did you have any higher education expenses for you or a dependent? □ YES □ NO
Did you have any student loan interest? □ YES □ NO

**8.)** Did you contribute, or do you plan to contribute, to an IRA, Roth IRA or Pension Plan for 2009? □ YES □ NO
*(Do NOT include employer sponsored retirement plans)*
Did you convert IRA proceeds into a Roth IRA during 2009? □ YES □ NO

**9.)** Did you contribute to, or start, a Medical Savings Account or Health Savings Account? □ YES □ NO

**10.)** Did you pay for any Class Room Expenses? *(K-12 Teachers only)* □ YES □ NO

**11.)** Did you make any contributions to a Wisconsin sponsored EdVest Account/Section 529 Plan? □ YES □ NO

**12.)** Did you have a personal vehicle used for business? *(not reimbursed by employer)* □ YES □ NO

**13.)** Did you have any child care expenses? □ YES □ NO

**14.)** Did you have any interest income? □ YES □ NO

**15.)** Did you have any dividend or capital gain income? □ YES □ NO

**16.)** Did you have any sale of stocks, bonds, real estate, personal property, etc.? □ YES □ NO

**17.)** Did you pay Alimony? □ YES □ NO

*(Questions continued from page 3)*

**18.)** Did you have Business Income and Expenses not prepared by EWH? *(Schedule C)* □ YES □ NO

**19.)** Did you have any rental income and expenses? □ YES □ NO

**20.)** Did you have any of the following miscellaneous expenses? (*Not already included in business expenses)*

| | | | |
|---|---|---|---|
| A. Tax Preparation | □ YES □ NO $___________ | I. Adoption Expenses | □ YES □ NO $___________ |
| B. Uniforms | □ YES □ NO $___________ | J. Business Expenses Incurred as an Employee *(Not reimbursed)* | □ YES □ NO $___________ |
| C. Tools | □ YES □ NO $___________ | | |
| D. Telephone Used for Business | □ YES □ NO $___________ | K. Investment Expenses | □ YES □ NO $___________ |
| E. Professional Books & Magazines | □ YES □ NO $___________ | L. Moving Expenses | □ YES □ NO $___________ |
| F. IRA Maintenance Fee | □ YES □ NO $___________ | M. Gambling Losses | □ YES □ NO $___________ |
| G. Job Related Education Fees | □ YES □ NO $___________ | N. Union & Professional Dues | □ YES □ NO $___________ |
| H. Safe Deposit Box Fee | □ YES □ NO $___________ | | |

**21.)** Did you have any other income from the following sources?

| | | | |
|---|---|---|---|
| A. Partnerships *(Attach K-1's)* | □ YES □ NO $___________ | H. Installment Sale Income | □ YES □ NO $___________ |
| B. State Income Tax Refund | □ YES □ NO $___________ | I. Other Income ______________ | □ YES □ NO $___________ |
| C. Pension/Profit Sharing? | □ YES □ NO $___________ | J. Tips *(Not included on W-2)* | □ YES □ NO $___________ |
| Rolled Over? *(Attach 1099R or W2-P)* | □ YES □ NO $___________ | K. Social Security | **<u>Self</u>** **<u>Spouse</u>** |
| D. IRA Distributions | □ YES □ NO $___________ | Total Benefits | $ _________ $ _________ |
| Rolled Over? *(Attach 1099R)* | □ YES □ NO $___________ | Medicare Premiums | $ _________ $ _________ |
| E. Farm Income *(Attach list)* | □ YES □ NO $___________ | L. Alimony Received | □ YES □ NO $___________ |
| F. Unemployment Compensation *(Attach 1099)* | □ YES □ NO $___________ | M. Debt Forgiveness | □ YES □ NO $___________ |
| | | N. Child Support | □ YES □ NO $___________ |
| G. Lottery or Other Winnings *(Attach 1099)* | □ YES □ NO $___________ | O. Retired Persons Economic Stimulus Rebate | □ YES □ NO $___________ |

**22.)** Did you have any large purchases subject to State Sales Tax during 2009? *(e.g. vehicle, boat, etc.)* □ YES □ NO

**23.)** Did you pay Rent for housing? □ YES □ NO

**24.)** Did you relocate to a different state during 2009? □ YES □ NO

**25.)** Did you have home improvements made to your primary residence to reduce energy consumption? □ YES □ NO

**26.)** **Do you want any refunds deposited directly into your bank account?** □ YES □ NO
**Voided Check must be enclosed.**

## The following numbers relate to questions from Pages 3 & 4 that you have answered YES

### 1.) Medical/Dental Expense - Unreimbursed & Paid Out of Pocket *(Exclude Medical Saving Account, Flexible Spending Account & Health Savings Account Expenses)*

Medical & Dental Insurance Premiums *(Exclude pre-tax deductions)* $__________

Medicare Supplemental Insurance $__________

Long Term Care Insurance: Self $__________

Spouse $__________

Prescription Medicine, Drugs & Insulin $__________

*(Prescription drugs purchased outside of the US are not eligible for deduction)*

Medical/Dental Bills $___________

*(This includes eyeglasses, hearing aids, lab fees, ambulance fees, hospitals, etc.)*

Other *(medical expenses-specify)* $___________

________________________ $___________

Other Medical Transportation & Lodging $___________

Miles Driven for Medical Care ___________ miles

### 2.) Taxes Paid *(Enclose copies of real estate tax bill)*

Real Estate Tax- Personal Residence, Land Investment, etc. $__________

Other Real Estate Tax *(Please detail)* ________________________________________ $__________

### 3.) Interest Paid *(Please include all 1098's & Statements of Mortgage Interest)*

| Name of Financial Institution | Primary Home | PMI (Insurance) | Second Home, Boat | Home Equity Line of Credit |
|---|---|---|---|---|
| ______________________ | $__________ | $__________ | $____________ | $____________ |
| ______________________ | $__________ | $__________ | $____________ | $____________ |
| ______________________ | $__________ | $__________ | $____________ | $____________ |
| ______________________ | $__________ | $__________ | $____________ | $____________ |

Please describe what Home Equity Line of Credit proceeds were used for:____________________________________________

________________________________________________________________________________

Closing Points Paid on Purchase or Refinance *(Attach all paperwork)* $____________

Interest Paid to Individuals

______________________________ $_______________ $_______________

Name

______________________________ ____________ ________ ________ ______________________

Street Address City State Zip Social Security #

### 4.) Charitable Contributions *(IRS regulation* requires *detailed documentation with receipts of all donations regardless of amount)*

#### Cash Contributions

| List to Whom Contributed | Amount | Receipts |
|---|---|---|
| ________________________________ | $____________________ | □ YES □ NO |
| ________________________________ | $____________________ | □ YES □ NO |
| ________________________________ | $____________________ | □ YES □ NO |
| ________________________________ | $____________________ | □ YES □ NO |
| ________________________________ | $____________________ | □ YES □ NO |

#### Non-Cash Items Given to Charity *(Detailed List Required)*

| List Organization | Value | Receipts |
|---|---|---|
| ________________________________ | $____________________ | □ YES □ NO |
| ________________________________ | $____________________ | □ YES □ NO |
| ________________________________ | $____________________ | □ YES □ NO |

Miles Driven for Charitable Purposes ______________

## 5.) Losses

Attach sheet listing a detailed explanation for each separate loss $________________

Did you file an insurance claim? □ YES □NO

## 6.) Estimated Tax Payments You Have Personally Paid *( **Important** , needed for verification)*

| | Federal Amount Paid | Date Paid | State Amount Paid | Date Paid |
|---|---|---|---|---|
| Due April 15, 2009 | | | | |
| Due June 15, 2009 | | | | |
| Due Sept. 15, 2009 | | | | |
| Due Jan.15, 2010 (State 12/31/09) | | | | |

## 7.) Higher Education Credits *(Hope/Lifetime Learning Credit)*

Please list unreimbursed or out-of-pocket education expenses only!
*(Now includes computer purchases/costs and internet charges)*

Did you use proceeds from a Section 529 College Sponsored Savings Plan? □ YES □NO

If YES, enclose 1098Q.

| Student Name | Year in College *(1st, 2nd, 3rd, 4th, etc.)* | State College Is In | Tuition & Enrollment Fees Paid | Enrollment Status *(Full Time, Half Time, Less than1/2)* |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

Education Loan Interest Paid $__________________ *(Do Not Include Room & Board)*
*(Enclose 1098-E and/or 1098-T)*

## 8.) IRA Contributions *(Do not include contributions from W-2 income or employer sponsored retirement plan)*

Traditional IRA and Roth Payments

| | | Roth | Traditional IRA Deductible | Traditional IRA Non-Deductible |
|---|---|---|---|---|
| Self | $ _________________ | ☐ | ☐ | ☐ |
| Spouse | $ _________________ | ☐ | ☐ | ☐ |

Please include statements from IRA and Roth IRA administrators

## 9.) Medical Savings Contributions / Health Savings Account *(please enclose year-end statement)*

Health Insurance Deductible $_________________ Annual Health Insurance Premium $_______________

Employer Funded? □ YES □NO Employee Funded? □ YES □NO

Amount Contributed $______________ Amount Contributed $______________

Total HSA Distributions Taken $________________ Qualified Medical Expenses Paid $______________

## 10.) Teacher Class Room Expenses *( K - 12 only)*

Amount $ ___________ *(up to $250)*

## 11.) WI State Sponsored College Savings Program *(i.e. Section 529 Plan/Edvest - list each child separately)*

Name_______________ SS#_______________ Name________________ SS#________________

Amount $____________ State______________ Amount $_____________ State_______________

## 12.) Business Use of Personal Automobile (*Not already included in business expenses)*

| | Vehicle #1 | Vehicle #2 |
|---|---|---|
| Description of Vehicle | | |
| Date Purchased | | |
| Cost or other basis. If leased, enter yearly lease payment | | |
| Total Miles Driven in 2009 | | |
| ●Total Business Miles | | |
| ●Total Commuting Miles | | |
| Was the Vehicle for Personal Use? | | |
| Do you have evidence to support the Business Miles? | | |
| ●Is evidence in writing? | | |

## 13.) Child Care *(This information is required for credit to be allowed)*

If you and your spouse worked, did you have child care expenses? □ YES □ NO

Did you participate in a Dependent Care Benefit Program with your employer? □ YES □ NO

List number of qualifying children cared for in 2009 _______________

Expenses paid in 2009 $__________________________

Information of Child Care Provider:

Child's Name_____________________________________________

Provider Name ___________________________________________

Amount Paid _______________________

Name __________________________________________________

EIN or Social Security # ____________________________________

Address _________________________________________________

_________________________________________________

Information of Child Care Provider:

Child's Name_____________________________________________

Provider Name ___________________________________________

Amount Paid _______________________

Name __________________________________________________

EIN or Social Security # ____________________________________

Address _________________________________________________

_________________________________________________

If payments were made to an individual and they totaled more than $1400:

Were the services performed in your home? □ YES □ NO

If YES, have you filed wage tax returns? □ YES □ NO

## 14.) Interest Income

| From Whom Received | Amount | Check (√) if non-taxable for: Federal | State |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Total Number of 1099 Forms Enclosed ___________

*(Should equal above listed)*

## 15.) Dividends Received/Capital Gain Income

| From Whom Received | Ordinary Dividends | Qualified Dividends | Capital Gain Income | Foreign Tax Paid | Check (√) if Non-Taxable for: Federal | State |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total Number of 1099 Forms and Brokerage Forms ______________. Attach additional sheet if necessary.
*(Should equal above listed)*

## 16.) Sale of Stocks, Bonds, Real Estate and Personal Property

| Item Sold | **T** -Taxpayer **S**-Spouse **J**-Joint | Date Acquired | Date Sold | Selling Price | Cost | Gain (Loss) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Attach closing papers and brokerage reports. Attach additional sheet if necessary.

Day trades MUST be summarized by taxpayer or our offices will bill an additional hourly charge of $95 per hour.

**17.) Alimony**

Amount Paid $___________________ Recipient's Social Security # ___________________________

**18.) Schedule C Business Income and Expenses (NOT prepared by EWH)**

Business Name____________________________________________________________

FEIN Number_____________________________

Entity Type: ☐ Sole Proprietorship ☐ Single Member LLC

Description of Business Activity_____________________________________________________

# Of 1099's Enclosed___________________

| | Amount |
|---|---|
| **INCOME** | |
| Gross Receipts or Sales | |
| Less: | |
| Returns & Allowances | |
| Cost of Goods Sold | |
| | |
| **EXPENSES** | |
| Advertising | |
| Commissions & Fees | |
| Contract Labor | |
| Employee Benefit Programs | |
| Insurance *(Other than health)* | |
| Interest *(Mortgage to banks, etc.)* | |
| Interest *(Other)* | |
| Legal & Professional Services | |
| Office Expense | |
| Pension & Profit Sharing Plans | |
| Rent or Lease | |
| Repairs & Maintenance | |
| Vehicle *(Actual costs)* For Mileage | |
| *(Vehicle mileage - complete Page 7 item # 12)* | |
| Supplies | |
| Taxes & Licenses | |
| Travel, Meals & Entertainment | |
| Utilities | |
| Wages | |
| Other *(Please list)* | |
| | |
| | |
| | |
| Business Assets Purchase *(Please list)* | |
| | |
| | |
| | |

## 19.) Rent and Royalty Income

| | ***Property #1*** | ***Property #2*** | ***Property #3*** | ***Property #4*** |
|---|---|---|---|---|
| Description of Property | | | | |
| Gross Rents & Royalties | | | | |
| EXPENSES: | | | | |
| Advertising | | | | |
| Auto & Travel | | | | |
| Cleaning & Maintenance | | | | |
| Commissions | | | | |
| Depreciation | | | | |
| Insurance | | | | |
| Legal & Other Prof. Fees | | | | |
| Mortgage Interest *(Form 1098)* | | | | |
| Other Interest | | | | |
| Repairs | | | | |
| Supplies | | | | |
| Taxes | | | | |
| Utilities | | | | |
| Wages & Salaries | | | | |
| Other | | | | |

| | | | | |
|---|---|---|---|---|
| What % of the property did you occupy during 2009? | __________% | __________% | __________% | __________% |
| If property was a vacation home or condo, how many days was it occupied by you? | __________ | __________ | __________ | __________ |
| Were you active in the management of the rental property? | □ YES □NO | □ YES □NO | □ YES □NO | □ YES □NO |

**20.) Items are already listed on page 4**

**21.) Items are already listed on page 4**

## 22.) Wisconsin State Sales Tax

List large purchases in which you paid State Sales Tax not already included in Business Expenses.

| **Date** | **Description** | **Total Paid** | **Sales Tax Paid** | *Please check one*<br>**Lease** | **Purchase** |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

**23.) Rental Housing**

Amount of rent paid in 2009 $___________________________ Heat included? □ YES □NO

**24.) State Residency Change**

Moved From __________________ ___/___/09 - ___/___/09 Moved To __________________ ___/___/09 - ___/___/09

State Dates State Dates

**25.) Home Owner Energy Credits *(List home improvements made to reduce energy consumption)***

| Date Installed | Description | Amount Paid |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**26.) Direct Deposit *(Voided check required)***

Bank Account No. __________________________________ ☐ Checking Account ☐ Savings Account

Name of Financial Institution ______________________________________________

Bank Routing No. ☐☐☐☐☐☐☐☐☐

## DECLARATION

**I HAVE REVIEWED THE INFORMATION GIVEN TO YOU ON THIS FORM AND, TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT AND COMPLETE. I HAVE MAINTAINED THE UNDERLYING RECORDS REQUIRED BY LAW TO SUPPORT THIS INFORMATION AND IT IS READY FOR PREPARATION OF MY INCOME TAX RETURN. I AUTHORIZE YOU/YOUR COMPANY TO PREPARE MY INCOME TAX RETURN AND RETAIN COPIES OF APPROPRIATE DOCUMENTS.**

**SIGNATURE ________________________________________ DATE_____________**

**PLEASE DO NOT FORGET YOUR SIGNATURE**