

Client Name _____

EWH 2011 Personal Income Tax Return Data

The information required on this form is pertinent to the preparation of your personal income tax return and relates to you and your family personally . Please complete and return to us at EWH Small Business Accounting S.C. , P. O. Box 1710, Brookfield, WI 53008-1710, as soon as possible BUT NO LATER THAN FEBRUARY 15, 2012.

WE MUST HAVE THIS COMPLETED AND SIGNED DATA SHEET IN ORDER TO COMPLETE YOUR INCOME TAX RETURN.

INFORMATION RECEIVED AFTER MARCH 31, 2012 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 actually been paid within the year. If we may be of assistance to you in preparing this form, kindly contact us.

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. I authorize EWH Small Business Accounting S.C. to prepare my personal income tax return based on the information and to retain copies of appropriate documents.

Signature _____ Date _____

**COMPLETE THE REMAINDER OF THIS PAGE FOR ONLY
NEW CLIENTS, CHANGES IN PERSONAL OR ADDRESS INFORMATION, OR ADDING NEW DEPENDENTS**

Personal Information

Self _____	Spouse _____
Soc Sec # _____	Soc Sec # _____
Date of Birth _____	Date of Birth _____
Occupation _____	Occupation _____
Primary Phone _____	Primary Phone _____
Alternate Phone _____	Alternate Phone _____
Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualified Widow(er)	
Date of Death (if applicable) _____	Date of Death (if applicable) _____

Address Information

_____	_____	_____	_____	_____	_____
Street	City / Village / Town	State	Zip		
_____	_____	Within City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No			
County	Township/School District				
State Residency Change					
Moved From _____	_____ /11 - _____ /11	Moved To _____	_____ /11 - _____ /11		
State	Dates	State	Dates		

Dependents If you had a new dependent(s) for 2011, please provide the new information here.

Full Name	Social Security #	Date of Birth	Relationship	# of months Lived in Home	% of Support		Check Box If Legally Blind
					by You	by Others	
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

Email Information

We will primarily contact you by email

Primary Email _____

Alternate Email _____

Email my tax return In lieu of a paper copy, we will email you your tax return to the primary email listed above.

Banking Information

Do you wish to have your refund directly deposited into your personal bank account? Yes No

If Yes, please check below or fill in banking information and attach a voided check

Direct Deposit Information same as last year.

Name of Bank

Routing Number (9 digit number on bottom left of check)

Account Number Checking Savings

General Information

Are any of last year's dependents no longer dependents?

If Yes, please list dependent name(s) _____

Do you have any children under the age 19 or a full-time student under age 24 with unearned income in excess of \$1900?

Self Spouse

Can you be claimed as a Dependent on someone else's return?

Do you wish to designate \$3 of your taxes to the Presidential Campaign Fund?

Do you want to donate to any of the following?

Endangered Resource Fund	\$ _____	Multiple Sclerosis	\$ _____
Packer Stadium Fund	\$ _____	Firefighters Memorial	\$ _____
Breast Cancer Research	\$ _____	Prostate Cancer Research	\$ _____
Veterans Trust Fund	\$ _____		

Comments or Questions

Income Information Check all questions and enclose documentation for all questions answered Yes

Yes **No**

- Did you have W-2 Income?
- Did you have any interest, dividend, or capital gain income?
- Did you have any business income and expenses not prepared by EWH? (if checked Yes, complete Supplemental Schedule 1)
- Did you have any sale of stocks or bonds? (if cost basis not on 1099, complete Supplemental Schedule 3)
- Did you have any sale of real estate (including your personal residence) or personal property?
- Did you make any withdrawals or distributions from an IRA, Roth IRA, 401(k), Keogh, SIMPLE, SEP, or other qualified retirement plan?
- Did you convert any IRA proceeds into a Roth IRA?
- Did you have any rental income or expenses? (if checked Yes, complete Supplemental Schedule 2)
- Did you have any Partnership, S-Corp, or Estate/Trust income not prepared by EWH? (if Yes, K-1 required)
- Did you have any farm income or loss?
- Did you receive any unemployment compensation?
- Did you receive any social security benefits?
- Did you receive any disability income?
- Did you have income from the lottery or other gambling income?
- Did you have income from an installment sale?
- Did you receive tip income not reported to your employer?
- Did you receive any alimony?
- Did you have any debt forgiven, mortgage foreclosure or abandonment of property?
- Did you engage in any bartering transactions?
- Did you receive punitive damages or awards for other than physical injuries or illness?
- Did you have any foreign or unreported off-shore income?
- Did you or your spouse receive distributions from long-term contracts?
- Did you receive child support (for WI Homestead credit only)?
- Did you have any other income not listed above?

Description _____ \$ _____
Description _____ \$ _____

Income Adjustments, Deductions & Credits Information

Yes No

Did you have any educator expenses for grades K-12? Amount: \$ _____

Did you incur any expenses as an Armed Forces reservist, qualified performing artist, or fee-based Gov't official? \$ _____

Did you move at least 50 miles to a different home because of a job change? Moving expenses \$ _____

Did you make any contributions to or distributions from a Medical Savings Accounts or Health Savings Account?

(Do Not include amounts from a Section 125 Cafeteria Plan)

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 \$ _____

Did you, or will you, contribute to an IRA, Roth IRA, or other Retirement Plan? (exclude employer plans)

Traditional IRA

Roth IRA

Deductible Non-Deductible

Self \$ _____

Self \$ _____

Spouse \$ _____

Spouse \$ _____

Please include statements from IRA and Roth IRA administrators

Did you pay alimony? \$ _____ Recipient's Social Security # _____

Did you have any higher education expenses for you or a dependent?

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

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 than 1/2)

Were any proceeds from a Section 529 or Section 530 College Sponsored Savings Plans used to pay these expenses? Amount \$ _____

Did you incur and pay any student loan interest? \$ _____

Did you make any contributions to a WI EdVest Account/Section 529 Plan?

Name _____ SS # _____

Name _____ SS # _____

Amount \$ _____ State _____

Amount \$ _____ State _____

Did you incur any non-business bad debt?

Income Adjustments, Deductions & Credits Information (cont'd)

Yes No

Did you have any unreimbursed out of pocket medical expenses that exceed 7.5% of your income?
 (exclude Medical Savings Account, Flexible Spending Account & Health Savings Account Expenses)

Medical & Dental Insurance Premiums \$ _____
 (exclude pre-tax deductions)

Medical/Dental Bills \$ _____
 (includes eyeglasses, hearing aids, lab fees, ambulance fees, hospitals, etc.)

Medicare Supplemental Insurance \$ _____

Other medical expenses- (please specify)

Long Term Care Insurance Self \$ _____
 Spouse \$ _____

_____ \$ _____
 _____ \$ _____

Prescription Medicine, Drugs & Insulin \$ _____

Medical Transportation & Lodging \$ _____

Prescription drugs purchased outside of the US are not eligible for deduction.

Miles Driven for Medical Care _____ miles (01/01/11 - 06/30/11)

Miles Driven for Medical Care _____ miles (07/01/11 - 12/31/11)

Did you have any large purchases subject to State Sales tax (i.e.: vehicle, boat, etc)? \$ _____

Did you pay real estate taxes? \$ _____

Did you pay mortgage interest? \$ _____ (if paid to an individual, complete Supplemental Schedule 3 - Interest Paid)
 If home equity, please describe what proceeds were used for: _____

Did you pay loan origination fees or points on a purchase or refinance of your home? \$ _____

Did you make any charitable contributions?

Cash Contributions

List to Whom Contributed	Amount	Receipts
_____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Non-Cash Items Given to Charity (detailed list required)

List Organization	Value	Receipts
_____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Miles driven for charitable purposes: _____ # of miles

Did you have any casualty losses? \$ _____ Description: _____

Income Adjustments, Deductions & Credits Information (cont'd)

Yes No

Did you have a personal vehicle used for business (not reimbursed by employer)?

		Vehicle #1	Vehicle #2
Description of Vehicle			
Date Purchased			
Cost or other basis. If leased, enter yearly lease payments			
Total Miles Driven in 2011			
• Total Business Miles	Jan - June		
	July - Dec		
• Total Commuting Miles	Jan - June		
	July - Dec		
Was the Vehicle used for Personal Use?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have evidence to support the Business Miles?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Is evidence in writing?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Did you have any of the following expenses (not reimbursed by employer)?

Union & Professional Dues	\$ _____	Tax Preparation	\$ _____
Uniforms	\$ _____	IRA Maintenance Fee	\$ _____
Tools	\$ _____	Safe Deposit Box Fee	\$ _____
Telephone used for Business	\$ _____	Gambling Losses	\$ _____
Job Related Education Costs	\$ _____	Investment Expenses	\$ _____
Other Business Expenses	\$ _____		\$ _____

Did you have any child care expenses?

If you and your spouse worked or were looking for work, 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 _____ Total Expenses Paid \$ _____

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

Income Adjustments, Deductions & Credits Information (cont'd)

Yes **No**

- Did you have home improvements made to your primary residence to reduce energy consumption?

Date Installed	Description	Amount Paid

- Did you claim the reduced energy consumption credit in previous years? Credit Claimed? \$ _____

- Did you have expenses associated with adopting a child? \$ _____

- Did you purchase a new fuel cell or electric plug-in vehicle?

- Did you use gas or special fuels in off-road vehicles for business or farm use?

- Did you pay any estimated income tax payments

	Federal Amount Paid	Date Paid	State Amount Paid	Date Paid
Due April 18, 2011				
Due June 15, 2011				
Due Sept. 15, 2011				
Due Jan. 16, 2012 (State Dec. 31, 2011)				

Miscellaneous Information

Yes **No**

- Did you make gifts of more than \$13,000 to any individual?

- Did you purchase items out of state with no sales tax paid? \$ _____

- Did you pay rent for housing? Heat included \$ _____ Heat not included \$ _____

- Were you notified by the IRS or State of any changes in your prior years tax returns?

- Did you or your spouse turn age 70 1/2 during the year and not take the required minimum distributions from your IRA or other retirement account?

- Did you have foreign assets that exceeded \$50,000 on the last day of the year or \$100,000 at any time during the year?
(Including but not limited to bank accounts, entity interests and real estate)

**Below is a list of source documents you might receive.
Please enclose source documents for all items checked Yes. If you do not
have source documents, please fill out the Supplemental Schedule 3.
Supplemental 1, 2 and 3 can be accessed from the EWH Tax Center web page.**

- Voided Check for Direct Deposit of Refund
- W-2's _____ Number Enclosed
- 1099's - Interest and Dividend
- 1099's - Broker Statements, Sale and Purchase of Stocks
- 1099's - State Tax Refund
- Closing Statements - Real Estate Sales or Purchases
- 1099R's - IRA or other Qualified Retirement Plans
- 1099R's - Annuities and Pensions
- K-1's - Partnerships, Investments and Subchapter-S Returns
- 1099's - Unemployment Benefits
- 1099's - Social Security Benefits
- 1099's - Miscellaneous
- 1098's - Student Loan Interest and Tuition Statements
- Real Estate Tax Bill Copies
- 1098's - Statements of Mortgage Interest
- Documentation for Charitable Contributions
- Rent Certificate for Wisconsin Homestead Credit