

**Reis & Reis LLC**  
**316 N Washington St**  
**Thorp, WI 54771-9531**  
**715-669-5352**

WI

Dear :

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2018 personal income tax return. To help you complete the organizer with minimal time and effort, when available, you will find certain information from your 2017 personal income tax return.

In your Tax Organizer, all social security numbers and bank account numbers have been replaced with asterisks (\*\*\_\*-\*\*-\*\*\*\*) and (\*\*\*\*1234) to protect your privacy and personal information. If you need to change or update a social security number or bank account information, please contact this office. Do not indicate the social security number or bank account change on your Tax Organizer. When you receive your completed tax return(s), please review all social security numbers and bank account information for accuracy. Report any discrepancies to this office immediately.

Enter 2018 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit. This includes any dependents who received a form 1095-A.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

Thank you for the opportunity to serve you.

Sincerely,

Reis & Reis LLC

**Reis & Reis LLC**  
*Certified Public Accountants & Advisors*

**TAX RETURN ENGAGEMENT LETTER**

WI

Dear :

Thank you for selecting Reis & Reis LLC to assist you with your tax affairs. We are pleased to confirm our acceptance and understanding of the services we are to provide for you. So that we can meet your expectations related to the services we will provide, this engagement letter clearly identifies the services that will be provided for you.

We will prepare your 2018 federal and state income tax returns using information which you will provide. We are under no duty to review the information you provide to determine whether you may have a filing obligation with another state. If we become aware of any other filing requirement, we will tell you of the obligation and may prepare the appropriate returns at your request as a separate engagement. This engagement letter does not cover the preparation of any financial statements, which, if we are to provide, will be covered by a separate engagement letter.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks, and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

We will provide you with a questionnaire, an organizer or other documents requesting specific information. Completing those forms will assist us in making sure you are well served. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that you have disclosed to us all relevant facts affecting the returns. This will include the ownership of or signature authority over any foreign bank accounts and the ownership of any other foreign financial assets. We will not verify the information you give us; however, we may ask for additional clarification of some information.

You should also know that IRS audit procedures will almost always include questions on bartering transactions and on deductions that require strict documentation such as travel and entertainment expenses and expenses for business usage of autos and computers. In preparing your returns, we rely on your representations that we have been informed of all bartering transactions and that you understand and have complied with the documentation requirements for your expenses and deductions. If you have questions about these issues, please contact us.

If, during our work, we discover information that affects prior-year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items that may affect prior-year returns. If you become aware of such information during the year, please contact us to discuss the best resolution of the issue. We will be happy to prepare appropriate amended returns as a separate engagement at a separate price.

Our work in connection with the preparation of the tax return(s) does not include any procedures designed to discover defalcations or other irregularities, should any exist. The returns will be prepared solely from information provided to us without verification by us.

We must use our judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. The law provides various penalties when taxpayers understate their tax liability. If you have questions about such penalties, please contact us.

In accordance with federal law, in no case will we disclose your tax return information to any location outside the United States, to another tax return preparer outside of our firm for purposes of a second opinion, or to any other third party for any purpose other than to prepare your return without first receiving your consent

The Internal Revenue Code and regulations impose preparation and disclosure standards with non-compliance penalties on both the preparer of a tax return and on the taxpayer. To avoid exposure to these penalties, it may be necessary in some cases to make certain disclosures to you and/or in the tax return concerning positions taken on the return that don't meet these standards. Accordingly, we will discuss tax positions that may increase the risk of exposure to penalties and any recommended disclosures with you before completing the preparation of the return. If we concluded that we are obligated to disclose a position and you refuse to permit the disclosure, we reserve the right to withdraw from the engagement and you agree to compensate us for our services to the date of withdrawal. Our engagement with you will terminate upon our withdrawal.

The IRS permits you to authorize us to discuss, on a limited basis, aspects of your return for one year after the return's due date. Your consent to such a discussion is evidenced by checking a box on the return. Unless you tell us otherwise, we will check that box authorizing the IRS to discuss your return with us.

It is our policy to keep records related to this engagement for seven years. However, we do not keep any of your original records, so we will return those to you upon the completion of the engagement. When records are returned to you, it is your responsibility to retain and protect the records for possible future use, including potential examination by governmental or regulatory agencies. By signing this engagement letter, you acknowledge and agree that upon the expiration of the seven year period, we are free to destroy our records related to this engagement.

Certain communications involving tax advice are privileged and not subject to disclosure to the IRS. By disclosing the contents of those communications to anyone, or by turning over information about those communications to the government, you may be waiving this privilege. To protect this right to privileged communication, please consult with us or your attorney prior to disclosing any information about our tax advice. Should you decide that it is appropriate for us to disclose any potentially privileged communication, you agree to provide us with written, advance authority to make that disclosure.

Should we receive any request for the disclosure of privileged information from any third party, including a subpoena or IRS summons, we will notify you. In the event you direct us not to make the disclosure, you agree to hold us harmless from any expenses incurred in defending the privilege, including, by way of illustration only, our attorney's fees, court costs, outside adviser's costs, or penalties or fines imposed as a result of your asserting the privilege or your direction to us to assert the privilege.

The return(s) may be selected for review by the taxing authorities. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deduction shown on a tax return. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of a tax examination, we will be available, upon request, to represent you. However, such additional services are at an additional price and not included in the price for the preparation of the tax return(s).

As part of your tax return preparation we do try to identify future tax planning opportunities for you. However, that identification is somewhat limited as the primary focus is on preparing a tax return for events that have already occurred. Proper tax planning requires a significant investment of additional work and analysis that is outside the scope of tax preparation and the price of our tax preparation services. If you would like to add tax planning and projections as an additional service at an additional price, please contact us.

We base our price on the forms prepared and/or the amount of time required for the type of services and the personnel assigned plus expenses. We also give consideration to the complexity

and size of the assignment, the degree of skill required, time limitations imposed on us by others, the experience and ability of the personnel assigned, the nature of the project, the level of cooperation by the client, and the value of the services to the client. Our price is based upon a number of factors including regulatory requirements, inflation, expenses, overhead, and the cost to hire and retain qualified personnel. We reserve the right to change our price at any time without advanced notice. All invoices are due and payable upon presentation. All past due balances over 30 days may be subject to a finance charge of 1.5% per month, with a minimum charge of \$7.50.

In connection with this engagement, we may communicate with you or others via email transmission. As emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that emails from us will be properly delivered and read only by the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure of emails transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect, or special damages, such as loss of revenues or anticipated profits, or disclosure or communication of confidential or proprietary information.

We have the right to withdraw from this engagement, in our discretion, if you don't provide us with any information we request in a timely manner, refuse to cooperate with our reasonable requests or misrepresent any facts. Our withdrawal will release us from any obligation to complete your return and will constitute completion of our engagement. You agree to compensate us for our work and out-of-pocket expenses through the date of our withdrawal.

In accordance with our firm policies, work may be suspended if your account becomes overdue and will not be resumed until your account has been paid in full or a payment plan is agreed upon. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon notification of termination, even if we have not completed our services. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket expenditures through the date of termination.

You may request that we perform additional services not contemplated by this engagement letter. If this occurs, we will communicate with you regarding the scope of the additional services. We also may issue a separate engagement letter covering the additional services. In the absence of any other written communication from us documenting such additional services, our services will continue to be governed by the terms of this engagement letter.

If the foregoing correctly sets forth your understanding of our tax engagement, please sign this letter in the space below and return it to our office.

We value the trust you place in us. Please contact us if you have any questions.

Very truly yours,

*Reis & Reis LLC*

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name:

# 2018 Client Organizer & Questionnaire

Please check the appropriate box and include all necessary details and documentation.  
Fill out using **Black** or **Blue ink**. Please highlight with **yellow** only.

## Tax Return Delivery Options: There will be a charge for any mailed documents.

- 1. I want to pick up a paper copy. Call me at this phone number \_\_\_\_\_.
- 2. Mail to the address shown on my organizer
- 3. Mail to a different address \_\_\_\_\_.

Please provide your email address: \_\_\_\_\_  
Taxpayer Spouse

## Electronic Deposit of Refunds or Withdrawals of Amounts Owed Yes No

Update/enter your electronic bank information on the organizer and provide a voided check.

If you have a **REFUND**, do you want it direct deposited into your bank account?  Yes  No

If you **OWE TAXES**, do you want it withdrawn directly from your bank account?  Yes  No

Unless indicated below, the withdrawal date will be April 15th (March 1st for certain farmers). If those dates fall on a weekend or holiday, the withdrawal date will occur on the next business day. For returns filed after April 15th, the withdrawal date will occur shortly after the return is filed. If you prefer a specific withdrawal date, enter date here: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

If the specified date you requested occurs before your returns are completed, we will select an appropriate withdrawal date.

## Personal Information Yes No

Did your marital status change during the year? If yes, explain:  Yes  No

Did your address change from last year, update on personal information page?  Yes  No

Can you be claimed as a dependent by another taxpayer?  Yes  No

Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year? **If yes, contact us with new account information**  Yes  No

Did you or any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? **If yes, attach the IRS letter(s).**  Yes  No

Did you reside in or operate a business in a Federally declared disaster area?  Yes  No

The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.

Head of Household Filers Only:

Were you single or legally separated for the last half of the year?  Yes  No

Did you pay more than 50% of the cost to upkeep your home (rent, mortgage, taxes, insurance, repairs, utilities, groceries, etc)?  Yes  No

Did a qualifying child or dependent live with you for at least half of the year (unless dependent is a parent)?  Yes  No

Qualifying Child: child, step-child, foster child, brother, sister, etc under age 19 & younger than you or under age 24 & a full-time student, or any age & permanently disabled who didn't provide over 50% of his/her own support.

Qualifying Relative: child, step-child, foster child, brother, sister, father, mother, etc & gross income of that person is \$4,150 or less and you provided over 50% of their support.

If you are eligible to use Head of Household filing status do you have documentation to substantiate the filing status if audited?  Yes  No

## Dependent Information Yes No

Were there any changes in dependents from the prior year? **If yes, explain and provide names, social security numbers & dates of birth for new dependents:**  Yes  No

Do you have any children under age 19 or a full-time student under age 24 with **unearned income** (i.e. interest, dividends, capital gains) in excess of \$2,100?  Yes  No

Do you have dependents who must file a tax return?  Yes  No

Did you provide over half the support for any other person(s) other than your dependent children during the year?  Yes  No

	Yes	No
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
In a previous year have you ever had the Earned Income Credit or Child Tax Credit disallowed or reduced by the Internal Revenue Service?	<input type="checkbox"/>	<input type="checkbox"/>
If you are eligible to claim the Earned Income Credit or Child Tax Credit do you have documentation to substantiate the credit if audited?	<input type="checkbox"/>	<input type="checkbox"/>
Have you released the claim to a dependent to another person?	<input type="checkbox"/>	<input type="checkbox"/>

### **Purchases, Sales and Debt Information**

	Yes	No
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, purchase, foreclose or abandon any real estate this year? (including personal residence; <b>attach closing statements &amp; Form 1099-S</b> )	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan or refinance a principal residence or second home this year? ( <b>attach closing statements</b> )	<input type="checkbox"/>	<input type="checkbox"/>
If yes, and you took out a home equity loan, were the proceeds used to buy, build, or substantially improve the home that secures the loan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year? ( <b>attach closing statements &amp; Form 1099-S</b> )	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stocks or bonds during the year? ( <b>attach form 1099-B</b> )	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectible?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as home mortgage or student loans? ( <b>attach form 1099-C and/or form 1099-A</b> )	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year? ( <b>attach copy of purchase invoice</b> )	<input type="checkbox"/>	<input type="checkbox"/>

### **Income Information**

	Yes	No
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year? ( <b>attach form 1099-G</b> )	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year? \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings? ( <b>attach form(s) W2-G or 1099-MISC</b> )	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any sales or other exchanges of virtual currencies, or used virtual currencies to pay for goods and services, or you are holding virtual currencies as an investment?	<input type="checkbox"/>	<input type="checkbox"/>

### **Retirement Information**

	Yes	No
Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year? ( <b>attach Form SSA-1099</b> )	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals or rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? ( <b>Circle all that apply &amp; attach Form 1099-R</b> )	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any withdrawals due to a Federally declared disaster?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? ( <b>Circle all that apply</b> )	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were all contributions made through an employer retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>

## Education Information

	Yes	No
Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? ( <b>attach Form 1098-T</b> )	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family receive a scholarship, grant, or other reimbursement?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year? ( <b>attach Form 1098-E</b> )	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989? ( <b>attach Form 1099-Int</b> )	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account? ( <b>attach investment statements</b> )	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account? ( <b>attach Form 1099-Q</b> )	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any of these withdrawals rolled over into an ABLE account?	<input type="checkbox"/>	<input type="checkbox"/>
In a previous year have you ever had the Education Credit disallowed or reduced by the Internal Revenue Service?	<input type="checkbox"/>	<input type="checkbox"/>
If you are eligible to claim the Education Credit do you have documentation to substantiate the credit if audited?	<input type="checkbox"/>	<input type="checkbox"/>
Was the student convicted, before the end of the year, of a felony for possession or distribution of a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>

## Health Care Information

	Yes	No
Were there any times during the year that you did <b>NOT</b> have qualifying health care coverage for your family? " <b>Your family</b> " for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. <b>If yes, attach any Form(s) 1095-B and/or 1095-C you received.</b>	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family qualify for an exemption from the health care coverage mandate? <b>If yes, attach the Exemption Certificate Number (ECN) or type of exemption.</b>	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov? <b>If yes, attach any Form(s) 1095-A received by you or your dependents reported on your tax return.</b>	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov and share a policy with anyone not included in your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Health savings account (HSA) or Archer MSA? ( <b>attach bank statements and/or Form 5498-SA</b> )	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions that were <b>NOT</b> deducted from your paycheck?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year? ( <b>attach Form 1099-SA</b> ). Reimbursed expenses should <b>NOT</b> be included as medical expenses on the organizer	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were the distributions used for <b>NON-Medical</b> expenses?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term care premiums for yourself or your family? ( <b>if new, please provide the insurance company name and policy number</b> )	<input type="checkbox"/>	<input type="checkbox"/>
Did you make/receive any contributions/withdrawals to/from an ABLE (Achieving a Better Life Experience) account? <b>If yes, attach any Form(s) 1099-QA you received.</b>	<input type="checkbox"/>	<input type="checkbox"/>

## Itemized Deduction Information

	Yes	No
Did you incur a casualty or theft loss or any condemnation awards during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay <u>significant</u> out-of-pocket medical expenses (Co-pays, Rx drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle or boat during the year? ( <b>If yes, attach Form 1098-C</b> or other written acknowledgement from the donee organization).	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any <b>NON</b> business major purchases during the year (motor vehicles, boats, homes, including mobile & prefabricated, home building materials, planes, etc.) <b>Please attach receipt(s)?</b>	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) that the seller did not collect state sales or use tax?( <b>Purchase Amount</b> \$ _____)	<input type="checkbox"/>	<input type="checkbox"/>

**Miscellaneous Information**

	Yes	No
Did you make gifts of more than \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any estimated tax payments? <b>(If Yes, please note dates &amp; amounts on the organizer?)</b>	<input type="checkbox"/>	<input type="checkbox"/>
If you are making estimated tax payments do you want to pay them electronically?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS? <b>If yes, attach a copy of the notice and explain:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>

**Business Owners Only (including Farmers)**

	Yes	No
Did you make any <u>business related</u> payments of \$600 or more during the year for services, rent or interest that would require you to file Form(s) 1099? <b>If you prepared your own Form 1099s, provide copies.</b>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any personal consumption of your business products or supplies? Provide the total value or cost of all items consumed to be claimed as additional income on the organizer.	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any transactions with a related party?	<input type="checkbox"/>	<input type="checkbox"/>
Is the sales tax you collected included in your gross receipts/sales on the organizer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have bartering transactions during the year <b>(if yes, include income and expense on organizer)?</b>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any income reported to you on Forms 1099-MISC or 1099-K <b>(provide copies)</b> that is NOT included in your gross receipts/sales on the organizer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any government payments, patronage dividends or crop insurance proceeds <b>(provide Forms 1099-PATR, 1099-G and other 1099s)?</b>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any expenses that you have reported to others on Form 1099 (for services, rent and interest) that are NOT included in your expenses? <b>(Those expenses should be included on the organizer.)</b>	<input type="checkbox"/>	<input type="checkbox"/>
Are any of the business expenses on the organizer only a percentage or portion of the total expense incurred (such as for personal use)? Provide additional information.	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase any equipment, livestock, real estate, or construct or remodel any buildings? <b>(provide invoices and indicate as new or used)</b>	<input type="checkbox"/>	<input type="checkbox"/>
Did you trade in anything on equipment you purchased <b>(provide additional information on the organizer, including dates, description and value of items purchased, description and value of items traded, trade allowance and money paid to boot. Provide a copy of the purchase statement of equipment)?</b>	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell any equipment, livestock, or real estate? <b>(provide date, description, &amp; sales price)</b>	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay health insurance premiums for your employees this year? <b>(provide additional information)</b>	<input type="checkbox"/>	<input type="checkbox"/>



	<b>Yes</b>	<b>No</b>
Did you utilize an area of your home <u>regularly &amp; exclusively</u> for business purposes? (exclusively means used 100% for your business only and no other purpose including personal)	<input type="checkbox"/>	<input type="checkbox"/>
Did you work out of town for part of the year? If yes, you are allowed to deduct a per diem (instead of actual) for meals while traveling away from home overnight. Enter your documented days overnight: _____ days Jan 1 - Sept 30    _____ days Oct 1 - Dec 31	<input type="checkbox"/>	<input type="checkbox"/>

**Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_[1]  
 Mark if you were married but living apart all year \_\_\_\_\_[2]  
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) \_\_\_\_\_[3]

	<b>Taxpayer</b>		<b>Spouse</b>
Social security number	_____ [4]		_____ [5]
First name	_____ [6]		_____ [7]
Last name	_____ [8]		_____ [9]
Occupation	_____ [10]		_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]		_____ [14]
Mark if dependent of another taxpayer	_____ [15]		_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]		
Mark if legally blind	_____ [20]		_____ [21]
Date of birth	_____ [22]		_____ [24]
Date of death	_____ [26]		_____ [27]
Work/daytime telephone number/ext number	_____ [28]	_____ [29]	_____ [30] _____ [31]
Home/evening telephone number	_____ [32]		_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ <b>Y</b> [34]		

**Present Mailing Address**

Address \_\_\_\_\_ [38]  
 Apartment number \_\_\_\_\_ [39]  
 City, state postal code, zip code \_\_\_\_\_ [40] **WI** [41] \_\_\_\_\_ [42]  
 Foreign country name \_\_\_\_\_ [44]  
 Foreign phone number \_\_\_\_\_ [47]  
 In care of addressee \_\_\_\_\_ [48]

**Dependent Information**

(\*Please refer to Dependent Codes located at the bottom)

First Name <sup>49]</sup>	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	**Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent \_\_\_\_\_ [50]  
 Social security number of qualifying person \_\_\_\_\_ [51]

**Dependent Codes**

<p><b>*Basic</b></p> <p>1 = Child who lived with you</p> <p>2 = Child who did not live with you due to divorce/separation</p> <p>3 = Other dependent</p> <p>4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)</p> <p>5 = Qualifying child for Earned Income Credit only</p> <p>6 = Children who lived with you, but do not qualify for Earned Income Credit</p> <p>7 = Children who lived with you, but do not qualify for Child Tax Credit</p> <p>8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit</p> <p><b>***Months</b></p> <p>77 = Reported on odd year return</p> <p>88 = Reported on even year return</p> <p>99 = Not reported on return</p>	<p><b>**Other</b></p> <p>1 = Student (Age 19 - 23)</p> <p>2 = Disabled dependent</p> <p>3 = Dependent who is both a student and disabled</p>
---	--

**Preparer - Enter on Screen Contact**

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) \_\_\_\_\_ [8]

Taxpayer email address \_\_\_\_\_ [9]

Spouse email address \_\_\_\_\_ [10]

**Taxpayer**

**Spouse**

Fax telephone number \_\_\_\_\_ [11] \_\_\_\_\_ [19]

Mobile telephone number \_\_\_\_\_ [12] \_\_\_\_\_ [20]

Mobile telephone #2 number \_\_\_\_\_ [13] \_\_\_\_\_ [21]

Pager number \_\_\_\_\_ [14] \_\_\_\_\_ [22]

Other: \_\_\_\_\_ [15] \_\_\_\_\_ [23]

    Telephone number \_\_\_\_\_ [16] \_\_\_\_\_ [24]

    Extension \_\_\_\_\_ [17] \_\_\_\_\_ [25]

Preferred method of contact:  
    Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 \_\_\_\_\_ [18] \_\_\_\_\_ [26]

**NOTES/QUESTIONS:**

**Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.**

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct.  [1]

Primary account:

Financial institution routing transit number \_\_\_\_\_ [3]

Name of financial institution \_\_\_\_\_ [4]

Your account number \_\_\_\_\_ [5]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [6]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)  [7]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)  [8]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [9] or Percent (xxx.xx) \_\_\_\_\_ [10]

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_ [25]

Name of financial institution \_\_\_\_\_ [26]

Your account number \_\_\_\_\_ [27]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [28]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)  [29]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)  [30]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [11] or Percent (xxx.xx) \_\_\_\_\_ [12]

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_ [31]

Name of financial institution \_\_\_\_\_ [32]

Your account number \_\_\_\_\_ [33]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [34]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)  [35]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)  [36]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [15] or Percent (xxx.xx) \_\_\_\_\_ [16]

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

## Refund - U.S. Series I Savings Bond Purchases

**A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.**

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar \_\_\_\_\_ [13] or Percent (xxx.xx) \_\_\_\_\_ [14]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds \_\_\_\_\_ [17] or Percent (xxx.xx) \_\_\_\_\_ [18]

Owner's name (First Last) \_\_\_\_\_ [38] \_\_\_\_\_ [39]

Co-owner or beneficiary (First Last) \_\_\_\_\_ [40] \_\_\_\_\_ [41]

Mark if the name listed above is a beneficiary  [42]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds \_\_\_\_\_ [21] or Percent (xxx.xx) \_\_\_\_\_ [22]

Owner's name (First Last) \_\_\_\_\_ [43] \_\_\_\_\_ [44]

Co-owner or beneficiary (First Last) \_\_\_\_\_ [45] \_\_\_\_\_ [46]

Mark if the name listed above is a beneficiary  [47]





T/S/J	2018 Information	Prior Year Information
Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received		
[1] _____	+ _____ [2]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Medical insurance premiums you paid: <b>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.</b>		
[4] _____	+ _____ [5]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Long-term care premiums you paid: <b>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)</b>		
[7] _____	+ _____ [8]	
_____	+ _____	
Prescription medicines and drugs:		
[10] _____	+ _____ [11]	
_____	+ _____	
_____	+ _____	
[13] Miles driven for medical items	_____ [14]	

Schedule A - Tax Expenses

T/S/J	2018 Information	Prior Year Information
State/local income taxes paid:		
[18] _____	+ _____ [19]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
2017 state and local income taxes paid in 2018:		
[21] _____	+ _____ [22]	
_____	+ _____	
_____	+ _____	
Real estate taxes paid:		
[24] _____	+ _____ [25]	
_____	+ _____	
_____	+ _____	
Personal property taxes:		
[27] _____	+ _____ [28]	
_____	+ _____	
Other taxes, such as: foreign taxes and State disability taxes		
[30] _____	+ _____ [31]	
_____	+ _____	
_____	+ _____	
Sales tax paid on major purchases:		
[36] _____	+ _____ [37]	
_____	+ _____	
Sales tax paid on actual expenses:		
[39] _____	+ _____ [40]	
_____	+ _____	
_____	+ _____	

Control Totals+

ITEMIZED DEDUCTIONS

### Interest Expenses

T/S/J	2018 Interest Paid <sup>[2]</sup>	2018 Points Paid	Type*	2018 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1] _____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	

**\*Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home    1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	2018 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4] _____	_____	_____	+	[5]
<b>Address</b> _____				
<b>City, state and zip code</b> _____				
_____	_____	_____	+	
<b>Address</b> _____				
<b>City, state and zip code</b> _____				

**T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -**

\_\_\_\_\_ Payer's/Borrower's name \_\_\_\_\_<sup>[7]</sup>  
 \_\_\_\_\_ Street Address \_\_\_\_\_  
 \_\_\_\_\_ City/State/Zip code \_\_\_\_\_

**Refinancing Points paid in 2018 -**

\_\_\_\_\_ Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_<sup>[11]</sup>  
 \_\_\_\_\_ Recipient/Lender name \_\_\_\_\_  
 \_\_\_\_\_ Total points paid at time of refinance \_\_\_\_\_  
 \_\_\_\_\_ Points deemed as paid in 2018 (Preparer use only) \_\_\_\_\_<sup>[12]</sup>  
 \_\_\_\_\_ Date of refinance \_\_\_\_\_  
 \_\_\_\_\_ Term of new loan (in months) \_\_\_\_\_  
 \_\_\_\_\_ Reported on Form 1098 in 2018 \_\_\_\_\_

\_\_\_\_\_ Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 \_\_\_\_\_ Recipient/Lender name \_\_\_\_\_  
 \_\_\_\_\_ Total points paid at time of refinance \_\_\_\_\_  
 \_\_\_\_\_ Points deemed as paid in 2018 (Preparer use only) \_\_\_\_\_  
 \_\_\_\_\_ Date of refinance \_\_\_\_\_  
 \_\_\_\_\_ Term of new loan (in months) \_\_\_\_\_  
 \_\_\_\_\_ Reported on Form 1098 in 2018 \_\_\_\_\_

T/S/J	2018 Information	Prior Year Information
Investment interest expense, other than on Schedule(s) K-1:		
[15] _____	+	[16]
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	



## Charitable Contributions

T/S/J		Qual Disaster Relief**	2018 Information	Prior Year Information
	Contributions made by cash or check (including out-of-pocket expenses)			
	Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.			
	Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.			
[2]	_____	+	_____ [3]	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
[5]	Volunteer miles driven		_____ [6]	
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods			
[8]	_____	+	_____ [9]	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	

\*\*Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area

## Miscellaneous Deductions

T/S/J			2018 Information	Prior Year Information
	Other expenses, not subject to the 2% AGI limit:			
[12]	_____	+	_____ [13]	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	
	Gambling losses: (Enter only if you have gambling income)			
[15]	_____	+	_____ [16]	
	_____	+	_____	
	_____	+	_____	
	_____	+	_____	

**NOTES/QUESTIONS:**

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)		__	[1]
Were the costs incurred made to your main home located in the United States? (Y, N)		__	[2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)		__	[3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+	_____	[5]
Enter the total amount of costs for exterior windows	+	_____	[7]
Enter the total amount of costs for exterior doors	+	_____	[9]
Enter the total amount of costs for qualified metal roofs	+	_____	[11]
Enter the total amount of costs for energy-efficient building property	+	_____	[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+	_____	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+	_____	[10]
Enter the total amount of costs for qualified solar electric property	+	_____	[12]
Enter the total amount of costs for qualified solar water heating property	+	_____	[14]
Enter the total amount of costs for qualified small wind energy property	+	_____	[16]
Enter the total amount of costs for qualified geothermal heat pump property	+	_____	[13]
Enter the total amount of costs for qualified fuel cell property	+	_____	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property		_____	[17]

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**NOTES/QUESTIONS:**

**1 Preparer use only**

	2018 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Business name	_____ [5]	
Principal business/profession	_____ [6]	
Business code	_____ [12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	_____ [15]	
City/State/Zip	_____ [16]    _____ [17]    _____ [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [19]	___
If other:	_____ [21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [22]	___
If other enter explanation:	_____ [24]	
_____		
_____		
Enter an explanation if there was a change in determining your inventory:	_____ [25]	
_____		
_____		
Did you "materially participate" in this business? (Y, N)	_____ [26]	___
If not, number of hours you did significantly participate	_____ [28]	___
Mark if you began or acquired this business in 2018	_____ [30]	
Did you make any payments in 2018 that require you to file Form(s) 1099? (Y, N)	_____ [31]	___
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [33]	___
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [35]	___
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [37]	___
Medical insurance premiums paid by this activity	+ _____ [40]	
Long-term care premiums paid by this activity	+ _____ [44]	
Amount of wages received as a statutory employee	+ _____ [47]	

**Business Income**

	2018 Information	Prior Year Information
Gross receipts and sales		
_____	+ _____ [52]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____ [55]	
Other income:		
_____	+ _____ [57]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

**Cost of Goods Sold**

	2018 Information	Prior Year Information
Beginning inventory	+ _____ [59]	
Purchases	+ _____ [61]	
Labor:		
_____	+ _____ [63]	
_____	+ _____	
Materials	+ _____ [65]	
Other costs:		
_____	+ _____ [67]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [69]	

**Control Totals+**

**BUSINESS**

**Preparer use only**

Principal business or profession \_\_\_\_\_

**2018 Information**

**Prior Year Information**

Advertising	+ _____ [6]
Car and truck expenses	+ _____ [8]
Commissions and fees	+ _____ [10]
Contract labor	+ _____ [12]
Depletion	+ _____ [14]
Depreciation	+ _____ [16]
Employee benefit programs (Include Small Employer Health Ins Premiums credit):	
_____	+ _____ [18]
_____	+ _____
Insurance (Other than health):	
_____	+ _____ [20]
_____	+ _____
Interest:	
Mortgage (Paid to banks, etc.)	
_____	+ _____ [22]
_____	+ _____
_____	+ _____
Other:	
_____	+ _____ [24]
_____	+ _____
Legal and professional services	+ _____ [26]
Office expense	+ _____ [29]
Pension and profit sharing:	
_____	+ _____ [31]
_____	+ _____
Rent or lease:	
Vehicles, machinery, and equipment	+ _____ [33]
Other business property	+ _____ [35]
Repairs and maintenance	+ _____ [37]
Supplies	+ _____ [39]
Taxes and licenses:	
_____	+ _____ [41]
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
Travel and meals:	
Travel	+ _____ [43]
Meals (Enter 100% subject to 50% limitation)	+ _____ [45]
Meals (Enter 100% subject to DOT 80% limit)	+ _____ [47]
Utilities	+ _____ [51]
Wages (Less employment credit):	
_____	+ _____ [53]
_____	+ _____
Other expenses:	
_____	+ _____ [55]
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____

Blank area for Prior Year Information



Please provide all Forms 1099-K

**1 Preparer use only**

	2018 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
Principal Product	_____ [5]	
State postal code	<b>WI</b> [6]	
Accounting method (1 = Cash, 2 = Accrual)	_____ [7]	_____
Agricultural activity code	_____ [9]	_____
Did you "materially participate" in this business? (Y, N)	_____ [12]	_____
Did you make any payments in 2018 that require you to file Form(s) 1099? (Y, N)	_____ [14]	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [16]	_____
Mark if Schedule F net income or loss should be excluded from self-employment income	_____ [18]	_____
Medical insurance premiums paid by this activity	+ _____ [21]	_____
Long-term care premiums paid by this activity	+ _____ [25]	_____

**Schedule F Income**

Sales Code**	Income description	2018 Information	Prior Year Information
—	_____	+ _____ [35]	_____
—	_____	+ _____	_____
—	_____	+ _____	_____
—	_____	+ _____	_____
—	_____	+ _____	_____

**\*\* Sales Codes**

<b>1 = Cash sales of items bought for resale</b>	<b>4 = Custom hire (machine work)</b>
<b>2 = Cash sales of items raised</b>	<b>5 = Other income</b>
<b>3 = Accrual sales</b>	

	2018 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ _____ [37]	_____
Beginning inventory of livestock and other items (Accrual method)	+ _____ [39]	_____
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [41]	_____
Ending Inventory of livestock and other items (Accrual method)	+ _____ [43]	_____
Total cooperative distributions you received	+ _____ [45]	_____
Taxable cooperative distributions you received	+ _____ [47]	_____

	2018 Total	2018 Taxable	Prior Year Information
Agricultural program payments	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____

	2018 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	_____ [52]	_____
Commodity credit loans reported under election:	_____ [54]	_____
_____	_____ [56]	_____
Total commodity credit loans forfeited	+ _____ [56]	_____
Taxable commodity credit loans forfeited	+ _____ [58]	_____

	2018 Total	2018 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2018	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Mark if electing to defer crop insurance proceeds to 2019	_____ [63]	_____	_____
Crop insurance proceeds deferred from 2017	+ _____ [65]	_____	_____

**1** Preparer use only

Description

	2018 Information	Prior Year Information
Car and truck expenses	+ _____ [5]	_____
Chemicals	+ _____ [7]	_____
Conservation expenses	+ _____ [9]	_____
Carryover from prior years	+ _____ [11]	_____
Custom hire (machine work)	+ _____ [13]	_____
Depreciation	+ _____ [15]	_____
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	+ _____ [17]	_____
Feed purchased	+ _____ [19]	_____
Fertilizers and lime	+ _____ [21]	_____
Freight and trucking	+ _____ [23]	_____
Gasoline, fuel, and oil	+ _____ [25]	_____
Insurance (Other than health)	+ _____ [28]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Mortgage interest (Paid to banks, etc.)	+ _____ [30]	_____
_____	+ _____	_____
_____	+ _____	_____
Other interest	+ _____ [32]	_____
Labor hired (Less employment credit)	+ _____ [34]	_____
Pension and profit sharing	+ _____ [36]	_____
Rent - vehicles, machinery, and equipment	+ _____ [38]	_____
Rent - other	+ _____ [40]	_____
Repairs and maintenance	+ _____ [42]	_____
Seed and plants purchased	+ _____ [44]	_____
Storage and warehousing	+ _____ [46]	_____
Supplies purchased	+ _____ [48]	_____
Taxes:	+ _____ [50]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Utilities	+ _____ [52]	_____
Veterinary, breeding, and medicine	+ _____ [54]	_____
Other expenses:	+ _____ [56]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Preproductive period expenses	+ _____ [58]	_____

If you used your automobile for business purposes, please complete the following information.

**C** **1** Preparer use only

Description of business or profession **SCHEDULE C, PART 2** [3]

**Vehicles**

Vehicle 1 -	Date placed in service		<b>01/01/15</b>	[4]
	Description	<b>SAMPLE</b>		[5]
	Comments			
Vehicle 2 -	Date placed in service			[9]
	Description			[10]
	Comments			
Vehicle 3 -	Date placed in service			[14]
	Description			[15]
	Comments			
Vehicle 4 -	Date placed in service			[19]
	Description			[20]
	Comments			

**Vehicle Questions**

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	[60]	—	[62]	—	[64]	—	[66]	—
Was another vehicle available for personal use? (Y, N)	[68]	—	[70]	—	[72]	—	[74]	—
Do you have evidence to support your deduction? (Y, N)	[76]	—	[78]	—	[80]	—	[82]	—
Is this evidence written? (Y, N)	[84]	—	[86]	—	[88]	—	[90]	—

**Vehicle Expenses**

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	[32]		[34]		[36]		[38]	
Commuting miles	[42]		[44]		[46]		[48]	
Business miles	[52]		[54]		[56]		[58]	
Parking fees	+ [92]		+ [94]		+ [96]		+ [98]	
Tolls	+ [100]		+ [102]		+ [104]		+ [106]	
Gasoline	+ [108]		+ [110]		+ [112]		+ [114]	
Oil	+ [116]		+ [118]		+ [120]		+ [122]	
Repairs	+ [124]		+ [126]		+ [128]		+ [130]	
Maintenance	+ [132]		+ [134]		+ [136]		+ [138]	
Tires	+ [140]		+ [142]		+ [144]		+ [146]	
Car washes	+ [148]		+ [150]		+ [152]		+ [154]	
Insurance	+ [156]		+ [158]		+ [160]		+ [162]	
Interest	+ [164]		+ [166]		+ [168]		+ [170]	
Registration	+ [172]		+ [174]		+ [176]		+ [178]	
Licenses	+ [180]		+ [182]		+ [184]		+ [186]	
Property taxes	+ [188]		+ [190]		+ [192]		+ [194]	
Other vehicle expenses†	+ [196]		+ [198]		+ [200]		+ [202]	
Vehicle rentals	+ [204]		+ [206]		+ [208]		+ [210]	
Inclusion amt (Preparer only)	[212]		[214]		[216]		[218]	
Depreciation	+ <b>100</b> [220]		+ [222]		+ [224]		+ [226]	



**C** **1** Preparer use only

Principal business or profession  
Taxpayer/Spouse/Joint (T, S, J)  
State postal code

**SCHEDULE C, PART 2**

[3]

[4]

**WI**[5]

**Business Use of Home**

	2018 Information	Prior Year Information
Total area of home	_____ [14]	_____
Area used exclusively for business	_____ [16]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [18]	_____
Total hours used this year, if less than 8760	_____ [20]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [22]	_____
Area used partly for day-care business	_____ [24]	_____

**List as direct expenses any expenses which are attributable only to the business part of your home.**  
**List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.**

	2018 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest:	+ _____ [29]	+ _____ [31]	_____
Mortgage insurance premiums	+ _____ [34]	+ _____ [35]	_____
Real estate taxes:	+ _____ [37]	+ _____ [39]	_____
Excess mortgage interest and insurance premiums	+ _____ [42]	+ _____ [43]	_____
Insurance	+ _____ [48]	+ _____ [50]	_____
Rent	+ _____ [54]	+ _____ [55]	_____
Repairs & maintenance	+ _____ [57]	+ _____ [58]	_____
Utilities	+ _____ [60]	+ _____ [61]	_____
Other expenses, such as: Supplies & Security system	+ _____ [63]	+ _____ [64]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [66]	_____
Carryovers:			_____
Operating expenses		+ _____ [67]	_____
Casualty losses		+ _____ [68]	_____
Depreciation		+ _____ [70]	_____
Business expenses not from business use of home, such as:			_____
Travel, Supplies, Business telephone expenses		+ _____ [71]	_____
Depreciation		+ _____ [75]	_____

**NOTES/QUESTIONS:**

C 1 Preparer use only

Activity name SCHEDULE C, PART 2

HOW TO REPORT DISPOSALS: Use the blank line directly below the asset information to indicate any asset disposals. Enter the date of the disposal and/or sale proceeds, if applicable. Enter additional information regarding the asset disposal in the comments section, such as if the asset was sold on installment, traded for other asset(s), disposed of due to casualty, or sold to a related party. See the EXAMPLE asset below.

Table with columns: Asset No., Description of Property (Comments), Date in Service (Date Sold/Disposed), Cost or Basis (Sales Price). Includes example rows for 'Machinery and equipment' and 'HOME OFFICE'.



**C** **1** Preparer use only

Activity name **SCHEDULE C, PART 2**

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

		Description of Asset Acquired	Date Acquired	Cost or Basis
<b>EXAMPLE</b>		2018 Model T - (EXAMPLE ASSET)	03/09/18	25,750
	Comments:	22,500 job-related miles, 25,000 total miles		
1	Comments:			
2	Comments:			
3	Comments:			
4	Comments:			
5	Comments:			
6	Comments:			
7	Comments:			
8	Comments:			
9	Comments:			
10	Comments:			
11	Comments:			
12	Comments:			
13	Comments:			
14	Comments:			
15	Comments:			
16	Comments:			
17	Comments:			
18	Comments:			
19	Comments:			
20	Comments:			
21	Comments:			
22	Comments:			
23	Comments:			
24	Comments:			
25	Comments:			

**F** **1** Preparer use only

Activity name **SCHEDULE F**

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

		Description of Asset Acquired	Date Acquired	Cost or Basis
<b>EXAMPLE</b>		2018 Model T - (EXAMPLE ASSET)	03/09/18	25,750
	Comments:	22,500 job-related miles, 25,000 total miles		
1	Comments:			
2	Comments:			
3	Comments:			
4	Comments:			
5	Comments:			
6	Comments:			
7	Comments:			
8	Comments:			
9	Comments:			
10	Comments:			
11	Comments:			
12	Comments:			
13	Comments:			
14	Comments:			
15	Comments:			
16	Comments:			
17	Comments:			
18	Comments:			
19	Comments:			
20	Comments:			
21	Comments:			
22	Comments:			
23	Comments:			
24	Comments:			
25	Comments:			

**“Your family” for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. Please provide all copies of Form(s) 1095-B and/or 1095-C**

Was your entire family covered for the full year with minimum essential health care coverage? (Y, N) **2018 Information** N<sup>[1]</sup> **Prior Year Information**  

**If your entire family was not covered for the full year with minimum essential health care coverage, enter information for all family members who are covered, or are exempt from the requirement to maintain minimum essential health coverage. Enter either the Exemption Certificate Number issued by the Marketplace, or the Other Exemption Type you are claiming. Mark Full Year if the coverage or exemption is for the entire year, otherwise indicate the Start Month and End Month.**

Social Security No.	First Name	Last Name	Exemption Certificate Number	Coverage/Exemption Type *	Full Year	Start Month	End Month
_____	_____	_____	_____	—	—	—	— <sup>[7]</sup>
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—

**\*Other Exemption Type Codes**

A = Unaffordable coverage	F = Incarcerated individual
B = Short coverage gap	G = Hardship (combined coverage unaffordable, initial open enrollment, CHIP)
C = Exempt noncitizen	H = Member of tax household born, adopted, or died
D = Health care sharing ministry	X = Insured with minimum essential coverage (coverage info found on Form(s) 1095-B or 1095-C)
E = Indian tribe member	

	<b>2018 Information</b>			<b>Prior Year Information</b>
	<b>Taxpayer</b>	<b>Spouse</b>		
Self-employed health insurance premiums: (Not entered elsewhere)	_____ + _____ <sup>[13]</sup>	_____ + _____ <sup>[14]</sup>		<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
_____	_____ + _____	_____ + _____		
Self-employed long-term care premiums: (Not entered elsewhere)	_____ + _____ <sup>[16]</sup>	_____ + _____ <sup>[17]</sup>		
_____	_____ + _____	_____ + _____		

**NOTES/QUESTIONS:**

## Wisconsin General Information

City of residence \_\_\_\_\_ [1]  
 Village of residence \_\_\_\_\_ [2]  
 Town of residence \_\_\_\_\_ [3]  
 County of residence \_\_\_\_\_ [4]  
 School district \_\_\_\_\_ [5]  
 Mark if divorce decree \_\_\_\_\_ [6]  
 Enter rent paid:  
     Heat included \_\_\_\_\_ [7]  
     Heat not included \_\_\_\_\_ [8]

## Use Tax

Mark if not subject to Use Tax \_\_\_\_\_ [9]

	County	Purchases
Sales and use tax on out-of-state purchases	_____	_____ [10]
Sales and use tax on out-of-state purchases	_____	_____
Sales and use tax on out-of-state purchases	_____	_____

## Contributions

### Amount of charitable contributions you wish to make to:

Cancer research	_____ [11]	Red Cross WI disaster relief	_____ [15]
Endangered resources	_____ [12]	Second Harvest / Feeding America	_____ [16]
Military family relief	_____ [13]	Special Olympics Wisconsin	_____ [17]
Multiple sclerosis	_____ [14]	Veterans trust fund	_____ [18]

## Part-year Resident and Nonresident Information

Residency code \_\_\_\_\_ [19]

### Residency code

<b>Blank = Both spouses have the same residency status (Default)</b> <b>1 = Taxpayer nonresident, spouse resident</b> <b>2 = Taxpayer resident, spouse nonresident</b> <b>3 = Taxpayer part-year, spouse nonresident</b>	<b>4 = Taxpayer nonresident, spouse part-year</b> <b>5 = Taxpayer resident, spouse part-year</b> <b>6 = Taxpayer part-year, spouse resident</b>
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If you were a part-year resident during the tax year, enter the dates you lived in Wisconsin

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [20]	_____ [22]
To	_____ [21]	_____ [23]
State of residency (Nonresidents only)	_____ [24]	_____ [25]
Country of residency (Nonresidents only)	_____ [26]	_____ [27]
Nonresident aliens:		
Taxpayer or Spouse is a U.S. citizen or a resident alien		_____ [28]
Resident of:	IL _____ [29]	IN _____ [30]
	KY _____ [31]	MI _____ [32]

## NOTES/QUESTIONS: