PERSONAL TAX QUESTIONNAIRE YEAR____

LAST NAME (PLEASE PRINT OR TYPE)			FIRST NAME & INITIAL			SPOUSE'S	5 FIRST NAME	& INITIAL
			(HUSBAND'S IF	COMBINED	RETURN)			
			YOUR SSN		:	SPOUSE'S	5 SSN	
HOME ADDRESS (NUMBER AND STREET OR RURAL	ROUTE)			-		Telepho	ONE NUMBER	2
CITY OR POST OFFICE STATE			ZIP CODE	ZIP CODE () -				
OF: City Village Township			COUNTY o	DF:			-	
TAXPAYER'S OCCUPATION	Taxpayer's D	ate of Birth	SPOUSE'S (OCCUPATION			SPOUSE'S DATE OF BIRTH	
		DI	EPEND	ENT	S			
Dependents Name		DATE OF	Relationship	SOCIAL S	Security Number	!	Number of m	ONTHS
		BIRTH				_	LIVED IN HO	ME
1								
2								
3								
4								
4								
5						I		
6								

OTHER ITE	MS:	ESTIMATED TAX PAYMENTS MADE FOR CURRENT YEAR					
ATTACH SUPPLEMENTARY S	CHEDULES WITH FULL		Federal	State			
DETAILS IN ALL CASES IF	F ANSWERED YES.	Full Credit from Prior Year					
		Actual Cash Payments					
BUSINESS INCOME	YES NO	April 15					
Farm Income	YES NO	JUNE 15					
Rental Income	YES NO	September 15					
SALE OF PERSONAL RESIDENCE	YES NO	Dec or Jan 15					
SALES OF PROPERTY	YES NO						
MOVING EXPENSE	YES NO	TOTAL CREDITS & PAYMENTS					
Casualty or Theft Losses	YES NO						
		DID YOU RECEIVE ESTIMATED TAX VOUCHE	rs? Federal Y N	State Y N			
		STATE INCOME TAX REFUND	\$				
		FEDERAL INCOME TAX REFUND	\$				
IF YOU HAVE INCOME FROM A PAR	TNERSHIP OR A SMALL	STATE TAX PAID LAST YEAR	\$				
BUSINESS CORPORATION, PLEASE	ATTACH FORM K-1.	FEDERAL TAX PAID LAST YEAR	\$				

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PO Box 412 Trempealeau, WI 54661

INCOME

SALARIES & WAGES (BRING IN ALL W-2'S)	\$
UNEMPLOYMENT COMPENSATION RECEIVED (BRING IN STATEMENTS)	\$
SOCIAL SECURITY OR RAILROAD RETIREMENT RECEIVED (BRING IN STATEMENTS)	\$
Alimony Received	\$
ANNUITIES OR PENSIONS RECEIVED (BRING IN STATEMENTS)	\$

ADJUSTMENTS TO INCOME

PAYMENTS TO TRADITIONAL INDIVIDUAL RETIREMENT ACCOUNT	\$
PAYMENTS TO A SEP OR A KEOGH RETIREMENT PLAN	\$
INTEREST PENALTY ON EARLY WITHDRAWAL OF SAVINGS	\$
ALIMONY PAID - RECIPIENT'S SSN:	\$
STUDENT LOAN INTEREST	\$
MEDICAL SAVINGS ACCOUNT	\$
TEACHER'S CLASSROOM EXPENSE	\$

ADDITIONAL INFORMATION

EDUCATIONAL CREDIT

Student Name	Relationship	TOTAL TUITION	GRANTS & SCHOLAR-	QUALIFYING	INSTITUTION ATTENDED
	to Taxpayer	and Fees	SHIPS RECEIVED	Credit	
	TAXPAYER			HOPE	
	DEPENDENT				
	TAXPAYER			HOPE	
	DEPENDENT				5
	TAXPAYER			HOPE	
	DEPENDENT				<u>-</u>
	TAXPAYER			HOPE	
	D DEPENDENT				-
	TAXPAYER			• НОРЕ	
	D DEPENDENT				-

INTEREST RECEIVED (BRING IN STATEMENTS)

FROM		FROM	
	\$		\$

DIVIDENDS RECEIVED (BRING IN STATEMENTS)

DIVIDEND PAYER	TOTAL		PORTION OF TOTAL DISTRIBUTION WHICH IS							
COMPANY	DISTRIBUTIO	N	ORDINAF	RY	CAPITAL G	AIN	NON-		OTHER	
			DIVIDEN	D	DIVIDENI)	TAXABLE	-		
	\$		\$		\$		\$		\$	
								<u> </u>		
			}	{				<u> </u>	}	

CAPITAL GAINS OR LOSSES

NAME	NUMBER	ACQUIRED		SOL	_D
	OF	DATE	AMOUNT	DATE	AMOUNT
	SHARES				
			\$		\$
			1 8		

CHILD AND DEPENDENT CARE

Address	Identification	Amount
(NUMBER, STREET, CITY, STATE, ZIP CODE)	NUMBER (SSN OR EIN)	Paid
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	(NUMBER, STREET, CITY, STATE, ZIP CODE)	

YOU CAN NOT TAKE A CREDIT FOR AMOUNTS PAID TO YOUR DEPENDENTS

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## **ITEMIZED DEDUCTIONS** DID YOU ITEMIZE DEDUCTIONS LAST YEAR?

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#### MEDICAL EXPENSES

LIFE INSURANCE IS NOT DEDUCTIBLE				
ACCIDENT INSURANCE IS NOT DEDUCTIBLE				
Self-Employed Health Insurance				
Other Health Insurance				
Prescription Drugs and insulin				
Doctors, Hospital, Dentists, Chiropractor, Ambulance				
MEDICAL EQUIPMENT, GLASSES				
TRAVEL FOR MEDICAL (MILES )				
OTHER:				
LONG TERM CARE INSURANCE				

#### INTEREST EXPENSE (LIST NAMES OF CREDITORS)

Home Mortgage	
Second Home Mortgage	
Home Equity Loan	
INVESTMENT INTEREST	

# TAXES

Real Estate Taxes - Home	
Real Estate Taxes - Other	
Personal Property Tax	
STATE INCOME TAX (SPECIFY)	

#### CONTRIBUTIONS

Non-cash Items to Charity	
Use of Vehicle for Charity (miles)	

#### MISCELLANEOUS

Union/Professional Dues	
Equipment/Tools Needed in Job	
Trade Journals	
SUPPLIES NEEDED IN JOB	
Uniforms - Cost/Dry Cleaning	
JOB RELATED EDUCATION	
JOB HUNTING EXPENSES	
Telephone - Business Related	
Tax Preparation/Consulting Fees	

#### EMPLOYEE BUSINESS EXPENSE

Business MilesTotal Mil	LES
Auto Expense	
Fares for Airplane, Bus, Train, Taxicabs, To	ILLS
MEALS AND TIPS WHILE AWAY FROM HOME OVERN	NGHT
Days	
Client Lunches and Beverages	
BUSINESS ENTERTAINMENT AND TICKETS	
Lodging While Away From Home	

#### EMPLOYER'S REIMBURSMENTS

(OTHER THAN AMOUNTS INCLUDED ON W-2)

Rent Paid - Heat Included	
	8
Rent Paid - Heat Not Included	8

**RENT OF PRIMARY RESIDENCE** 

For Meals and Entertainment For Other Items

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#### PO Box 412 Trempealeau, WI 54661

#### Fax (608) 534-5062