

**TAX ORGANIZER**  
**McMahon - Veltus, S.C.**  
**(262) 886-3536**

This Tax Organizer is designed to help you gather the tax information needed to prepare your personal income tax return.

If you normally drop off your income tax information without an appointment, please do so once you feel you have received all of your documents. If you feel you need to set up an appointment to review your tax information, please follow the appointment schedule below:

	<u>Racine</u>	<u>Union Grove</u>	<u>Burlington</u>
Jim Carlson	By appointment	Saturday 1pm - 5pm	Saturday 8am - 11:30am
Jarod Pobst	By appointment	By appointment	By appointment
Donna Lane			By appt. (262) 763-3575

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.

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 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,

McMahon Veltus, S.C.

<u>Location</u>		<u>Telephone</u>	<u>Fax number</u>
Racine	(7033 Washington Ave.)	262-886-3536	262-886-5056
Union Grove	(901 Main St.)	262-878-3667	262-878-3704
Burlington	(140 W. Chestnut St.)	262-763-3575	262-763-8179

**Client Questionnaire**

Please check the appropriate box and include all necessary details and documentation.

Taxpayer Full Name: \_\_\_\_\_ DOB \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse Full Name: \_\_\_\_\_ DOB \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Dependents**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any 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?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<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"/>

<b>Purchases, Sales and Debt Information</b>		
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, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>

Yes No

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did you purchase or sell a principal residence during the year?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you foreclose or abandon a principal residence or real property during the year?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you acquire or dispose of any stock during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you take out a home equity loan this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance a principal residence or second home this year?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell an existing business, rental, or other property this year?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you lend money with the understanding of repayment this year and it became totally uncollectable? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any debts canceled or forgiven this year, such as home mortgage or student loans?        | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year? | <input type="checkbox"/> | <input type="checkbox"/> |

### Income Information

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 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 income from property sold prior to this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any unemployment benefits during the year?  | <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?   | <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"/> |

### Retirement Information

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 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?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?                            | <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? | <input type="checkbox"/> | <input type="checkbox"/> |

### Education Information

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 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?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Did anyone in your family receive a scholarship of any kind during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any withdrawals from an education savings or 529 Plan account?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any student loan interest this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you cash any Series EE or I U.S. Savings bonds issued after 1989?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to an education savings or 529 Plan account?  | <input type="checkbox"/> | <input type="checkbox"/> |

### Itemized Deduction Information

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Did you incur a casualty or theft loss or any condemnation awards during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay out-of-pocket medical expenses (Co-pays, prescription 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? If yes, attach Form 1098-C or other written acknowledgement from the donee organization.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any major purchases during the year (cars, boats, etc.)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?  | <input type="checkbox"/> | <input type="checkbox"/> |

**Yes      No**

## Miscellaneous Information

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Did you make gifts of more than \$17,000 to any individual?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you utilize an area of your home for business purposes?  | <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 Internal Revenue Service? If yes, explain: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? If yes, attach the IRS letter.                             | <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"/> |

## Health Care Information

### (If information is not provided you could be subject to a penalty)

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of 2023 for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did anyone in your family qualify for an exemption from the health care coverage mandate? (Exemptions include: Indian tribe membership, health sharing ministry, incarceration, exempt non-citizen or economic hardship? If you received an exemption certificate, please attach or include certificate with your information)      | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide any Form(s) 1095-A you received. If you received a Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) please provide our office with the form(s). | <input type="checkbox"/> | <input type="checkbox"/> |

## Health Savings Accounts (HSA)

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did you make any contributions to a Health savings account (HSA) or Archer MSA?   | <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? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay long-term care premiums for yourself or your family?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are a business owner, did you pay health insurance premiums for your employees this year?                        | <input type="checkbox"/> | <input type="checkbox"/> |

## Reminders

- If you would like a direct deposit of any tax refunds, please bring in a copy of a blank or canceled check to verify your account number with our records.
- If your household income is less than \$24,680, please bring in a copy of your real estate property tax bill or a renters certificate.
- |   |                          |                          |
|---|--------------------------|--------------------------|
| If you paid rent in 2023, what was the amount _____? Was heat included? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|