



8080 Conser Street
Overland Park KS 66204
Phone: 913-262-1116

Questionnaire

www.WCUnlimited.com

Name

PLEASE ATTACH FOLLOWING FORMS

- Form W-2/Retirement Income 1099-R / SS 1099-SSA
- Bank Interest (Form 1099-INT)
- Dividend Income (Form 1099-DIV)
- Gross Proceeds Stock Sale (Form 1099-B)
 - Cost basis for stock sold (what you paid for it)

- Education Tuition Expense (Form 1098-T)
- Unemployment (Form 1099-G)
- State Refund (Form 1099-G)
- Gambling Winnings (Form W2-G)

SELF-EMPLOYED

MISCELLANEOUS INCOME

- Attach Miscellaneous Income (Form 1099-Misc)
- Attach a list of Expenses
- See www.WCUnlimited.com for separate form

Jury Duty:

DEPENDENT CARE

Name:

Address:

City: State: Zip:

SS# or EIN#: Amount:

Student Loan Interest Paid

Taxpayer's Student Loan:

Spouse's Student Loan:

OTHER TAXES PAID

Real Estate on Principal Residence:

Real Estate on Second Residence:

Personal Property Tax on Cars:

Prior year taxes paid to State(s):

Alimony

Paid or Received

To/From:

Social Security# Yearly Amount

ESTIMATED TAXES PAID (Please do not include taxes withheld)

	IRS	KS	MO
CreditForward	<input type="text"/>	<input type="text"/>	<input type="text"/>
1st Quarter	<input type="text"/>	<input type="text"/>	<input type="text"/>
2rd Quarter	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd Quarter	<input type="text"/>	<input type="text"/>	<input type="text"/>
4th Quarter	<input type="text"/>	<input type="text"/>	<input type="text"/>

IRA

Traditional IRA or Roth IRA

Taxpayer's Contribution:

Spouse's Contribution:

BUSINESS MILES DRIVEN

Subject to 2% of AGI or Total amount if Self-employed

Date car was put into service:

Total Miles Driven for the year:

Total BUSINESS Miles Driven:

Employer Reimbursement:

MORTGAGE INTEREST PAID (Form 1098)

Home mortgage:

2nd Home mortgage:

Mortgage Insurance Premiums

CASH AND CHECK CONTRIBUTION(S)

Charity: Amount:

Charity: Amount:

Charity: Amount:

Charity: Amount:

Charity: Amount:

Charity: Amount:

Charity: Amount:

Charity: Amount:

Charity: Amount:

PROPERTY CONTRIBUTION(S) Total over \$500, need more info
See www.WCUnlimited.com for separate form

HOME OFFICE EXPENSES

Subject to 2% of **AGI** or Total amount if Self-employed

Total Home sq ft: Office sq ft:

Utilities: Insurance:

Rent Expense:

MEDICAL EXPENSES: Out of pocket expenses

Subject to 10% of AGI

AFTER TAX INSURANCE PREMIUMS: Paid with dollars that have all ready been taxed. (Health, Co-Insurance, Dental)

Taxpayer: Spouse:

MEDICARE PREMIUMS

Taxpayer: Spouse:

LONG TERM CARE INSURANCE

Taxpayer: Spouse:

MISCELLANEOUS MEDICAL EXPENSES

Prescriptions: Dentist(s):

Doctor(s): Glasses:

Hearing Aid(s): Ambulance:

Taxpayer Medical Miles: Supplies:

Spouse Medical Miles:

MISCELLANEOUS EXPENSES: Subject to 2% of AGI

Union Dues: Tools:

Safe Deposit Box: Uniforms:

Investment Fees: Non-Reimbursed:

Continuing Edu.: Tax prep:

RENTAL INCOME/EXPENSE: Per Rental Unit, more the 1 rental

See www.WCUnlimited.com for separate form

* Attach worksheet if available

Address:

Rental Income: Insurance:

Mortgage Interest: RE Taxes:

Repairs/Maintenance: Other Expense:

To the best of my knowledge and belief the information on this questionnaire are true and correct:

Signature

Spouse

Date