

NAME:

PLEASE ATTACH THE FOLLOWING FORMS

Form W-2 / Retirement Income 1099-R / SS 1099-SSA

Bank Interest (Form 1099-INT)

Dividend Income (Form 1099-B)

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-code:

Amount:

SSN or EIN:

STUDENT LOAN INTEREST PAID

Taxpayer's Student Loan:

Spouse's Student Loan:

TAXES PAID

Real Estate on Principal Residence:

Real Estate on Second Residence:

Personal Property Tax on Cars:

Prior Year Taxes Paid to State:

ALIMONY (FINALIZED PRIOR TO DEC 31, 2018)

Paid Received

To/From:

SSN: Yearly Amount:

Date Finalized:

ESTIMATED TAXES PAID

	IRS	KS	MO
Credit Fwd:	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 st Quarter:	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 nd Quarter:	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 rd Quarter:	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 th Quarter:	<input type="text"/>	<input type="text"/>	<input type="text"/>

IRA Traditional or Roth IRA

Taxpayer's Contribution:

Spouse's Contribution:

BUSINESS MILES DRIVEN - SCHEDULE C ONLY

Date Car Put Into Service:

Total Miles Driven for Year:

BUSINESS Miles Driven for Year:

Employer Reimbursement:

MORTGAGE INTEREST PAID (FORM 1098)

Home Mortgage:

2nd Home Mortgage:

Mortgage Insurance Premiums:

CASH AND CHECK CONTRIBUTIONS(S)

Charity: Amount:

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 - SCHEDULE C ONLY

Total Home Sq Ft: Office Sq Ft:

Utilities: Insurance:

Rent Expense:

SIGNATURE(S)

To the best of my knowledge and belief, the information on this questionnaire is true and correct.

Signature: _____

Spouse: _____

Date: _____

MEDICAL EXPENSES (OUT OF POCKET)

SUBJECT TO 7.5% OF AGI

AFTER TAX INSURANCE PREMIUMS

Paid with dollars that have already been taxed. (Health, Co-Insurance, Dental)

Taxpayer:

Spouse:

MEDICARE PREMIUMS

Taxpayer:

Spouse:

LONG TERM CARE INSURANCE

Taxpayer:

Spouse:

ESTIMATED TAXES PAID

Prescriptions: Dentist(s):

Doctor(s): Glasses:

Hearing Aid(s): Ambulance:

Supplies:

Taxpayer Medical Miles:

Spouse Medical Miles:

RENTAL INCOME / EXPENSE

See www.WCUnlimited.com if more than 1 rental*.

*Attach worksheet if available.

Address:

Rental Income: Insurance:

Mortgage Interest: RE Taxes:

Repairs/Maintenance: Other Expense: