

PERSONAL INFORMATION (NON-BUSINESS) LFM INCOME TAX QUESTIONNAIRE TAX YEAR 2016

Completing the attached **Personal** Questionnaire will help us get you the tax deductions you deserve.

This questionnaire is for **PERSONAL** income and itemized deductions. All business information is recorded on the business questionnaire, record book or QuickBooks.

A separate worksheet is included for business or rental income.

- **Returning Clients:** New Client Information & Dependents (Items 1 & 2) —complete only if you have changes or additions from 2015. Answer all remaining questions on the 1st page and complete the rest of the questionnaire. Cross out or write N/A by questions that do not pertain to you.
- **New Clients:** Complete the entire questionnaire and bring copies of your 2014 and 2015 tax returns. Cross out or write N/A by questions that do not pertain to you.

Checklist of Items to Provide

- A Copy of your 2015 tax return.
- Original Form(s) W-2.
- Form(s) 1099
(or other statements showing dividend, interest, unemployment, pension, or other compensation).
- Stock, bond brokerage transaction statements.
- Form(s) 1098 reporting interest paid.
- Form 1098-T for college tuition.
- Copies of real estate tax bills paid in 2016.
- Closing statement copies regarding sale or purchase of real property.
- Schedule(s) K-1 showing income/loss from partnerships, S corporations or estates or trust.
- Proof of health insurance: Form 1095-A, 1095-B or 1095-C. (These forms are provided by either your employer, health insurance provider or healthcare.gov marketplace).
- All other information notices you received, or have questions about.

Lakeshore Farm Management

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Phone: 920-775-3900 or 1-800-817-3901

Fax: 920-775-3901

CLIENT TAX ORGANIZER TAX YEAR 2016

Please complete this organizer before your appointment.

Please fill in all blanks.... Write NA (not applicable) if the item does not pertain to you.

1. New Client Information	Taxpayer	Spouse		
First Name & Middle Initial				
Last Name				
Social Security Number				
Date of Birth				
Occupation				
E-mail address				
Home Phone				
Cell Phone				
Address			Apt # >	
City		State >		Zip >
School District				

Taxpayer Legally Blind? Yes No

Spouse Legally Blind? Yes No

Taxpayer Disabled? Yes No

Spouse Disabled? Yes No

Pres. Campaign Fund Yes No

Spouse Pres. Camp. Fund Yes No

2. Dependents (Children & Others) <i>Returning clients skip this section if dependents have NOT changed from 2014</i>							
Dependent's Name	Relationship to You	Date of Birth	Social Security #	Months Lived With You	Disabled?	Full-Time Student?	Gross Income

Please answer the following questions to determine maximum deductions:

- | | |
|---|---|
| <p>1. Did your marital status change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did your address change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Were there any changes in your dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Did you receive unreported tip income of \$20 or more in any month of 2016? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Did you receive any unemployment or disability income? BRING THE 1099-G <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Did you buy or sell any stocks bonds or other investment property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Did you convert part or all of your SEP, traditional IRA, SIMPLE to a ROTH IRA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Could you be claimed as a dependent on another person's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Did you make a contribution to a retirement plan (401K, IRA, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Do you intend to make a contribution to a retirement plan (401K, IRA, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you receive a distribution from a retirement plan (401K, IRA, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>12. May the IRS discuss return with your preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Do you have foreign income? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did you pay anyone for childcare services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Do you give permission for Lakeshore Farm Mgmt to access IRS and State Information on-line? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Did you give a gift of more than \$14,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Did you go through bankruptcy, foreclosure, or repossession of property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Did you incur a loss because of damaged or stolen property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Were you notified or audited by either the IRS or the State of Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Did you buy any merchandise from out-of-state for which you DID NOT pay sales or use tax? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Did you work from a home office or use your car for business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Did you contribute to an Edvest or Tomorrow's Scholar college savings plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|---|

23. Do you want tax payment or refund directly withdrawn/deposited? Yes No If yes, please complete following items:
 Financial Institution: _____ Routing # _____ Account# _____

Is this a checking or a savings account? _____

Place a mark in the corresponding Taxpayer and/or Spouse box if you respond "YES" to the questions below.

	Taxpayer	Spouse
3) Did you receive income from an employer?		
If yes, attach all W-2 or 1099-Misc forms from every employer you worked for in 2016.		

	Taxpayer	Spouse
4) Did you receive income from Pension, Annuities, Profit Sharing, IRA's, etc.?		
If yes, attach all 1099-R forms from every retirement fund you received money from.		

	Taxpayer	Spouse
5) Did you receive income from Social Security and/or Railroad Benefits?		
If yes, attach all SSA-1099 forms.		

	Taxpayer	Spouse
6) Did you receive income from a Partnership, Trust, or Estate?		
If yes, attach Form K-1 for any and all entities.		

	Taxpayer	Spouse
7) Did you receive income from Dividends?		
If yes, attach Form 1099-DIV for any and all investment sources.		

	Taxpayer	Spouse
8) Did you make any contributions or distributions to an HSA (Health Savings Acct)?		
If yes, include statement of account balance.		

	Taxpayer	Spouse
9) Did you receive any interest income?		
If yes, attach Form 1099-INT or list below if did not receive a Form 1099-INT.		

	Taxpayer	Spouse
10) Did you sell any property?		
If yes, attach all 1099-S forms and closing statements, or list below if you did not receive any forms.		

Property	Date Acquired	Original Cost plus Improvements

	Taxpayer	Spouse
11) Did you sell any investments?		
If yes, attach form 1099-B, if you did not receive a 1099-B, list investments below.		

Investment	Date Acquired	Date Sold	Cost	Sale Price

12) If you received any of the following income, list the amount received and attach supporting documents.			
Unemployment	\$	Alimony Received	\$
Gambling/Lottery Winnings	\$	Disability Income	\$
State Income Tax Refund	\$	Jury Duty Pay	\$

13) If you had any of the following adjustments to income, list amounts and attach supporting documents.			
IRA/SEP Contributions-Taxpayer	\$	IRA/SEP Contributions-Spouse	\$
Educator Expenses	\$	Student Loan Interest	\$
Alimony Paid	\$	Name & SS of alimony pd to:	

List the \$ for expenses listed. Please list only personal expenses not expenses for your business.

14) Medical/Dental Expenses Paid by You a) Prescription Medications b) Medical Insurance premium paid by you (out of pocket). Do not include premiums taken off your payroll check pre-tax. c) Long Term Care Insurance d) Fees for doctors, dentist, etc. e) Fees for hospitals, clinics, etc. f) Lab and x-ray fees. g) Eyeglasses and contact lenses h) Mileage (list number of miles) i) Other Medical/Dental expenses.	List Dollar Amount

15) Taxes Paid--attach property tax bills a) Property Taxes b) Personal Property Taxes d) Other	List Dollar Amount

16) Interest Paid--Attach any 1099-Int or supporting documents. a) Mortgage Interest b) Interest paid to an individual for your home. Name, Address & Social Security # of Individual:	List Dollar Amount

17) Estimated Tax Payments for 2016 April 15, 2016 Payment June 15, 2016 Payment September 15, 2016 Payment January 15, 2017 Payment	Federal Amount Pd	State Amount Pd

18) Charitable Contributions--Attach documentation for noncash. a) Church b) United Way c) Telethons/Heart, Lung Cancer Etc. d) Other e) List Non-cash Contributions--example: Goodwill/Salvation Army Etc. Non-cash Contributions--Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property. f) List number of volunteer miles driven not reimbursed for.	List Dollar Amount

19) Miscellaneous/Unreimbursed Employee Expenses (not business expenses deducted elsewhere).			
Dues--union, professional--work related		Books,subscriptions, supplies--work related	
Licenses--work related		Tools,equipment, safety equipment--work	
Uniforms (including cleaning)--work related		Tuition, Books--work related	
Tax Preparation Fee		Safe Deposit Box Fee	
IRA Custodial Fees		Investment periodicals, advisory fees	
Job Search Expense		Moving--work related	

