

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 TO TAXPAYER	TOTAL TUITION AND FEES	GRANTS & SCHOLARSHIPS RECEIVED	QUALIFYING CREDIT	INSTITUTION ATTENDED
	<input type="checkbox"/> TAXPAYER <input type="checkbox"/> DEPENDENT			<input type="checkbox"/> HOPE <input type="checkbox"/> LIFETIME	
	<input type="checkbox"/> TAXPAYER <input type="checkbox"/> DEPENDENT			<input type="checkbox"/> HOPE <input type="checkbox"/> LIFETIME	
	<input type="checkbox"/> TAXPAYER <input type="checkbox"/> DEPENDENT			<input type="checkbox"/> HOPE <input type="checkbox"/> LIFETIME	
	<input type="checkbox"/> TAXPAYER <input type="checkbox"/> DEPENDENT			<input type="checkbox"/> HOPE <input type="checkbox"/> LIFETIME	
	<input type="checkbox"/> TAXPAYER <input type="checkbox"/> DEPENDENT			<input type="checkbox"/> HOPE <input type="checkbox"/> LIFETIME	

COULEE **B**USINESS **S**ERVICES, INC.

(608) 534-5052

PO Box 412
TREMPEALEAU, WI 54661

Fax (608) 534-5062

INTEREST RECEIVED (BRING IN STATEMENTS)

FROM		FROM	
	\$		\$

DIVIDENDS RECEIVED (BRING IN STATEMENTS)

DIVIDEND PAYER COMPANY	TOTAL DISTRIBUTION	PORTION OF TOTAL DISTRIBUTION WHICH IS			
		ORDINARY DIVIDEND	CAPITAL GAIN DIVIDEND	NON- TAXABLE	OTHER
	\$	\$	\$	\$	\$

CAPITAL GAINS OR LOSSES

NAME	NUMBER OF SHARES	ACQUIRED		SOLD	
		DATE	AMOUNT	DATE	AMOUNT
			\$		\$

CHILD AND DEPENDENT CARE

PERSONS OR ORGANIZATIONS WHO PROVIDE THE CARE	ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)	IDENTIFICATION NUMBER (SSN OR EIN)	AMOUNT PAID

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

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ITEMIZED DEDUCTIONS DID YOU ITEMIZE DEDUCTIONS LAST YEAR?

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	

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	

INTEREST EXPENSE (LIST NAMES OF CREDITORS)

HOME MORTGAGE	
SECOND HOME MORTGAGE	
HOME EQUITY LOAN	
INVESTMENT INTEREST	

EMPLOYEE BUSINESS EXPENSE

BUSINESS MILES _____	TOTAL MILES _____
AUTO EXPENSE	
FARES FOR AIRPLANE, BUS, TRAIN, TAXICABS, TOLLS	
MEALS AND TIPS WHILE AWAY FROM HOME OVERNIGHT	
_____ DAYS	
CLIENT LUNCHES AND BEVERAGES	
BUSINESS ENTERTAINMENT AND TICKETS	
LODGING WHILE AWAY FROM HOME	

TAXES

REAL ESTATE TAXES - HOME	
REAL ESTATE TAXES - OTHER	
PERSONAL PROPERTY TAX	
STATE INCOME TAX (SPECIFY)	

RENT OF PRIMARY RESIDENCE

RENT PAID - HEAT INCLUDED	
RENT PAID - HEAT NOT INCLUDED	

EMPLOYER'S REIMBURSEMENTS

(OTHER THAN AMOUNTS INCLUDED ON W-2)

FOR MEALS AND ENTERTAINMENT	
FOR OTHER ITEMS	

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