

MB&TS

Madison Bookkeeping & Tax Service, LLC.

A Division of KMA Bodilly CPAs & Consultants S.C.

Dear Client;

We hope you have had a joyous holiday season and have a successful and happy new year. However, it is time to turn our attention to the preparation of your 2014 income tax returns. Please find the attached **2014 Personal Income Tax Questionnaire**. This Questionnaire is designed to assist you in organizing your income tax information in an orderly manner. Filling it out will help insure that you have considered all income sources and allowable deductions. The questionnaire also assists us in preparing your returns efficiently and accurately. Return the completed form, along with the requested documentation, to our office or call us at (608)221-1685 for an appointment.

Again this year many of you are receiving this questionnaire via email. We hope to continue with more of our clients electing to receive their questionnaire in this manner. If you wish to receive your 2015 questionnaire by email, simply check the box next to question #4 in the Other Information section of page 1, and then provide your email address. If you were supposed to receive this year's questionnaire by email but did not, please contact your individual return preparer to confirm that we have your email in the system correctly.

Please be sure to check out our website at www.epamadison.com, and madisonbookkeepinginc.com. You will find more helpful information on this site including additional copies of the questionnaire to download, and many other useful tools and links.

For your convenience, we now accept MasterCard and Visa charge cards in payment for our services.

After filing your return you can go to www.irs.gov to check the status of the refund, located under "filing & payment" select "Where's my refund". You will then be prompted to enter your social security number, your filing status, and the amount of your expected refund. Wisconsin refund status is also available at www.revenue.wi.gov

Please make sure you **sign your questionnaire** on the final page, stating that the information you have provide is true and correct.

There have been many tax law changes for 2014 and later years. Some updates that may affect you are noted on the following pages.

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Tax Extenders Passed - The Tax Increase Prevention Act of 2014 was passed and signed into law by the President on December 17th. The new law extends several provisions for both individuals and businesses, that previously expired 12/31/2013. None of the extenders were made permanent, and as such their availability for 2015 is unknown. For individuals, the following are once again available for 2014:

- Above-the-line Tuition and Fees deduction
- Teachers classroom expense deduction (\$250 limit)
- Election to take sales taxes instead of state and local income taxes as an itemized deduction
- Mortgage Insurance Premium deduction
- Personal Energy Property Credit

Identity Theft - In recent years incidences of taxpayer ID theft and refund fraud have been on the rise. While the IRS has taken numerous steps to combat this criminal enterprise, danger remains. Being proactive in safeguarding your sensitive information can go a long way. Be particularly wary of requests via phone or email from people claiming to be from the IRS, as written communication is still their primary means of initiating contact. We have reference material in the office, feel free to pick one up.

The Affordable Care Act - 2014 is the initial year most individuals were required to have health insurance coverage for themselves and any applicable dependents. Non-exempt individuals who chose not to maintain the required health coverage are subject to a shared responsibility penalty which will be calculated on the tax return. Depending on who provides your coverage, you may be receiving new Form 1095(A,B, or C) in early 2015. This form details the specifics of your health insurance and is needed to complete the tax return. Please include this form with the rest of the tax documents being provided.

The Net Investment Income Tax - Now in the second year, stemming from the passage of the Affordable Care Act, this tax is applied to unearned income - interest, dividends, capital gains, and more. Generally the tax is equal to 3.8% of the lesser of net investment income for the year OR modified adjusted gross income over the threshold amount (\$200,000 single/\$250,000 married filing joint). Contact your preparer for more details.

Same-Sex Married Couples - In 2013 the U.S. Supreme Court struck down the Defense of Marriage Act, and as a result the IRS has clarified that a same-sex married couple's status for federal tax purposes is now determined by the laws of the state where the couple is married – not the state in which they reside. In 2014 after a series of rulings, same-sex marriage became legal in Wisconsin. Accordingly the WI Department of Revenue has affirmed that these couples are able to file as Married Filing Joint beginning in 2014. Same-sex married couples should consider how this will affect their annual income tax returns and whether they should file jointly or as married filing separately. They can also consider filing amended returns, for all open tax years. Also worth mentioning is that legally married same-sex couples are now eligible to apply for Social Security spousal and survivor benefits.

New in Wisconsin: Private School Tuition Deduction - Effective January 1, 2014 Wisconsin residents are now allowed a subtraction from income for tuition paid to an eligible institution. A deduction of up to \$4,000 per pupil is allowed for elementary schools (K-8th grade), and up to \$10,000 per pupil for secondary schools (9-12th grade). If both elementary and secondary expenses occur in the same year the total cannot exceed \$10,000 for any single pupil. The deduction is available to all WI taxpayers regardless of income level. The institution need not be located in Wisconsin, though expenses such as room and board cannot be deducted. If this applies to you, please provide payments, grades and depended in the “educational credits & deductions” section of the questionnaire.

Qualified Plug-In Electric Drive Motor Vehicles - This credit is a minimum of \$2,500 and maximum of \$7,500. The exact amount of the credit depends on the weight of vehicle and its electrical capacity. The vehicle must have at least a 5 KWH battery to qualify. This credit will begin to phase out after 200,000 vehicles are sold by a manufacturer. Through the 3rd Qtr. of 2014 the highest # of sales by any manufacturer is a little over 72K (Nissan), still well below the threshold amount.

Be sure to provide the purchase invoice and credit certificate if you purchased a qualifying vehicle.

Personal Energy Property Credit & Residential Energy Efficient Property Credit The credits allowed to individuals for installing personal energy efficient property & improvements (windows, insulation, etc.) to their principal residences and for residential energy efficient property (electric/geothermal heat pumps, solar energy systems) remain in effect for 2014. Both qualify for a credit equal to 30% of the expenditures. The personal energy property credit is limited to an aggregate amount of \$500 for 2006-2014. The residential energy efficient property credit has no limit other than fuel cells, which are limited at \$1000 per kW of capacity.

The Personal Exemption is \$3950 for 2014.

Standard Deduction	Deduction	+	Age 65 Or Over/Blind
Married filing jointly	\$12,400		\$1,200
Single	6,200		1,550
Head of Household	9,100		1,550
Married filing separately	6,200		1,200

Standard Mileage Rate (cents per mile)	2014	2015
Business	56	57.5
Medical/Moving	23.5	23
Charitable	14	14

To claim a deduction for any type of mileage a log book must be maintained stating the date of travel, total miles traveled, and the reason/nature of the travel event.

Maximum IRA Contribution The maximum contribution is the lesser of \$5500 (\$6500 if age 50 or older) or taxable compensation. You have until April 15, 2015 to make your 2014 contribution. There are many different types of IRAs, and income limitations do apply. Consult with us as to which works best for you based your circumstances.

The above information provides just a few of the many tax provisions to consider. We at MB&TS, in addition to our Madison location at KMA Bodilly CPAs, are keeping up to date on all of the new provisions allowing us the ability to provide excellent service. Please consult your tax advisor on any questions you may have on how these, or any other tax provisions, may affect you based on your individual circumstances.

We look forward to being of service to you this coming tax season.

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2014 PERSONAL INCOME TAX QUESTIONNAIRE

IMPORTANT: Please answer all questions in full in order to assure a complete and accurate return. Be sure to attach all W-2 forms, 1099 dividend and interest forms, K-1 forms and any other documents where requested. Feel free to call our office if there should be any questions or if you care to arrange an appointment for an interview.

PERSONAL DATA											
First name and initial				Spouse's first name and initial				Last name			
Present home address								Spouse's last name (if different)			
Post Office			State	Zip Code			County		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township		Name
Social security number			Occupation			Spouse's social security number			Spouse's occupation		
Birth date		Spouse's birth date		Home telephone				Work telephone			
				Area		Number		Area		Number	

FILING STATUS											
<input type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Single head of household (Enter child's Name if not A dependent) <input type="checkbox"/> Widowed in 2012 or 2013 with dependent child Date of spouse's death _____ / ____ / ____ <input type="checkbox"/> Divorced during 2014? Give date _____ / ____ / ____				Married Separate Return <input type="checkbox"/> Spouse not filing <input type="checkbox"/> Spouse also filing separate return <input type="checkbox"/> Spouse taking standard deductions <input type="checkbox"/> Spouse itemizing				Spouse's Name _____ Spouse's Soc. Sec. No. _____ <input type="checkbox"/> Check (X) if lived apart from spouse entire year			

EXEMPTIONS												
	Name - Relationship	Social Security Number						✓ if earned over \$3950	✓ if student	Months Lived in Your Home During 2014	Birth Date	
C H I L D R E N								<input type="checkbox"/>	<input type="checkbox"/>		/	/
								<input type="checkbox"/>	<input type="checkbox"/>		/	/
								<input type="checkbox"/>	<input type="checkbox"/>		/	/
								<input type="checkbox"/>	<input type="checkbox"/>		/	/
								<input type="checkbox"/>	<input type="checkbox"/>		/	/
O T H E R								<input type="checkbox"/>	<input type="checkbox"/>		/	/
								<input type="checkbox"/>	<input type="checkbox"/>		/	/

NOTE: Social Security numbers are required for all dependents.
Dependents with investment income over \$2000 must pay tax at the parent's rates.

Questions:

- Are you being claimed as a dependent on another tax return? Yes No
- At the end of 2014 were you legally blind? Yes No
- Did any of the above dependant children become disabled before age 22? (Spouse) Yes No

OTHER INFORMATION											
1. Rent Paid on your WI Residence: A. rent where Landlord paid for heat \$ _____ B. Rent where you paid for heat \$ _____											
2. If you qualify for Homestead Credit (Taxable and nontaxable income less than \$24,680) you must attach your 2014 Real Estate Bill, or completed Rent Certificate to receive this credit.											
3. Were you audited or contacted by the IRS or Wisconsin in 2014 regarding your prior year returns? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please send copies of correspondence.											
4. Would you like your 2015 Questionnaire emailed to you? <input type="checkbox"/> Yes <input type="checkbox"/> No											
5. Email Address _____ (required)											

ESTIMATED TAX PAYMENTS

- a. 2013 overpayment credited to 2014 estimate: . . . Federal \$ _____ State \$ _____
 b. Payments made on 2014 estimates: (Note) Give **exact dates** and amounts below (VERY IMPORTANT)

FEDERAL			STATE		
Due Date	Date Paid	Amount	Due Date	Date Paid	Amount
April 15, '14	_____	_____	April 15, '14	_____	_____
June 16, '14	_____	_____	June 16, '14	_____	_____
Sept. 15, '14	_____	_____	Sept. 15, '14	_____	_____
Jan. 15, '15	_____	_____	Jan. 15, '15	_____	_____

INCOME (We must have all W-2,1099, K-1, etc. Forms)

From Whom Received	Combat Pay?	Gross Amount		
		Husband/Single	Spouse	Joint
1. <u>Wages</u> – Attach All W-2 Forms	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
2. <u>Commissions, Fees, etc.</u> – Attach 1099 Misc. Forms				
3. <u>Interest</u> – Attach 1099 Int. Forms				
4. <u>Dividends</u> – Attach 1099 Div. Forms				
5. Do you have a bank, securities, or retirement account located in a foreign country that has an aggregate value in excess of \$10,000.00? If yes, attach statements				<input type="checkbox"/> Yes <input type="checkbox"/> No
6. <u>Partnership, S-Corporation, Estate or Trust</u> – Attach K-1 Forms				
7. <u>Pensions & Annuities</u> – Attach 1099R	Military Pension? <input type="checkbox"/>			Member of System Prior to 12/31/63? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
8. <u>IRA Withdrawals</u> – Attach Forms & Dates				
9. If IRA or Pension was withdrawn before age 59 1/2 please describe what the funds were used for				
10. <u>IRA Rollovers</u> – Attach Forms & Dates				

INCOME – Continued

9. Other Taxable Income – Attach Forms	Husband/Single	Spouse	Joint
A. Unemployment Compensation – Attach 1099 UC Form			
B. Alimony – Provide Copy of Divorce Decree if First Year			
C. Health Savings Account Distributions – Attach 1099-SA Was distribution used for medical purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No			
D. Gambling/Lottery Winnings (Attach 1099 misc.)			
E. Did your gambling losses exceed winnings for the year? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list amount of gambling losses.			
F. Disability Pensions			
G. Scholarship, Grants, Etc.			
H. Debts forgiven/foreclosures - Attach 1099-A or 1099-C form			
I. Other (Describe)			
10. State Tax Refund (Attach Form 1099-G)			
11. Social Security – and/or retirement – Attach Forms SSA 1099 Total for year before Medicare deduction			
12. Non-Taxable Income (Describe)			
13. Rental Income – See page 7 Do not include these items elsewhere.			

CAPITAL GAINS & LOSSES

Sale of Property: (Real Estate, stocks, bonds, personal property, fixtures, equipment, etc.) NOTE: **Exact dates and amounts are very important.** Attach closing statement, sales agreement, etc.

Description of Property Sold	Date Acq'd.	Date Sold	Gross Sales Price
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Commissions	Other Sales Exp.	Cost Basis	Cost of Improvements
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Note for sale of residence:

- Was this your primary residence for at least 2 of the 5 years prior to sale? Taxpayer: Yes No Spouse: Yes No
- Was this residence ever rental or other business property? If yes, give details.

IRA CONTRIBUTIONS

1. Contributions for 2014	Taxpayer	Date Contributed	Spouse	Date Contributed
REGULAR IRA	\$ _____	_____	\$ _____	_____
ROTH IRA	_____	_____	_____	_____
EDUCATIONAL IRA	_____	_____	_____	_____

Name of IRA Trustee (where invested)	IRA TYPE		Value of IRA on 12/31/14	
	REGULAR	ROTH	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>		
_____	<input type="checkbox"/>	<input type="checkbox"/>		
_____	<input type="checkbox"/>	<input type="checkbox"/>		
_____	<input type="checkbox"/>	<input type="checkbox"/>		
_____	<input type="checkbox"/>	<input type="checkbox"/>		

OTHER ADJUSTMENTS TO INCOME

1. Contributions to KEOGH Plan (HR10), or Sep Plan for 2014	(H) \$ _____	(W) \$ _____	Date Paid _____
2. Alimony Paid. Recipient's Name: _____	Social Security # _____		\$ _____
3. Penalties on Early Withdrawal from Savings (Attach forms)	(H) \$ _____	(W) \$ _____	(J) \$ _____
4. Contributions to a Health Savings Account (HSA)	\$ _____		

VEHICLE EXPENSES - (56 Cents/mile)

Cost of Business Auto purchased in 2014 (Attach Sales Invoice)

Cost \$ _____ Date Purchased _____

Vehicle 1		
MO	DAY	YR

Vehicle 2		
MO	DAY	YR

1. Date placed in service
2. Months used for business _____
3. Total mileage _____
4. Mileage applicable to business _____
5. Average daily round trip commuting distance _____
(Amt. should not be included in Line 4)

6. Do you (or your spouse) have another vehicle for personal use? Yes No
7. If your employer provided you with a vehicle, is personal use during off hours permitted? Yes No N/A
Do you have evidence to support your expenses/mileage? Yes No
If yes, is the evidence written? (Must be answered to claim deduction) Yes No

8. Actual Vehicle Expenses – If you maintained records on your vehicle expenses, complete the following. We will compare your actual expenses to the standard mileage rate.

	Vehicle 1	Vehicle 2
Gasoline and Oil	_____	_____
Repairs	_____	_____
Tires, Supplies, etc.	_____	_____
Insurance	_____	_____
Tag & Licenses	_____	_____
Interest	_____	_____
Other	_____	_____
Lease Payments	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. OTHER EXPENSES

1. Parking Fees, Tolls and Local Transportation including Train, Bus, Etc. \$ _____
2. Travel Expenses while away from home overnight including Lodging, Airplane, Car Rental, etc. (excluding meals) \$ _____
3. Other Expenses (excluding meal & entertainment) _____

4. Employer Reimbursement for above (A & B) **NOT INCLUDED** in Form W-2 or 1099 _____
5. Employer Reimbursement for above (A & B) **INCLUDED** in Form W-2 or 1099 _____
6. Meal and Entertainment Expense _____
7. Employer Payments for Meal & Entertainment Expenses **NOT INCLUDED** on Form W-2 or 1099 _____
8. Employers Payments for Meal and Entertainment **INCLUDED** on Form W-2 or 1099 _____

MEDICAL EXPENSES

1. Prescription Drugs & Insulin (General Drugs Not Allowed) \$ _____
2. Health Insurance (Premiums paid for Medical Care only) _____
3. Medicare Insurance Payments (Deducted from Social Security checks) _____
4. Long Term Care Insurance Premiums Husband/Single _____ Wife _____
5. Mileage traveled for medical purposes: _____ miles times 23.5¢
Do you have written evidence supporting your mileage? Yes No
6. Lodging required while receiving medical care: _____ people for _____ nights _____
7. Doctors, Dentists, Hospitals, Nurses, Long Term Care Expenses, Treatment Programs, Ambulance, X-rays, Eyeglasses, Hearing Aids, Dentures, Orthopedic Shoes, etc. (Please list.)

TAXES (PAID IN 2014)

1. Real Estate Taxes on Your **Principal Residence** (Paid in 2014) _____
2. Real Estate Taxes on **Other Properties** (Non-Business, Non-Rental) (Paid in 2014) _____
3. Any prior year **state** income tax payment made in 2014 _____
4. State & Local sales tax paid in 2014 _____

MORTGAGE INTEREST (Loans Secured By A Residence)

1. Interest on debts secured by your residence or a second residence (non-business)
– Attach Form 1098

	1098	Year End Loan Balance	2014 Interest Paid	
			Primary Residence	Second Residence
a.		\$	\$	\$
b.		\$	\$	\$
c.		\$	\$	\$
d.		\$	\$	\$
e.		\$	\$	\$

2. Points paid on new mortgage \$ _____
3. Mortgage Insurance premiums paid \$ _____
4. Were any of the above loan refinanced, or are they a newly opened equity line of credit? Yes No
If yes, attach settlement statement and go on to the next question.
5. Were the proceeds of any of the above loans used for any purpose other than the purchase, construction or improvement of your main or second home. (If yes, give details) Yes No _____

OTHER INTEREST EXPENSE

STUDENT LOAN INTEREST DEDUCTION – Maximum deduction of \$2,500 for qualified school loan interest expense. Attach form 1098-E. (You do not need to itemize deductions to deduct this interest.)

To Whom Interest was Paid	Students Name	Interest Paid
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

INVESTMENT INTEREST EXPENSE

To Whom Interest was Paid	Purpose of Loan	Amount
_____	_____	\$ _____
_____	_____	\$ _____

CHARITABLE CONTRIBUTIONS (Do Not Include Political Contributions)

1. Donations paid by cash or check (attach canceled check or written acknowledgement if less than \$250; written acknowledgement from organization is required if total amount given is greater than \$250)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

2. Non-Cash (Attach receipt acknowledgement showing dates of contribution and address of the organization if total is over \$250.00)

_____	\$ _____
-------	----------

3. Travel for charitable purposes _____ Miles @ 14¢ _____

Do you have written evidence supporting your mileage? Yes No

OTHER DEDUCTIONS

- | | |
|---|----------|
| 1. Union and Professional Dues..... | \$ _____ |
| 2. Tax Consultant Fees..... | \$ _____ |
| 3. Safe Deposit Box Fees..... | \$ _____ |
| 4. Uniforms Required by Employer..... | \$ _____ |
| 5. Tools & Supplies Necessary in Work..... | \$ _____ |
| 6. Moving Expense (contact us for details)..... | \$ _____ |
| 7. Education Expenses to Maintain or Improve Skills and Required by Employer (Give Details)..... | \$ _____ |
| 8. Employment fees and other costs in seeking employment in present occupation or business.
(Do not complete if expenses are not related to present occupation or business)..... | \$ _____ |
| 9. Business Publications..... | \$ _____ |
| 10. Investment Expenses: (Travel, (mileage), advisory services, etc. – List and State Nature)..... | \$ _____ |
| 11. Teachers classroom expenses: (K-12, \$250 max) | \$ _____ |

CREDITS

1. Adoption Expense Credit

A. Date Adoption Final _____ / _____ / _____

B. Send list of Expenses Including Payment Dates.

2. Child Care Credit

A. Number of Dependents for whom Child Care was paid _____ (Expenses must be listed for each child)

B. Were Services Performed in Your Home? Yes No (If Yes, you may be required to file payroll forms.)

(Provider information must be completed in order to take the child care credit.)

C. Were these payments deducted from your payroll checks? Yes No

Provider 1	Address	Identification Number (SSN or EIN)	Amount
Provider 2			

3. Earned Income Credit

If your earned income was below \$14,590 (zero children); \$38,511 (1 child); \$43,756 (2 children); \$46,997 (3 or more children) for 2014 you may qualify (Amounts shown are for single tax payers. Add \$5,430 for MFJ filers). Answer the following questions.

A. Are you (or spouse if filing jointly) a qualifying person (dependant) of another? Yes No

B. Has the Earned Income Credit been disallowed or reduced for you in a year after 1996? Yes No

C. Was your (and your spouse's if filing jointly) home NOT in the United States for more than half the year? Yes No

RENTAL INCOME AND EXPENSES

STREET ADDRESS	CITY	STATE	ZIP CODE	
Property A				
Property B				
Property C				
Property D				
	Property A	Property B	Property C	Property D
Did you actively participate in the management of this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of days occupied in 2014?				
Was the loan associated with this property refinanced this year? If yes, attach settlement statement.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this property sold this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the property used for personal purposes during the year? If yes, please indicate the number of days used.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
RENTAL INCOME				
RENTAL EXPENSES				
Advertising.....				
Amortizable bond premiums.....				
Amortizable points.....				
Auto and travel.....				
Bad debts.....				
Cleaning and maintenance.....				
Commissions.....				
Insurance.....				
Legal and other professional fees.....				
Interest — mortgage paid to financial institutions.....				
Interest — mortgage paid to individuals.....				
Interest — other.....				
Repairs — carpentry and screens.....				
Repairs — electrical and plumbing.....				
Repairs — painting and decorating.....				
Repairs — roofing.....				
Repairs — miscellaneous.....				
Supplies.....				
Taxes.....				
Utilities.....				
Wages and salaries.....				
Other expenses.....				
.....				
.....				
.....				
Depreciable equipment, furniture, and improvements purchased during 2014				
Description	Property (A, B, C, D)	Date Acquired	Cost	

EDUCATIONAL CREDITS & DEDUCTIONS

AMERICAN OPPORTUNITY CREDIT – Maximum credit of \$2500 per student (taxpayers or dependents). Based on the first four years of post secondary tuition, fees and books and materials, (not room or board) paid during 2014. Student must be degree candidate enrolled at least 1/2 time.

Student's Name	High School Graduation Date	Tuition Paid	Date Paid	Semester Beginning Date
_____	/ /	\$	/ /	/ /
_____	/ /	\$	/ /	/ /
_____	/ /	\$	/ /	/ /

LIFETIME LEARNING CREDIT – Maximum credit of \$2000 per family (\$10,000 tuition x 20%). Applies to tuition and fees for most any education.

Student's Name	Tuition Paid	Semester Date Paid	Beginning Date	Course of Study
_____	\$	/ /	/ /	_____
_____	\$	/ /	/ /	_____
_____	\$	/ /	/ /	_____
_____	\$	/ /	/ /	_____

TUITION EXPENSE DEDUCTION - Maximum Deduction of \$4000 for tuition paid for Post-Secondary Education.

Student's Name	School Attended	Tuition Paid
_____	_____	\$
_____	_____	\$
_____	_____	\$
_____	_____	\$

EDVEST CONTRIBUTION - Maximum Wisconsin Deduction of \$3050 per beneficiary. No Maximum on Contribution Amount. (Beneficiary need not be a dependant)

Beneficiary Name	Social Security #	Date Contributed	Amount
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$

WISCONSIN PRIVATE SCHOOL TUITION - Maximum WI Deduction of \$4000 per pupil for Elementary(K-8) and \$10,000 per pupil for Secondary(9-12) education.

Student's Name	School Attended	Grade(Fall Semester)	Tuition Paid
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$

RESIDENTIAL ENERGY TAX CREDITS

Personal Energy Property Credit. Credit equal to 30% of the cost of the property, limited to \$500.

examples: air conditioning, furnace, water heater, exterior windows & doors, insulation, qualified roof.

Residential Energy Efficient Property Credit. Credit equal to 30% of the cost of the property, no limit (except fuel cells. Limit \$1000 per KW of capacity)

examples: Solar Energy Systems, Fuel Cells, Wind Energy Systems, Geothermal Heat Pumps

Please attach details & invoices to claim credits

OTHER INFORMATION

1. Were you a resident of Wisconsin all of 2014? Yes No (If not give dates and attach details)
2. Did you receive or make any gifts in excess of \$14,000.00? Yes No
If yes, specify the amount and name of each donee or donor. _____
3. Do you wish to designate \$3 of your taxes to the Presidential Election Campaign Fund? Taxpayer Yes No
(Note: If you check "yes" it will not increase your tax or decrease your refund.) Spouse Yes No
4. Would you like to make a donation to any of the following WI Charities? (Circle and specify amount. This WILL increase your WI tax or decrease your refund).
Endangered Resources, Fire Fighters Memorial, Military Family Relief, Multiple Sclerosis, Packers Football Stadium, Cancer Research, 2nd Harvest, Veteran's Trust Fund, Red Cross WI Disaster Relief, Special Olympics. Amount \$ _____
5. During 2014 did you make any taxable purchases from out-of-state firms which sales tax was not charged? Yes No
If so, please give amount \$ _____
6. Did you pay wages of \$1900.00 in any calendar quarter of 2014 to household employees? Yes No

2015 Estimated Tax Information

	Yes	No
Do you expect a substantial change in your income for 2015?		
Do you expect a substantial change in your deductions for 2015?		
Do you expect a substantial change in your withholding for 2015?		
Do you expect a change in the number of your dependents for 2015?		
Do you expect a change in your marital status for 2015?		

If You Answered "Yes" to Any of the Above Questions, Please Provide Details Below (attach additional sheets if necessary)

DIRECT DEPOSIT / DEBIT INFORMATION

1. Would you like your tax refund (if any) deposited directly into your bank account? Yes No
2. Would you like your tax due (if any) debited directly to your bank account? Yes No
If yes, please provide:
 - A. Account Type: Checking Savings
 - B. Provide a voided blank check (Required)
 - C. Date balance due should be debited to your account if not 4/15/2014 ____/____/____
 - D. Email Address _____

Privacy Policy

We collect nonpublic information about you from the following sources:

- 1) Information we receive from you on applications, worksheets and other forms
- 2) Information about your transactions with us, our affiliates or others, and
- 3) Information we receive from a consumer reporting agency

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as required by law.

We restrict access to nonpublic personal information about you to those members of our firm who need to know that information in order to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

To the best of my knowledge this form and any attachments are true and correct.

Signature of Taxpayer _____ Date _____

Madison Bookkeeping & Tax Service, LLC
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