

# HENRY PAUL

Attorney at Law

1430 Crescent Dr.  
Elm Grove, Wi 43122

(414) 771-0390  
414 531 9355

Please use this tax information sheet as an aid in preparing your 2016 taxes. It will be a help to me and save time.

## INCOME TAX INFORMATION

Name \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Ages: Husband \_\_\_\_\_ Wife \_\_\_\_\_  
Occupation(s) \_\_\_\_\_  
\_\_\_\_\_

### PLEASE BRING

- Wage Slips from Employers
- Interest & Dividend Slips Rec'd
- Tax Forms for this Year
- This Worksheet or Notes
- Last Year's Tax Copies

Names/Ages/Soc. Sec. Numbers of Dependents:

Name _____	Age _____	Social Security No. _____
Name _____	Age _____	Social Security No. _____
Name _____	Age _____	Social Security No. _____

## DEDUCTIONS

### **MEDICAL EXPENSES PAID:**

Health Insurance \_\_\_\_\_  
 Drugs & Medicine \_\_\_\_\_  
 Dr. \_\_\_\_\_  
 Dr. \_\_\_\_\_  
 Dr. \_\_\_\_\_  
 Dr. \_\_\_\_\_  
 Hospital \_\_\_\_\_  
 Lab Fees \_\_\_\_\_  
 Ambulance \_\_\_\_\_  
 Glasses \_\_\_\_\_  
 Hearing Aids \_\_\_\_\_  
 Travel to Doctor \_\_\_\_\_ miles  
 Reimbursed by insurance ( \_\_\_\_\_ )

### **CONTRIBUTIONS:**

Church \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### **CASUALTY LOSSES:**

Loss before insurance \_\_\_\_\_  
 Insurance reimbursement \_\_\_\_\_

### **CHILD CARE FOR WORKING PARENTS:**

Amount per month at your home or home of sitter  
 Jan \_\_\_\_\_ Apr \_\_\_\_\_ Jul \_\_\_\_\_ Oct \_\_\_\_\_  
 Feb \_\_\_\_\_ May \_\_\_\_\_ Aug \_\_\_\_\_ Nov \_\_\_\_\_  
 Mar \_\_\_\_\_ Jun \_\_\_\_\_ Sep \_\_\_\_\_ Dec \_\_\_\_\_

### **STATE TAXES PAID:**

Real Estate Tax \_\_\_\_\_  
 \_\_\_\_\_

### **MISCELLANEOUS DEDUCTIONS:**

Union Dues \_\_\_\_\_  
 Tax Preparation \_\_\_\_\_  
 Safe Deposit Box \_\_\_\_\_  
 Safety Shoes \_\_\_\_\_  
 Work Clothes \_\_\_\_\_  
 Small Work Tools (1 yr) \_\_\_\_\_

### **INTEREST PAID:**

Home Loan \_\_\_\_\_  
 Auto Loan \_\_\_\_\_  
 Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### **ALIMONY PAID**

**SOCIAL SECURITY RECEIVED** - Husband \_\_\_\_\_  
 Wife \_\_\_\_\_

### **FEDERAL ESTIMATED PAID**

Date paid	_____	\$
Date paid	_____	\$
Date paid	_____	\$
Date paid	_____	\$

**PENSIONS** \_\_\_\_\_ **ANNUITIES** \_\_\_\_\_

**RENTALS? EXCHANGES? SALES?** \_\_\_\_\_

**UNEMPLOYMENT COMPENSATION REC'D** \_\_\_\_\_

### **STATE ESTIMATED PAID**

Date paid	_____	\$
Date paid	_____	\$
Date paid	_____	\$
Date paid	_____	\$

**RENT PAID FOR YEAR** \_\_\_\_\_

**DID YOUR LANDLORD PAY FOR THE HEAT?** \_\_\_\_\_

### **OTHER INFORMATION:**

**IRAs?**

**BRING THIS INFORMATION SHEET**