

WESTRA, TILLEMA & O'CONNOR, LLC

2010 PERSONAL TAX WORKSHEET

Taxpayers Name(s) _____ Enter any out-of-state purchases for which you paid no Wisconsin sales tax? \$ _____
 Residence: County _____ Wisconsin Voluntary Donations (these increase tax):
 City, Town or Village _____ Endangered Resources \$ _____ Packers Stadium \$ _____ Breast Cancer \$ _____
 Public High School District _____ Veterans Trust Fund \$ _____ Multiple Sclerosis \$ _____ Firefighters Memorial \$ _____
 Prostate Cancer \$ _____ Military Family Relief \$ _____ Second Harvest \$ _____

INCOME:

1. Capital Gains or Losses on Sale or Exchange of Non-Business Assets, Including Personal Residence. Attach Form 1099 Information Statements.

Description of Property	Date Acquired	Date Sold	Sales Price	Cost & Expenses	Gain / (Loss)
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____

2. Installment Sales
 Description _____ Principal Received in 2010 \$ _____ x GP% _____ = \$ _____
 Description _____ Principal Received in 2010 \$ _____ x GP% _____ = \$ _____
 Description _____ Principal Received in 2010 \$ _____ x GP% _____ = \$ _____

3. IRA Distributions – Attach Form 1099-R

Name of Payer	T or S	Gross Distribution	Taxable Amount	Federal Withholding	State Withholding	X if Rollover	Subject to Penalty
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____

4. Pension Distributions – Attach Form 1099-R

Name of Payer	T or S	Gross Distribution	Taxable Amount	Federal Withholding	State Withholding	X if Rollover	Subject to Penalty
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____

5. Rental Property

Address of Property	Rental Income	Other Income	Rental Expenses:	Capital Expenditures:	Total Schedule E =	Attach Schedule(s) K-1 received from Partnerships, LLCs, S-Corps, Trusts, Etc.																														
_____	\$ _____	\$ _____	Auto \$ _____	\$ _____	_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Entity Name</th> <th style="width: 30%;">Amount</th> </tr> </thead> <tbody> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> </tbody> </table>	Entity Name	Amount	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____
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_____	\$ _____	\$ _____	Supplies \$ _____	\$ _____																																
_____	\$ _____	\$ _____	Taxes-Real Estate \$ _____	\$ _____																																
_____	\$ _____	\$ _____	Utilities \$ _____	\$ _____																																
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Office use only

6. Other Income

	Gross Amount	Federal Withholding	State Withholding	Economic Recovery Payment
Social Security Benefits - Attach Form 1099-SSA _____ Taxpayer	\$ _____	\$ _____	\$ _____	\$ _____
_____ Spouse	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment Compensation - Attach Form 1099-G _____ Taxpayer	\$ _____	\$ _____	\$ _____	\$ _____
_____ Spouse	\$ _____	\$ _____	\$ _____	\$ _____

ITEMIZED DEDUCTIONS:

1. Medical Expenses: (Report AgriPlan / BizPlan totals on farm / business worksheet)

Medicare Insurance \$ _____
 Long-Term Care Insurance..... \$ _____
 Health Insurance Premiums \$ _____
 Number of Weeks Employed _____
 Does your employer cover a portion of health insurance? Yes or No _____
 Less: SE Health Insurance Deduction (100%)..... \$ < _____ >
 Prescription Medicine & Drugs \$ _____
 Doctor, Dentist, Nurse, Hospital, Etc \$ _____
 Glasses & Contacts \$ _____
 Hearing Aids & Batteries \$ _____
 Transportation: _____ miles @ 16.5¢ per mile ... \$ _____
 Other (List): _____ \$ _____
 _____ \$ _____
 _____ \$ _____

4. Gifts to Charity: Cash (with receipt) or Check:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 Transportation: _____ miles @ 14¢ per mile... \$ _____
 Non-Cash Donations of Property (by organization): \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

2. Taxes Paid:

State Income Taxes Paid:
 Wisconsin Withholding (Forms W-2 & 1099) \$ _____
 Wisconsin Estimated Tax Payments in 2010 \$ _____
 Balance due with 2009 State Return..... \$ _____
 Sales Tax Paid (On Major Items)..... \$ _____
 Real Estate Taxes on Personal Residence..... \$ _____
 Other Real Estate Taxes \$ _____
 Other (List): _____ \$ _____
 _____ \$ _____

5. Miscellaneous Deductions:

Tax Preparation Fee..... \$ _____
 Safe Deposit Box \$ _____
 Professional Dues, Books, and Supplies..... \$ _____
 Union Dues \$ _____
 Work Tools..... \$ _____
 Uniforms Required by Employer..... \$ _____
 Protective Clothing (Safety Shoes, glasses, etc.)... \$ _____
 Job Seeking Expense \$ _____
 Unreimbursed Employee Business Expenses for auto, travel, meals, etc. \$ _____
 _____ \$ _____
 Other (List): _____ \$ _____

3. Interest Paid:

Home Mortgage - Attach Form(s) 1098 \$ _____
 Home Equity Loan..... \$ _____
 Mortgage Insurance Premiums..... \$ _____

If your Home Loan is paid to an individual, please list:

Name _____ SSN: _____
 Address _____
 Points - Date Paid ____ / ____ / ____ \$ _____
 Investment Interest Expense \$ _____
 To whom paid? _____

6. Gambling Losses – Attach schedule.

(Deductible to the extent of winnings reported) \$ _____

7. Casualty or Theft Losses – Attach schedule.

Standard Deduction _____
 + Adjustments _____ = Total



TAX CREDITS:

Health Insurance Tax Credit = \$ _____ (From Schedule C ____ F ____ K-1 ____)

First-Time Homebuyer Credit – Attach Closing Statement. 2010 Credit = \$ _____ Recapture of 2008 Credit = \$ _____

Adoption Credit – List any adoption expenses incurred in 2010 on a separate sheet. Is the adoption final? Please circle: YES or NO

Child & Dependent Care Credit - Did you pay someone to care for your child or other qualifying person while you worked? Was it in or out of your home?

Dependent Cared For	Name & Address of Child Care Provider	Social Security# or Federal ID#	In or Out	Amount
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Less: Dependent Care Benefits (W-2 Box 10)				\$ < _____ >
				Net \$ _____

Post-Secondary Education Credits – Attach Form 1098-T

Name of Student	Name of Institution	Year in School	Tuition & Fees Pd Net of Grants	Books, Supplies & Equipment	Contributions to EdVest
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____