

**SCHAN TAX SERVICE**

A Division of Schan Business Enterprises, Inc.  
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**You must complete  
 this page and sign below**

- Call For Pick-up of Return If you wish to charge your fee, see page 4 of this Data Sheet.
- Mail Return When Completed  I authorize the IRS to talk directly to my tax preparer about my return.

**If the IRS or the Wisconsin Department of Revenue notified you of changes in prior years' returns this year, attach their report.**

**GENERAL**

	Birth Date	Social Security #	Occupation
Yourself _____	____/____/____	_____	_____
Spouse _____	____/____/____	_____	_____

Same as last year

**E-MAIL ADDRESS**

Address \_\_\_\_\_ County \_\_\_\_\_ Phone: AM \_\_\_\_\_

City \_\_\_\_\_ School District \_\_\_\_\_ PM \_\_\_\_\_

Zip \_\_\_\_\_  City  Township  Village

Dependents  Same as last year

Name	M/F	Birth Date	Social Security #	Does Dependent live with you?	Filing Status
_____	_____	____/____/____	_____	Yes No	1 <input type="checkbox"/> Single
_____	_____	____/____/____	_____	Yes No	2 <input type="checkbox"/> Married
_____	_____	____/____/____	_____	Yes No	3 <input type="checkbox"/> Separated
_____	_____	____/____/____	_____	Yes No	4 <input type="checkbox"/> Head of Household
_____	_____	____/____/____	_____	Yes No	5 <input type="checkbox"/> Widowed

**YOU MUST COMPLETE, AND SIGN, THE FOLLOWING SECTIONS**

Drivers License – You must provide a copy of your Drivers License or State Issued I.D.

- I do not have a Drivers License or State Issued I.D. card.
- I refuse to provide my Drivers License or State Issued I.D. Card.

**Amount of taxable purchases made out of state or online, on which no sales tax was paid. \$** \_\_\_\_\_

Do you, and all in your household, have health insurance for ALL 12 months for each member? No

Yes - Which kind? For who: T= Taxpayer, S=Spouse, D=Dependents, O=Others

\_\_\_\_ Medicare T S D O    \_\_\_\_ Private (Self Pay) T S D O    \_\_\_\_ Exchange T S D O  
(Insurance Marketplace)

\_\_\_\_ Thru Work T S D O    \_\_\_\_ Thru Parent/Partner T S D O

Who uses tobacco? T S D O (circle all that apply)

**FOR DIRECT DEPOSIT**  **CHECKING** \*  **SAVINGS** \_\_\_\_\_ **ROUTING NO.** \_\_\_\_\_

**NAME OF BANK** \_\_\_\_\_ **ACCOUNT NO.** \_\_\_\_\_

The data I have entered in this form is true and complete to the best of my knowledge. I recognize that I am responsible for the proper substantiation of all items of income and deductions and the answers to all questions in my 2017 returns. Please provide me with insurance information which may affect my tax return or otherwise be of interest to me.

Sign: Taxpayer \_\_\_\_\_

Spouse: \_\_\_\_\_



**MEDICAL HEALTH INSURANCE PREMIUMS MAY BE DEDUCTIBLE EVEN IF YOU DON'T ITEMIZE**

Medicare Premiums \$ \_\_\_\_\_ LONG TERM CARE PREMIUM \$ (H) \_\_\_\_\_ \$(W) \_\_\_\_\_  
 Other Health Premiums \$ \_\_\_\_\_  
 Did your employer pay ANY portion of your insurance?  Yes  No Dentist \$ \_\_\_\_\_  
 Is your share of health insurance paid pre-tax?  Yes  No Doctor(s) \$ \_\_\_\_\_  
 Prescriptions \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_  
 Hospital \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_  
 Clinic \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_  
 Medical Mileage \_\_\_\_\_ Glasses \$ \_\_\_\_\_ Hearing Aids \$ \_\_\_\_\_ Dentures \$ \_\_\_\_\_

**TAXES Property owners who claim Homestead Credit should submit a copy of their 2017 Real Estate Bill.**

Real Estate Tax on Residence Show "Net General Tax" \$ _____		<b>Estimated Tax Payments</b>		
Other Personal Real Estate Taxes \$ _____			<b>Federal</b>	<b>State</b>
Personal Property Tax (Mobile Home, Etc.) \$ _____		Prior Yr Apply \$ _____	\$ _____	\$ _____
Additional State Tax Paid for Prior Years in 2017 \$ _____		1st QTR-APR 17 \$ _____	\$ _____	\$ _____
		2nd QTR-JUNE 17 \$ _____	\$ _____	\$ _____
	3rd QTR-SEPT 17 \$ _____	\$ _____	\$ _____	
	4th QTR-DEC (Paid in 2017) \$ _____	\$ _____	\$ _____	
	4th QTR-JAN (Paid in 2018) \$ _____	\$ _____	\$ _____	

**INTEREST First Mortgage, Second Mortgage, Home Equity Loans Bring in 1098 Forms**

	Lender	Amount		Lender	Amount
First Mortgage	_____	\$ _____	Home Equity	_____	\$ _____
Second Mortgage	_____	\$ _____	Home Equity	_____	\$ _____
Investment Loans (F.4952)	_____	\$ _____			

*If mortgage interest is paid to an individual, list their name and address, and I.D. number.*

**CONTRIBUTIONS Money or Property to non-profit organizations Please indicate (M) Money (P) Property**

**WARNING: Receipts needed for ALL contributions, Appraisals needed for single items over \$500.**

Organization	Type	Amount	Organization	Type	Amount
_____	(M/P) _____	\$ _____	_____	(M/P) _____	\$ _____
_____	(M/P) _____	\$ _____	_____	(M/P) _____	\$ _____
_____	(M/P) _____	\$ _____	_____	(M/P) _____	\$ _____
_____	(M/P) _____	\$ _____	_____	(M/P) _____	\$ _____
_____	(M/P) _____	\$ _____	non-profit mileage # _____ miles		\$ _____

**MISCELLANEOUS DEDUCTIONS**

Union Dues / Professional Dues \$ _____	Equipment / Safety Shoes \$ _____
Tax Preparation Fee \$ _____	Investment Services or Fees \$ _____
Safe Deposit Box Rental \$ _____	Miscellaneous \$ _____

**EMPLOYEE BUSINESS EXPENSES**

Taxpayer  Spouse   
 Other Business Expenses \$ \_\_\_\_\_ Do you Drive an Employer Provided Company Car?  Yes  No  
 Meals and Entertainment Expense \$ \_\_\_\_\_ Are you reimbursed for your expenses?  Yes  No  
 Business Miles \_\_\_\_\_ Reimbursed Other Business Expenses \$ \_\_\_\_\_  
 Total Miles \_\_\_\_\_ (personal plus business mileage) Reimbursed Meals/Entertainment Exp. \$ \_\_\_\_\_

**RENTAL PROPERTY**

Number of days rented during year

Please choose type of property

Property 1: \_\_\_\_\_ Property 2: \_\_\_\_\_

Single Family  
1 2

Multi Family  
1 2

Vacation  
1 2

Commercial  
1 2

Land  
1 2

Royalties  
1 2

Self Rental  
1 2

Other (description) \_\_\_\_\_  
1 2

Address

Rent Received

Property 1: \_\_\_\_\_

\$ \_\_\_\_\_

Property 2: \_\_\_\_\_

\$ \_\_\_\_\_

	Property 1	Property 2		Property 1	Property 2
Advertising	\$ _____	\$ _____	Supplies	\$ _____	\$ _____
Travel	\$ _____	\$ _____	Taxes Paid	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____	Utilities	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	Other	\$ _____	\$ _____
Legal / Professional	\$ _____	\$ _____	_____	\$ _____	\$ _____
Management	\$ _____	\$ _____	_____	\$ _____	\$ _____
Interest	\$ _____	\$ _____	_____	\$ _____	\$ _____
Repairs	\$ _____	\$ _____	_____	\$ _____	\$ _____
<b>Did you make improvements?</b>			<b>or get new equipment?</b>		
	\$ _____	\$ _____		\$ _____	\$ _____

Mileage Log?  Yes  No Record keeping system \_\_\_\_\_

Did you make payments of \$600 or more to any vendors in 2017 that would require you to file form(s) 1099?  Yes  No

If yes, did you or will you file form(s) 1099?  Yes  No

**CHARGE IT!**

**YES! I would like Schan to charge my tax preparation / accounting fee to my charge card.**

VISA  MASTERCARD  DISCOVER  AMER EXP  3 DIGIT SECURITY CODE FROM BACK OF CREDIT CARD

-  -  -  Exp \_\_\_/\_\_\_

**QUESTIONS, COMMENTS, AND OTHER INFORMATION**

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