**PERSONAL DATA**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Changed Primary Residence

|  |  |  |
| --- | --- | --- |
|  | Taxpayer | Spouse |
| Name |  |  |
| SSN |  |  |
| Occupation |  |  |
| Email |  |  |
| Phone |  |  |
| Birthdate |  |  |

□Yes □No – Were you or your spouse a resident of another state or earned income in another state in 2023?

Which State? ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□Yes □No – At any time during 2023, did you: receive or sell/dispose of any interest in Cryptocurrency?

**IDENTIFICATION**

**Provide proof of identity to be eligible to e-file your tax return (driver’s license or state issued photo ID).**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Type of ID** | **ID Number** | **State** | **Issue Date** | **Exp.**  **Date** |
| **Taxpayer** |  |  |  |  |  |
| **Spouse** |  |  |  |  |  |

**DEPENDENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **SSN** | **Birthdate** | **Months Lived in Home** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

□Yes □No – Can another person qualify to claim any of your dependents?

□Yes □No – Did you pay childcare/dependent costs? If yes, please attach the total amount paid per child and the daycare name, address, and identification number.

**Provide documentation for proof of dependent related credits (tuition, school, medical, daycare records, etc.)**

**RENTERS**

□Yes □No – Did you rent during 2023 in Wisconsin?

Monthly Rent Paid in 2023?­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Months Rented?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Heat Included in Rent? □Yes □No

**INCOME – Check all that Apply**

* Wages – **need W-2’s**
* Lottery or Gambling Winnings – **need W-2G**
* Pension/Retirement – **need 1099-R**
* Dividends – **need 1099-DIV**
* Interest – **need 1099-INT**
* Unemployment – **need 1099-G**
* Gov’t or Ag Payments/Grants – **need 1099-G**
* Independent Contractor – **need 1099-MISC/NEC**
* Social Security – **need 1099-SSA**
* Rental Income – **need 1099-MISC**
* Sold Investments/Stocks/Bonds – **need 1099-B**
* Cancellation of Debt – **need 1099-C**
* Involved in Corp/Partnership/Trust – **need K-1**
* Financial Interest in Virtual Currency (i.e. bitcoin) – **need 1099-B or 8949**
* Sold Primary Residence
* Owned Rental Property
* Farm Income
* Alimony (Paid or Received)
* Contributions to IRA’s
* Disability or SSI

**BANKING INFORMATION**

□Yes □No – Do you want to have any refund directly deposited or balance due directly withdrawn? **If yes, provide bank, routing number, account number, and if it is a checking or saving account.**

□ Deposited □ Withdrawn

Routing #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Checking □ Savings

**DEDUCTIONS – Check all that Apply**

* Child Care Expenses – **please see above**
* College Tuition – **need 1098-T**
* Student Loan Interest – **need 1098-E**
* Contributions to 529 Education Plan
* Mortgage Interest – **need 1098**
* Un-reimbursed Medical expenses

**Total Un-reimbursed Medical Expenses $\_\_\_\_\_**

* Un-reimbursed Dental expenses

**Total Un-reimbursed Dental Expenses $\_\_\_\_\_\_**

* Cash Donations – **need documentation**

**Total Cash Donations $\_\_\_\_\_\_\_\_**

* Non-Cash Donations – **need detailed documentation if over $500**

**Total Non-Cash Donations $\_\_\_\_\_\_\_**

* Teacher Un-reimbursed Expenses

**Total Un-reimbursed Teacher Expenses $\_\_\_\_\_**

* HSA – **need 1099-SA**
* Paid Real Estate Taxes – **need detailed documentation including date paid**

**HEALTH CARE**

□Yes □No – Did you or any member of your family receive healthcare coverage through the Marketplace? **If yes, provide Form 1095-A**

□Yes □No – Did you or any member of your family pay out of pocket for any healthcare expenses (insurance, co-pays, prescriptions)?

**If yes, what was the total paid - $\_\_\_\_\_\_\_\_\_\_**

□Yes □No – Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year? **If yes, provide Form 1099-SA**

□Yes □No – Did you pay any long-term care premiums for yourself, your spouse or a dependent during the year? **If yes, what was the total paid?**

**Taxpayer $\_\_\_\_\_\_\_\_\_\_ Spouse $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MISCELLANEOUS**

□Yes □No – Did you make any energy-efficient improvements to your main home during the year? **If yes, provide documentation**

□Yes □No – Did you make gifts to any one person in excess of $16,000 during the year?

□Yes □No – Did you rent out your home or use it for business?

□Yes □No – Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)? **If yes, provide Notice CP01A from the IRS**

□Yes □No – Did you make any purchases subject to Sales and Use Tax that you did not pay Sales Tax on? **If yes, what was the total amount purchases?$\_\_\_\_\_\_\_\_**

**ESTIMATED TAX PAYMENTS**

Fill in any estimated tax payments made:

|  |  |  |  |
| --- | --- | --- | --- |
| Payment Quarter | State Amount Paid | Fed. Amount Paid | Date Paid |
| 1st Qtr |  |  |  |
| 2nd Qtr |  |  |  |
| 3rd Qtr |  |  |  |
| 4th Qtr |  |  |  |

**BUSINESS/FARM/RENTAL**

□Yes □No – Did the company/farm receive a 1099-K for 2023? **If yes, please provide relevant expenses and other income for the business/farm/rental**

□Yes □No – Did you incur any business mileage during 2023? **If yes, please list the vehicle year and model, and the number of business miles below**

|  |  |  |
| --- | --- | --- |
|  | Jan 1 – June 30, 2023 | July 1 – Dec 31, 2023 |
| Miles |  |  |

□Yes □No – Do you keep a record of your business miles? **If yes, how do you document?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list any QUESTIONS about your tax preparation or COMMENTS about your included information that you would like us to know!**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**