

Preparer:

Date:

Name:

Email:

Address:

Cell Phone:

Text ok? Y or N

Alt. Phone:

2. Filing Status



☐ Single

☐ Married/
Joint

☐ Married/
Separate

☐ Head of
Household

☐ Qualified
Widow

3. Housing



☐ Own

☐ Rent

☐ Own A Rental

☐ Bought/ Sold
House in Tax Year

☐ Moved
During Tax Year

☐ Property Tax Bill

☐ Mortgage interest statement

☐ Additional property info

\$ _____
Rent Paid
Y N
Heat Included

SEE BELOW

Please include
Buyer/Seller
Settlement
Statement

4. Household



of Dependents _____

→ 2 Forms of Proof

→ Must Include DOB and SSN

Did you include:

Daycare Info & Amount? Y N

Private School Tuition? Y N

(Grades K-12)

5. Income Checklist



W2 / 1099MISC



Unemployment (1099G)



Bank Interest (1099INT)



Retirement (1099R)



Social Security (1099SSA)



Dividends(1099DIV)



Other Income



Self Employment*

*SEE BELOW

6. Proof of Insurance



1095A-Market Place



1095B- Work/Spouse/State



Medicare



Covered by Parent



None

7. Expenses & Deductions



Health Insurance Premiums* _____



Charitable Donations _____



Charitable Miles _____



Medical Expenses _____



Gambling Income _____



Tuition (1098T) _____ **



Books (Receipts) _____ **



Other: _____

*Do not include health insurance premiums paid through your employer pre-tax

8. Rental Property Owners & Self Employment*

Organize and total all receipts for Income and Expenses before dropping off your information. *If not added up, additional charges may apply.*

9. Education**

You can only claim the amount that was PAID for in this tax year, not BILLED. Proof of payment is necessary via school statement.

10. Bank Information



☐ Refund Check Mailed

☐ Deposit Into Account

☐ Checking ☐ Savings

Bank Name _____

Routing # _____

Account # _____

The State of Wisconsin is now requiring identity verification as a part of your tax filing. Driver's License or State ID for Taxpayer and Spouse (if applicable) should be written below. *Refunds could be delayed if this information is not included. Please let us know if you have any questions about this request.*

Taxpayer's Driver's License #:

Spouse Driver's License #:

Issue Date:

Issue Date:

Expiration Date:

Expiration Date: