

Taxpayer (TP) Name

Spouse (SP) Name

TP Telephone

SP Telephone

TP SSN

SP SSN

TP Email

SP Email

Address

Driver's License: We will need to scan or copy your DL and SP DL if this is a MFJ return.

1. What is your Filing Status?	Single	Head of household	Married joint	Married single
2. Would you like a printed copy of your return?			Y	N
3. Do you have dependents? If yes, see back			Y	N
4. Did you pay anyone for childcare services? (Include form provided by childcare provider)			Y	N
5. Did you pay education expenses for yourself or a dependent? (Include 1098-T , 1098-E or private school tuition statement)			Y	N
6. Did you receive any unemployment/disability income? (1099-G my.unemployment.wisconsin.gov)			Y	N
7. Did you have any Social Security Income? (Will need SSA-1099)			Y	N
8. Did you buy or sell any stocks, bonds or other investment property? (Include 1099-B)			Y	N
9. Did you receive any interest or dividends (Include 1099 Int or 1099 Div)			Y	N
10. Do you have any rental income property? (Included 1099-MISC)			Y	N
11. Did you purchase, sell, or refinance your principal or second home? (closing statement HUD-101)			Y	N
12. Did you have a mortgage? (Include 1098)			Y	N
13. Did you take out a home equity loan or line of credit?			Y	N
14. Did you install any energy saving home improvements? (Include listing of type and amount)			Y	N
15. Did you pay property taxes? (If so, include property tax bill)			Y	N
16. Did you pay rent? (If so, was heat included? Y or N Total rent paid \$_____)			Y	N
17. Did you have any charitable contributions? Cash _____ Non-cash _____ Mileage _____			Y	N
18. Did you make a Qualified Charitable Contribution from an IRA (Include form and amount \$_____)			Y	N
19. Did you convert all or part of your traditional/SEP/SIMPLE IRA to a ROTH IRA? (\$_____)			Y	N
20. Did you receive a distribution from a retirement plan (401(k), IRA, etc.)?			Y	N
21. Did you make a contribution to a personal IRA (not an employer plan)? (TP Roth \$_____ TP Reg \$_____ SP Roth \$_____ SP Reg \$_____)			Y	N
22. Did you go through bankruptcy, foreclosure, or repossession proceedings?			Y	N

23. Were you notified or audited by the IRS or State Taxing Agency?	Y	N
24. Did you have Marketplace health insurance during the year? (Include 1095-A)	Y	N
25. Do you have a health savings account (HSA)? (If so, did you make any after-tax contributions \$_____)	Y	N
26. Did you have Long Term Care Premiums? (If yes, amount paid TP _____ SP _____)	Y	N
27. Did you have a Health Insurance Supplement? (If yes, TP _____ SP _____)	Y	N
28. Did you have any medical expenses or medical mileage? (Expenses _____ Mileage _____)	Y	N
29. Did you pay health insurance premiums after tax or out-of-pocket? (\$_____)	Y	N
30. Were you a citizen of, have income from, own interested in assets/accounts or live in a foreign country?	Y	N
32. Did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency (Bitcoin, etc. FORM 1099-DA)?	Y	N
33. Did you buy any merchandise for which you did not pay sales/use tax? (i.e. Online Purchases)	Y	N
34. Do you have an LLC? (If so, there are new filing requirements. We will give you the information.)	Y	N
35. Do you have any self-employment income? (Include 1099-NEC)	Y	N
36. Did you make any estimate payments? (Federal or State, please include amounts and quarters paid)	Y	N
37. Do you have any farming income? (Include 1099 PATR or 1099-G)	Y	N
38. Did you have any pass-through income, i.e. Partnership, S-Corporation or Trust? (Include K1)	Y	N
39. Did you have any cancellation of debt? (Include 1099-C or 1099-A)	Y	N
40. Are you an Educator?	Y	N
41. Did you pay or receive alimony or spousal support? (If so, were you divorced before 2018?) Year of Divorce _____ Ex-SP Name _____ Ex-SP SSN _____	Y	N

DEPENDENT/HOH QUALIFIER INFORMATION (Must provide social security card for each dependent)

#1: Name _____ DOB _____ SSN _____ DEP HOH

#2: Name _____ DOB _____ SSN _____ DEP HOH

#3: Name _____ DOB _____ SSN _____ DEP HOH

#4: Name _____ DOB _____ SSN _____ DOP HOH

BANKING INFORMATION (if you wish to have Direct Deposit or Direct Debit you must provide the following Information)

Checking or Savings (Please circle one)

Bank Name: _____ Routing # _____ Account # _____

Bank Name: _____ Routing # _____ Account # _____