

Personal Information (If you are filing a joint return, enter the husband's info first)

Tax Year 2024

TAXPAYER

First Name	Middle Initial	Last Name
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Social Security Number	Date of Birth	Date of Death
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Occupation

E-mail

Home #	Cell #
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During the Tax Year, were you:

U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full-time Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legally Blind	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can anyone claim <u>you</u> as a dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an Identity Protection PIN issued by the IRS for this Tax Year	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pin # (6 digits)

SPOUSE

First Name	Middle Initial	Last Name
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Social Security Number	Date of Birth	Date of Death
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Occupation

E-mail

Home #	Cell #
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During the Tax Year, were you:

U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full-time Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legally Blind	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can anyone claim <u>you</u> as a dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an Identity Protection PIN issued by the IRS for this Tax Year	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pin # (6 digits)

Address	City	State	Zip Code
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City Village Town of _____ County of _____

Will you be using Fee Collect to pay your Tax Preparation Fee? (\$50 extra charge) Yes No

Marital Status

As of the last day of the Tax Year, what was your marital status?

Single *(If divorcing, date of final divorce must be prior to end of Tax Year to file Single.)*

Married *(If spouse died during the Tax Year, you should still file Married)*

Married Filing Separate *Did you live with your spouse during any part of the last six months of the Tax Year?* Yes No N/A

Widowed with Dependent Child Year of Spouse's Death: _____ *(Only two Tax Years after death)*

Did you get married during the Tax Year? Yes No Date: _____

Did you get divorced during the Tax Year? Yes No Date: _____

Notes: _____

Intake Form

Tax Year 2024

Income Received

Yes	No	Unsure	Income - During the Tax Year, Did You (or Your Spouse) Receive:
			1. Wages, Salary, or Taxable Sick Pay (Form W-2)
			2. Scholarships, Fellowships, Grants, Stipends (Form 1098-T)
			3. Interest/Dividends from checking/savings accounts, bonds, stocks, CDs, brokerage accounts? (Forms 1099-INT, 1099-DIV)
			4. Retirement income or payments from Pensions, Annuities, IRA, Roth IRA (Form 1099-R)
			5. Disability income (such as payments from insurance or workers compensation, or sick pay) (Form 1099-R)
			6. Social Security Benefits (Form SSA-1099)
			7. Railroad Retirement Benefits (Form RRB-1099)
			8. Income (or loss) from the sale or exchange of Stocks (Form 1099-B)
			9. Income (or loss) from the sale or exchange of Real Estate (including your home) (Form 1099-S)
			10. Refund of state/local income taxes? (Form 1099-G) (only if you itemized last year)
			11. Alimony income or separate maintenance payments received Date of Final Divorce: _____ Amount: \$ _____
			12. Unemployment Compensation? (Form 1099G)
			13. Gambling Winnings (Form W-2G)
			14. Other income (lottery, prizes, awards, jury duty, tribal income, royalties) (Form 1099-Misc)
			15. Income (or loss) from a Schedule K-1 (Schedule K-1)
			16. Business Income (1099-NEC)
			17. Rental Property

Expenses Paid

Yes	No	Unsure	Expenses - During the Tax Year, Did You (or Your Spouse) Pay for:
			1. Supplies used as an eligible educator (such as a teacher, teacher's aide, counselor) Amount: \$ _____
			2. Alimony or separate maintenance payments paid Date of Final Divorce: _____ Amount: \$ _____
			3. Contributions to a retirement account IRA 401K Roth IRA Other
			4. Student loan interest paid (Form 1098-E)
			5. Child or dependent care expenses (such as daycare)
			6. College expenses for yourself, spouse, or dependents (Form 1098-T)
			7. Insurance Premiums (not pre-tax) (do not include pre-tax premiums on your paychecks) Amount: \$ _____
			8. Qualified long term care contracts Amount: \$ _____
			9. Medical expenses (not covered by insurance) Amount: \$ _____
			10. Dental expenses (not covered by insurance) Amount: \$ _____
			11. Eyecare expenses (not covered by insurance) Amount: \$ _____
			12. Mortgage Interest (Form 1098)
			13. Taxes (State, Real Estate, Personal Property, Sales)
			14. Charitable contributions
			15. Private school tuition and mandatory book fees (Grades K-12) Amount: \$ _____ School Name: _____
			16. Rent paid to a landlord #1 Address: _____ Heat included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No Jan \$ _____ Feb \$ _____ Mar \$ _____ Apr \$ _____ May \$ _____ Jun \$ _____ Jul \$ _____ Aug \$ _____ Sep \$ _____ Oct \$ _____ Nov \$ _____ Dec \$ _____
			17. Rent paid to a landlord #2 Address: _____ Heat included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No Jan \$ _____ Feb \$ _____ Mar \$ _____ Apr \$ _____ May \$ _____ Jun \$ _____ Jul \$ _____ Aug \$ _____ Sep \$ _____ Oct \$ _____ Nov \$ _____ Dec \$ _____
			1. Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure (Forms 1099-C, 1099-A)
			2. Receive the First Time Homebuyers Credit in 2008 Husband: Amount to Repay: \$ _____ Wife: Amount to Repay: \$ _____
			3. Purchase/Install Energy Credit items (insulation, doors, roof, windows, furnace, solar, wind, geothermal, etc.)
			4. Adopt a child
			5. Have any withdrawal from Health Savings Account (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
			6. Have health coverage through the Marketplace Exchange (Form 1095-A) (Obamacare)
			7. File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D or on the State return
			8. Make estimated tax payments or apply last year's refund to this Tax Year's tax
			9. Do you qualify for Wisconsin Veterans Credit
			10. Contributions to (or withdrawals from) College Savings Account (Section 529 Plan, Edvest)

DIRECT DEPOSIT

Simple. Safe. Secure.

Direct Deposit Authorization

Direct deposit is the fastest way to receive your income tax refunds. Providing a copy of an actual check is the safest way to have your tax refund directly deposited into your checking account. This form is to be used when a copy of an actual check cannot be provided. Electronic Filing Center will not be responsible for any of the information that you provide on this form, even if you obtain that information from us.

1. You can only deposit in to an account that has your name on the account.
2. A maximum of two taxpayers may deposit in to the same account.
3. Deposit tickets sometimes have a different RTN that is invalid for use here.
4. Call your bank/cu if your checks state they are payable through a different bank.

Taxpayer must fill out this form!

Please print clearly

Name of bank/credit union: _____

Routing Transit Number: _____ (must be 9 digits)

Account Number: _____ (omit spaces / include hyphens)

Checking

Savings

I hereby authorize my tax refunds to be direct deposited in to the above account. I certify that my name is on this account at the financial institution. I realize that once the returns have been transmitted to the IRS/State, neither the return nor the Direct Deposit information can be changed. I realize that if the above information is incorrect, that the financial institution could reject the deposit and send it back to the IRS/State, or that the refunds could get deposited into the above account belonging to someone else. If the deposit is rejected, the IRS/State will mail a paper check to the address on the tax return, normally within 30 days. If the deposit is put in to the account of someone else, the refunds could be unrecoverable, in which case, I will hold Electronic Filing Center and its employees/agents harmless provided the return was transmitted with the above provided information.

Signature: _____ Date: _____

Dependents List

Tax Year 2024

List the names below of:

Everyone who lived with you last year (*other than your spouse*).

Anyone you supported but did not live with you last year.

Temporarily away from your home to school counts as nights in your home.

Names must match their social security card.

First Name	Last Name	Social Security Number	Date of Birth	Relationship to you (or your spouse)	Number of nights stayed in your home (or away to school)	Dep/CTC EIC Other
First Name	Last Name	Social Security Number	Date of Birth	Relationship to you (or your spouse)	Number of nights stayed in your home (or away to school)	Dep/CTC EIC Other
First Name	Last Name	Social Security Number	Date of Birth	Relationship to you (or your spouse)	Number of nights stayed in your home (or away to school)	Dep/CTC EIC Other
First Name	Last Name	Social Security Number	Date of Birth	Relationship to you (or your spouse)	Number of nights stayed in your home (or away to school)	Dep/CTC EIC Other
First Name	Last Name	Social Security Number	Date of Birth	Relationship to you (or your spouse)	Number of nights stayed in your home (or away to school)	Dep/CTC EIC Other
First Name	Last Name	Social Security Number	Date of Birth	Relationship to you (or your spouse)	Number of nights stayed in your home (or away to school)	Dep/CTC EIC Other
First Name	Last Name	Social Security Number	Date of Birth	Relationship to you (or your spouse)	Number of nights stayed in your home (or away to school)	Dep/CTC EIC Other
First Name	Last Name	Social Security Number	Date of Birth	Relationship to you (or your spouse)	Number of nights stayed in your home (or away to school)	Dep/CTC EIC Other
First Name	Last Name	Social Security Number	Date of Birth	Relationship to you (or your spouse)	Number of nights stayed in your home (or away to school)	Dep/CTC EIC Other
First Name	Last Name	Social Security Number	Date of Birth	Relationship to you (or your spouse)	Number of nights stayed in your home (or away to school)	Dep/CTC EIC Other
First Name	Last Name	Social Security Number	Date of Birth	Relationship to you (or your spouse)	Number of nights stayed in your home (or away to school)	Dep/CTC EIC Other
First Name	Last Name	Social Security Number	Date of Birth	Relationship to you (or your spouse)	Number of nights stayed in your home (or away to school)	Dep/CTC EIC Other
First Name	Last Name	Social Security Number	Date of Birth	Relationship to you (or your spouse)	Number of nights stayed in your home (or away to school)	Dep/CTC EIC Other
First Name	Last Name	Social Security Number	Date of Birth	Relationship to you (or your spouse)	Number of nights stayed in your home (or away to school)	Dep/CTC EIC Other
First Name	Last Name	Social Security Number	Date of Birth	Relationship to you (or your spouse)	Number of nights stayed in your home (or away to school)	Dep/CTC EIC Other

Parents should claim their children as dependents when they are under age 19 at the end of the Tax Year, or under age 24 at the end of the Tax Year and a full-time student during some part of each of any five months of the Tax Year. Children that fall into this category can't claim themselves even if the parents don't claim them. Many parents/students have been committing tax fraud by letting their children claim themselves to get stimulus money or to qualify for BadgerCare.

Notes: _____

Child Form

 (Please fill out one sheet for each child under age 24)

Child's name _____ Child's DOB _____

Your relationship to this child _____

Did you and this child live with any other adults last year? Yes No

If yes, with whom? _____

Do you pay child support for this child? Yes No

Do you receive child support for this child? Yes No

How MANY **NIGHTS** out of 365 was this child in **YOUR home** last year? _____

Do you have a signed valid 8332? Yes No

Do you have a court order? Yes No

Is this child in school/college? Yes No What grade? _____

Is this child disabled? Yes No

Did this child work? Yes No Child's Earned Income \$_____

Is this child married? Yes No

Which of the following items can you provide to prove this child lived with you?

- | | |
|---|--|
| <input type="checkbox"/> School records | <input type="checkbox"/> Social service records |
| <input type="checkbox"/> Indian tribal official statement | <input type="checkbox"/> Child care provider records |
| <input type="checkbox"/> Employer statements | <input type="checkbox"/> Health care record/medical records |
| <input type="checkbox"/> Placement agency statement | <input type="checkbox"/> Landlord or property management records |

Can anyone else claim this child on their income tax returns? Yes No

Have you had EIC reduced or disallowed in previous tax years? Yes No

IRS Ruling: Per the Publication 17 released by the IRS, if you are the noncustodial parent claiming a dependent you must have a signed Court Order from before 2008 or a signed Form 8332 to be able to legally do so. If you do not have either of these documents, Electronic Filing Center will not put the dependent on the return.

Certification: I attest this information is true and correct. I understand that in the event of an audit, I will need to provide the documents listed above. I am aware that my tax preparer will use this information to prepare my individual tax return and to determine if I qualify for Child Tax Credit, Earned Income Credit, and other credits based on this information.

Taxpayer's signature

Date