

# Personal Information

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

**Tax Year 2025**

## 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
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E-mail
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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
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E-mail
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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
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City
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State
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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 2025

## 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. Did you receive any tip income? (If not reported on W2, can't claim)
			3. Did you get paid any overtime? (If yes, we need your last paystub)
			4. Scholarships, Fellowships, Grants, Stipends (Form 1098-T)
			5. Interest/Dividends from checking/savings accounts, bonds, stocks, CDs, brokerage accounts? (Forms 1099-INT, 1099-DIV)
			6. Retirement income or payments from Pensions, Annuities, IRA, Roth IRA (Form 1099-R)
			7. Disability income (such as payments from insurance or workers compensation, or sick pay) (Form 1099-R)
			8. Social Security Benefits (Form SSA-1099)
			9. Railroad Retirement Benefits (Form RRB-1099)
			10. Income (or loss) from the sale or exchange of Stocks (Form 1099-B)
			11. Did you sell, exchange or use cryptocurrency/digital assets to pay for goods or services through a broker? (Form 1099-DA)
			12. Income (or loss) from the sale or exchange of Real Estate (including your home) (Form 1099-S)
			13. Refund of state/local income taxes? (Form 1099-G) (only if you itemized last year)
			14. Alimony income or separate maintenance payments received Date of Final Divorce: _____ Amount: \$ _____
			15. Unemployment Compensation? (Form 1099G)
			16. Gambling Winnings (Form W-2G)
			17. Other income (lottery, prizes, awards, jury duty, tribal income, royalties) (Form 1099-Misc)
			18. Income (or loss) from a Schedule K-1 (Schedule K-1)
			19. Business Income (1099-NEC)
			20. Gig Economy Income (Form 1099-K)
			21. 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. Did you buy a NEW vehicle for personal use in 2025?
			16. Did you purchase a NEW OR USED clean vehicle? When purchased: _____
			17. Private school tuition and mandatory book fees (Grades K-12) Amount: \$ _____ School Name: _____
			18. 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 \$ _____
			19. 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 \$ _____
			20. Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure (Forms 1099-C, 1099-A)
			21. Purchase/Install Energy Credit items (insulation, doors, roof, windows, furnace, solar, wind, geothermal, etc.)
			22. Adopt a child
			23. Have any withdrawal from Health Savings Account (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
			24. Have health coverage through the Marketplace Exchange (Form 1095-A) (Obamacare)
			25. File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D or on the State return
			26. Make estimated tax payments or apply last year's refund to this Tax Year's tax
			27. Do you qualify for Wisconsin Veterans Credit
			28. Contributions to (or withdrawals from) College Savings Account (Section 529 Plan, Edvest)

## Dependents List

## Tax Year 2025

**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

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: \_\_\_\_\_

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