

Taxpayer Information

Were you a resident of Wisconsin for ALL of 2023? ☐ Yes ☐ No

Could another person claim you as a dependent? ☐ Yes ☐ No

Name	Social Security Number	Date of Birth	
Spouse's name	Social Security Number	Date of Birth	
Address	Apt #	City	State Zip
Occupation	Spouse's Occupation	Telephone Number	

On December 31, 2023, were you ☐ Single ☐ Married ☐ Head of household ☐ Widowed

• If married, were you living with your spouse at any time during the last six months of the year? ... ☐ Yes ☐ No

• If widowed, date of spouse's death (mm/dd/yyyy) _____

Are you (or your spouse) legally blind? ☐ Taxpayer ☐ Spouse

or permanently and totally disabled? ☐ Taxpayer ☐ Spouse

List your children that you consider dependents and the names of others you provide support for. **Social security card is required for all dependents claimed.**

Name	Birth Date	Social Security Number	Relationship	Months Lived in Home

Does taxpayer qualify for: ☐ Dependent care credit (DC)? ☐ Yes ☐ No ☐ Earned income credit (EIC)? ☐ Yes ☐ No

Check the box next to **all types of income you received** in 2023:

Number of W-2s

☐ Wages **W-2**

☐ Capital gain **1099B**

☐ Interest **1099INT**

☐ IRA distributions **1099R**

☐ Dividends **1099DIV**

☐ Pension/annuity **1099R, RRB-1099, RRB-1099R**

☐ State tax refund **1099G**

☐ Unemployment Comp **1099G – Always needed**

☐ Alimony - date of divorce _____

☐ Social Security **1099SSA**

☐ Self-Employment (Schedule C-EZ)

☐ Other Income _____

Adjustments to Income:

Contributions made to an IRA during 2023 \$ _____

☐ Roth ☐ Regular

Student loan interest paid in 2023 \$ _____

\$2,500 Max

Child care expenses paid in 2023 \$ _____

Paid while you worked or looked for work.

Name of provider _____

Social Security or FEIN _____

College tuition paid in 2023 \$ _____

Preparer must complete Form 8863.

Taxpayer must provide Form 1098-T.

Did you receive a 1095-A, 1095-B, 1095-C ☐ Yes ☐ No

Will you be claiming any Medical expenses or Charitable Contributions for 2023? ☐ Yes ☐ No If Yes, complete Schedule A worksheet.

Did you **own your home** during 2023? ☐ Yes ☐ No If Yes, complete Schedule A worksheet.

Did you participate in the first time homebuyer's program? ☐ Yes ☐ No

Did you make any qualified residential energy improvements to your residence in 2023? . ☐ Yes ☐ No If Yes, complete Form 5695.

Did you make estimated tax payments in 2023? ☐ Federal _____ ☐ WI ☐ State _____

Wisconsin Income Tax Return Information

1. Health insurance paid during 2023 (**Post-Tax**)\$_____ (line 4, WI Form 1)
2. Long term care insurance paid in 2023\$_____ (line 4, WI Form 1)
Note: An adjustment must be made to Wisconsin itemized deduction credit
for health and long term care insurance claimed here. Enter on Sch. SB
3. Was college tuition above paid to attend college in WI or MN? ☐ Yes ☐ No \$_____ (if Yes, line 4,
Note: Form 1098-T should be submitted with Form W-RA if WI Form 1, \$6,974 max)
Homestead is claimed.
4. Rent paid during 2023\$_____ (line 13a)
• Was heat included in rent? ☐ Yes ☐ No
5. Property taxes paid in 2023\$_____ (line 13b)
Note: If rent or property taxes are paid during the year taxpayer is eligible
for a credit regardless of whether they are claiming Homestead credit.
6. Amount purchased out of state where sales tax was not charged\$_____ (line 20, WI Form 1)
7. Are you claiming Homestead Credit? ☐ Yes ☐ No\$_____ (if Yes, line 30)

If Yes, did you have any of the following? **Below entries need to be entered on WI Schedule H only.**

Federal/State Disability in your name (SSI)\$_____ (line 9b)
Scholarships/fellowships/grants\$_____ (line 9h)
VA Benefits (Military compensation)\$_____ (line 9h)
Child Support\$_____ (line 9i)
Wisconsin Works (W2)/County Relief
Number of months you did NOT receive _____
Amount received\$_____ (line 9j)
Kinship Care/Other public assistance\$_____ (line 9j)

Do you want your refund electronically deposited in your bank account? ☐ Yes ☐ No
Name of Institution _____ ☐ Checking ☐ Savings
Routing # _____ Account # _____

*I understand that this is a free service provided by volunteers and the accuracy of my tax return is my responsibility.
I will be patient and treat volunteers with courtesy and respect. I agree to provide all information necessary to
complete an accurate tax return. I have reviewed the information contained in this document and agree that all
the information is complete and correct.*

Reminders –

- If you are married and filing jointly, both spouses must be present to sign.
- We cannot prepare a return for married taxpayers' filing separate returns.
- All information presented should be complete and accurate, we cannot prepare amended returns.
- Your Social Security Number must match your Social Security Number on all W-2s.
- Once your return is submitted electronically, it cannot be changed.
- If your return is "Rejected" for any reason, you will be contacted within five (5) business days.

*Thank you for letting us help you with your income taxes.
Come again next year.*