**TAXPAYER NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SPOUSE NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP \_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT INFO: Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Taxpayer Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred method of contact: Phone E-mail Text Best time to contact you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FILING STATUS: (Circle) Single Married-Joint Married-Separate Head of Household Qualifying Widow(er)**

**DEPENDENTS - Claming this year**

**Name Birthdate Age SSN months lived with you Full time student at least 5 months**

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**PROOF OF RESIDENCY IS NEEDED FOR EACH DEPENDENT – (document with dependent’s name and address)**

**Examples are: Childcare invoice, School report card, Medical bill, Badger Care proof of insurance.**

**Did you receive advanced child tax credit(6419)? Amount received\_\_\_\_\_\_\_\_\_Number of qualifying children\_\_\_\_\_\_\_**

**How much stimulus money did you receive? \_\_\_\_\_\_\_\_\_\_ (required for 2021)**

**Any foreign bank accounts? \_\_\_\_\_\_\_\_ Any dealings with cryptocurrency (bitcoin, etc.)\_\_\_\_\_\_\_\_\_**

**WI INFORMATION NEEDED: Rent paid for 2021\_\_\_\_\_\_\_\_Heat included?\_\_\_\_\_\_**

**Taxes paid on home in 2021?\_\_\_\_\_\_\_\_\_**

**Did you pay for any other health insurance such as COBRA or Supplemental Health Insurance? Amount\_\_\_\_\_\_\_\_\_\_\_\_**

**INSURANCE**

**Did all members of the household have insurance all year? \_\_\_\_\_ If through Obamacare form 1095-A is required.**

**If insurance is through your employer, bring forms 1095-B or 1095-C showing names and months covered by insurance.**

**Long-term Care Insurance (nursing home policy)? Amount paid for each spouse (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_(W)\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have a Health Saving Account? \_\_\_\_\_\_ Family or Individual Plan? \_\_\_\_\_Did you make any contributions other than what**

**was deducted from your paycheck? Amount \_\_\_\_\_\_\_ Amount of distributions used for medical bills? \_\_\_\_\_\_\_\_\_\_\_\_**

**OTHER DEDUCTIONS**

**Teacher’s education expense claimed (not over $250 per taxpayer (H) \_\_\_\_\_\_\_\_\_\_\_\_(W)\_\_\_\_\_\_\_\_\_\_\_**

**Student Loan Interest Paid (H)\_\_\_\_\_\_\_\_\_\_\_\_\_(W)\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Traditional IRA Contributions (H)\_\_\_\_\_\_\_\_\_\_ (W)\_\_\_\_\_\_\_\_\_\_\_\_\_ ROTH IRA Contributions (H)\_\_\_\_\_\_\_\_\_\_(W)\_\_\_\_\_\_\_\_\_\_\_**

**Alimony paid: \_\_\_\_\_\_\_\_\_\_\_ Ex-spouse’s name and Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Alimony can only be claimed if it was part of the divorce decree and divorce ocurred prior to Jan. 1, 2019.**

**EDUCATION**

**Form 1098T and tuition billing statement are needed to claim learning credits. Did they receive scholarships or grants? \_\_\_\_\_\_ Pell Grant Amount? \_\_\_\_\_ Cost of books (receipts)?\_\_\_\_\_\_\_\_\_**

**Were any of their education expenses paid from a college savings plan?\_\_\_\_\_ (will need QTP/ESA statement)**

**Please include a list of all college expenses (books, housing, transportation, ANY other expenses i.e. parking permits).**

**How many years have they attended college? \_\_\_\_\_\_ Must be able to prove you provided over 50% of their support.**

**INCOME: (ENTER THE NUMBER OF FORMS and include documentation)**

**W-2s (wages) \_\_\_\_\_\_\_ 1099-Rs (Retirement Income) \_\_\_\_\_\_\_ Interest Received (1099-INT) \_\_\_\_\_\_\_\_**

**Dividends (1099-DIV) \_\_\_\_\_\_\_ Unemployment (1099-G) \_\_\_\_\_ Social Security Statements \_\_\_\_\_\_\_\_**

**Gambling Winnings (W2G) \_\_\_\_\_\_\_ K-1s (1065, 1120-S, 1041) \_\_\_\_\_\_ Brokerage Statements \_\_\_\_\_\_\_**

**1099-MISC\_\_\_\_\_\_\_ (Unemployment forms available online – required)**

**ENTER THE AMOUNT RECEIVED OF:**

**State Refund (if you itemized last year) \_\_\_\_\_\_\_\_ Alimony Received \_\_\_\_\_\_\_\_ Jury Duty \_\_\_\_\_\_\_**

**Other Type of Taxable Income: (List type and amount) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OTHER TYPES OF DOCUMENTS NEEDED:**

**Rental Income and Expenses, Self-Employment Income & Expenses, Real Estate Closing Statements, PPP and EIDL loans**

**DEPENDENT CARE EXPENSES:**

**List dependent(s) needing child care \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Need name, address, and social security or EIN # of Child Care Provider**

**Include billing statement if possible**

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**PRIVATE SCHOOL TUITION:**

**Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_ Tuition paid \_\_\_\_\_\_\_\_\_**

**School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EIN# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Include billing statement**

**UP TO $300 IN CASH CONTRIBUTIONS CAN BE CLAIMED EVEN IF YOU DON’T ITEMIZE! AMT GIVEN? \_\_\_\_\_\_\_\_\_\_\_**

**EDVEST / TOMORROW’S SCHOLAR / 529 PLANS:**

**CONTRIBUTIONS: (deductible on WI only)**

**Beneficiary (Students) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount of Contributions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DISTRIBUTIONS: (1099-Q)**

**Earnings may be taxable. Information needed to compute taxable portion (if any):**

**Tuition, Scholarships/Grants (on 1098-T), housing expense, books, and supplies. Beneficiary must be student!**

**ESTIMATED TAX PAYMENTS MADE:**

**1st payment amount? IRS \_\_\_\_\_\_\_\_\_ WI \_\_\_\_\_\_\_\_ Date the payment was made? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2nd payment amount? IRS \_\_\_\_\_\_\_\_\_ WI \_\_\_\_\_\_\_\_ Date the payment was made? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3rd payment amount? IRS \_\_\_\_\_\_\_\_\_ WI \_\_\_\_\_\_\_\_ Date the payment was made? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4th payment amount? IRS \_\_\_\_\_\_\_\_\_ WI \_\_\_\_\_\_\_\_ Date the payment was made? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OTHER INFORMATION THAT MAY BE NEEDED:**

**Bills paid in 2021 for: Medical \_\_\_\_\_\_\_\_\_ Dental\_\_\_\_\_\_\_\_\_\_ Eye Care\_\_\_\_\_\_\_\_\_Prescriptions\_\_\_\_\_\_\_\_\_**

**Hearing Aids\_\_\_\_\_\_\_\_\_ Other medical devices\_\_\_\_\_\_\_\_\_ Mileage to & from appointments \_\_\_\_\_\_\_\_\_\_\_\_.**

**Taxes – Property taxes PAID on other personal real estate (Cottage, etc.)**

**Mortgage Interest\_\_\_\_\_\_\_ PMI\_\_\_\_\_\_\_ Home Equity Interest \_\_\_\_\_\_\_\_ (must be used for home additions – deck, garage, etc)**

**Charitable Contributions – cash/check\_\_\_\_\_\_\_\_ property donated (goodwill) \_\_\_\_\_\_\_\_stocks\_\_\_\_\_\_\_**

**volunteer mileage \_\_\_\_\_\_\_ gambling losses \_\_\_\_\_\_\_\_**

**Energy Credit Home – Lifetime limit $500.00 Credit claimed in the past?\_\_\_\_\_\_\_Amount\_\_\_\_\_\_\_\_\_year\_\_\_\_\_\_\_\_\_\_\_**

**Insulation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exterior Doors \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exterior windows and skylights\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Furnace – must be qualified (focus on energy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Advanced main air fan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ALSO INCLUDE ANY INCOME AND EXPENSES OF RENTAL PROPERTIES OR BUSINESSES YOU OWN INCLUDING THE DATE PURCHASED AND AMOUNT PAID FOR LARGE BUSINESS PURCHASES.**

**INCLUDE ANY ADDITIONAL DOCUMENTS THAT MAY AFFECT YOUR TAX RETURN.**

By choosing to drop off my income tax information, I acknowledge I may not be taking advantage of all

the tax deductions, and or credits I am entitled to. I understand I can choose to schedule an

appointment with a tax preparer. I certify I have reported all mine, and my spouse’s income including

income not specifically listed on this form. I also certify all the documents provided Fox Cities Tax belong

to me and/or my spouse. I certify all information written on this form are correct I understand an

employee of Fox Cities Tax may contact me to clarify or obtain more information. I acknowledge there

may be some circumstances where I will be required to meet with a tax preparer before my tax returns

can be completed. I acknowledge that my tax returns will be prepared with the information provided

Fox Cities Tax. I certify that I hold Fox Cities Tax harmless for any additional taxes, penalties and interest

caused by my omission or overstatement of income and deductions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_