

2021: Even if we did your taxes last year, please complete this form to help us accurately prepare your return

Name: _____ Birth Date: _____ Occupation: _____

Spouse: _____ Birth Date: _____ Occupation: _____

Phone 1: _____ Phone 2: _____ Email: _____

Westen, Graff prepared my taxes last year AND my address has NOT changed – skip to next section

Address: _____ City: _____ State: _____ Zip: _____

County: _____ School District: _____

****If new client(s):** SSN: _____ Spouse SSN: _____

****NOTE: If we did not prepare your tax return last year, include a copy of last year's tax return**

Westen, Graff prepared my taxes last year AND my filing status and dependents has NOT changed – skip to next section

FILING STATUS AND DEPENDENTS - Filing status (select status below)

Single – Unmarried as of 12/31/2021

I can be claimed as a dependent by a parent or another person (I am not claiming myself)

MFJ – Married as of 12/31/2021 and filing a joint tax return with my spouse

HOH – Unmarried individual as of 12/31/2021 that maintains a house with a qualifying child residing with me for more than ½ of the year (fill in child information below)

MFS – Married as of 12/31/2021 but opting to file a separate tax return from my spouse

QW – Unmarried individual with dependent children whose spouse passed away in 2019, 2020 or 2021

List children/relatives who lived with you for more than 6 months. Dependents are:

1) Children age 18 or younger OR under age 24 who is a full-time student and will not be claimed on another person's tax return

2) Children 24 years of age or older who had less than \$4300 of taxable income or is disabled and will not be claimed on another person's tax return (including their own)

3) Any other person, who will not be claimed as a dependent by someone else, that lives with me all year, and that I provide majority of the support for

Full Name: _____ DOB: _____ SSN: _____ Relationship: _____

Is my dependent Lives with me but I am NOT claiming as a dependent this year Fulltime student Is disabled

Full Name: _____ DOB: _____ SSN: _____ Relationship: _____

Is my dependent Lives with me but I am NOT claiming as a dependent this year Fulltime student Is disabled

Full Name: _____ DOB: _____ SSN: _____ Relationship: _____

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HEALTH INSURANCE – Check all that apply

I/we had health insurance coverage through the **Marketplace** (Obamacare) (**MUST provide 1095-A**)

I/we had **employer sponsored** health insurance

I/we had **Medicare or Badger Care** (amount paid out of pocket) _____

I/we had **other insurance I/we pay for out of pocket** (include statement or amount paid) _____

DIRECT DEPOSIT / REFUND CHECK MAILED / AUTO-WITHDRAWAL OF INCOME TAX BALANCE DUE

I/we would like our refund directly deposited to our account: **No** **Yes** (provide bank routing or name and account info below)

I would like any **tax balance due** to be directly withdrawn (provide routing #, account # and date of payment. Due April 15)

Routing Number or Bank Name: _____ Account Number: _____

Bank Name: _____ Account Type: Checking Account Savings Account

OPTIONAL: If tax is owed, date of auto-withdrawal: _____

Note: If you do not select one of the above options or the routing number & account number are invalid, a check will be mailed to you if you are receiving a refund. If payment is due, you must send payment on or before April 15, 2022.

INCOME AND EXPENSE INFORMATION CHECKLIST – Provide documentation for all that apply to you

INCOME

- I/we received **WAGES** from an employer (**provide W-2s**)
- I/we received more than \$10 of **INTEREST** income from a bank or individual (**provide 1099-INT**)
- I/we received more than \$10 of **DIVIDENDS** income from stocks or mutual funds (**provide 1099-DIV**)
- I/we received money from a **pension, 401k, IRA** or **other RETIREMENT account** (**provide 1099-R for each account**)
- I/we received **SOCIAL SECURITY** benefits (**provide SSA-1099**)
- I/we sold **STOCKS** in a non-qualified account (e.g. excludes 401ks, IRA sales) (**provide 1099-B**)
- I/we received **UNEMPLOYMENT** benefits (**MUST provide 1099-G**)
- I/we have income from a **BUSINESS** or **self-employment** activity (**provide details: income, expenses, mileage, etc**)
- I/we receive income from **RENTAL property** (**provide details: income, expenses, mileage, etc**)
- I/we receive income from **FARMING** activities (**provide details: income, expenses, mileage, etc**)
- I/we received **GAMBLING** income (**provide W2-G**) Amount lost \$ _____
- I/we received **ALIMONY** Total amount: \$ _____ Date of Divorce: _____

ADJUSTMENTS

- I/we made **contributions** to an **HSA** account that was **NOT THROUGH** an employer pre-tax or cafeteria plan
Taxpayer amount \$ _____ Spouse amount: \$ _____
- I/we **used funds** from my **HSA** account to pay for **medical expenses** (**provide 1099-SA**)
- I/we paid **student loan interest** (**include 1098-E**)
- I/we contributed to a **TRADITIONAL IRA** (Do **NOT** include contributions to **employer sponsored** plans)
Taxpayer amount \$ _____ Spouse amount: \$ _____
- I/we contributed to a **ROTH IRA** (Do **NOT** include contributions to **employer sponsored** plans)
Taxpayer amount \$ _____ Spouse amount: \$ _____
- I paid **alimony** to an ex-spouse for spousal support Recipient Name: _____
Total Amount Paid: \$ _____ SSN: _____ Date of Divorce: _____

CREDITS / DEDUCTIONS

- I/we received an economic impact payment (**stimulus check**) 3rd Payment (up to \$1400 per person): \$ _____
- I/we received **Advanced Child Tax Credit** payments. Include Letter 6419 or enter **Total** amount received: \$ _____
- I/we incurred significant **out of pocket medical bills not covered by insurance** (list amount paid)
Medical: \$ _____ Dental: \$ _____ Vision: \$ _____ Rx: \$ _____
- I/we paid **PROPERTY TAXES** (attach property tax bill / receipt or list amount paid) \$ _____
- I/we paid **MORTGAGE INTEREST** on a home loan (**MUST provide FORM 1098**)
- I/we made **CHARITABLE contributions** (list amount or provide receipts) \$ _____
- I or my dependents paid for **COLLEGE TUITION / books – YEARS 1-4** (**MUST provide 1098-T from school**)
- I or my dependents paid for **COLLEGE TUITION / books – YEARS 5 & up** (**MUST provide 1098-T from school**)
- I/we pay for **private school tuition** (include statement from school listing EIN, amount paid, student name & grade)
- I/we made contributions to a **Coverdell, EdVest or 529 college savings plan** (list amount contributed and name of student)
- I/we pay for **CHILDCARE** (provide daycare provider statement or list amount paid, EIN & address of daycare provider and which dependents were in daycare)
- I/we used a **dependent care plan** or **flexible payment benefits** to cover the cost of **daycare** (provide daycare provider statement or list amount paid, EIN & address of daycare provider and which dependents were in daycare)
- I/we paid **RENT: Total ANNUAL** Amount \$ _____ Was heat included: Yes No
- I/we paid to **adopt a child** or an adoption for which I incurred previously unclaimed expenses become final this year
- I/we installed **energy efficient** improvements on primary residence (describe and list amount paid or provide receipts)

Notes: _____

Signature: _____ **Date:** _____

Spouse Signature: _____ **Date:** _____