

2022: Even if we did your taxes last year, please complete this form to help us accurately prepare your return

We update these forms every year to follow the IRS rules and regulations

Name: _____ Birth Date: _____ Job Title: _____

Spouse: _____ Birth Date: _____ Job Title: _____

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**

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

Single – Unmarried as of 12/31/2022

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

MFJ – Married as of 12/31/2022 and filing a joint tax return with my spouse

HOH – Unmarried individual as of 12/31/2022 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 12/31/2022 but opting to file a separate tax return from my spouse

QW – Unmarried individual with dependent children whose spouse passed away in 2020, 2021 or 2022

Dependents: 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 age 24 or older who had less than \$4400 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 lived 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

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

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HEALTH INSURANCE – Check all that apply

I/we had health insurance coverage through the **Marketplace (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 that I/we pay for out of pocket** (include statement or amount paid) _____

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

Tax Refund: I/we would like our refund directly deposited to our account: **No** **Yes** (provide bank account info below)

Tax Balance Due I/we would like the tax due directly withdrawn: **No** **Yes** (provide bank account info below and preferred date of payment – due April 18, 2023) **Date of auto-withdrawal for income taxes due:** _____

Please note, this is an autopayment of income TAX due, **not** for tax preparation fees.

Routing Number or Bank Name: _____ Account Number: _____

Bank Name: _____ Account Type: Checking Account Savings Account

Note: If you are receiving a refund and you do not select one of the above options or the routing number and/or account number are invalid, a check will be mailed to you. If payment is due, you must send payment on or before April 18, 2023.

INCOME AND EXPENSE INFORMATION CHECKLIST – Check all that apply to you and provide documentation

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 a **1099-K for Personal Items Sold** (**provide 1099-K** and original purchase price): \$ _____
- 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 incurred significant **out of pocket medical bills not covered by insurance** (list total amount paid or categorize below)
TOTAL: _____ OR: Medical: \$ _____ Dental: \$ _____ Vision: \$ _____ Rx: \$ _____
- I/we paid **PROPERTY TAXES** (attach property tax bill / receipt or list amount paid in 2022) \$ _____
- 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)
- I/we purchased a **new electric vehicle** (list amount paid or provide receipts)

Notes: _____

Signature: _____ Date: _____

Spouse Signature: _____ Date: _____