

Wisconsin Tax-Aide Information Sheet (complete both sides)

Name: _____ Date: _____

Wisconsin Residence: City Village Town _____

County: _____ School District: _____

1) Did you (and spouse, if applicable) live in Wisconsin during the entire tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2) Were you (or spouse, if applicable) issued an identity protection PIN (IPPIN) by the Wisconsin Dept. of Revenue? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3) Did you apply all or part of your 2023 state refund to your 2024 state estimated tax? <input type="checkbox"/> Yes \$_____ <input type="checkbox"/> No	
4) Did you make any Estimated Tax Payments to the Wisconsin Dept. of Revenue? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , enter total of Estimated Tax Payments made during each of the following periods: Jan 16 – Apr 15 \$_____ Apr 16 – Jun 17 \$_____ Jun 18 – Sep 16 \$_____ Sep 17 – Dec 31 \$_____ Jan 1 – Jan 15, 2025 \$_____	
5) Did you pay medical insurance premiums beyond what is automatically deducted from your Social Security for Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes and employed, were premiums paid from wages before taxes were deducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Enter medical premiums paid where applicable:	
Medicare Part B..... \$_____ <input type="checkbox"/> Month <input type="checkbox"/> Year Medicare Part C..... \$_____ <input type="checkbox"/> Month <input type="checkbox"/> Year (Advantage Plan) Medicare Part D \$_____ <input type="checkbox"/> Month <input type="checkbox"/> Year (Separate Drug Plan) Medicare Supplement..... \$_____ <input type="checkbox"/> Month <input type="checkbox"/> Year Wisconsin SeniorCare Prescription Drug Plan..... \$_____ <input type="checkbox"/> Month <input type="checkbox"/> Year	ACA Marketplace.....\$_____ <input type="checkbox"/> Month <input type="checkbox"/> Year (Form 1095-A) BadgerCare Ins.....\$_____ <input type="checkbox"/> Month <input type="checkbox"/> Year Dental Insurance.....\$_____ <input type="checkbox"/> Month <input type="checkbox"/> Year Vision Insurance.....\$_____ <input type="checkbox"/> Month <input type="checkbox"/> Year Cancer Insurance.....\$_____ <input type="checkbox"/> Month <input type="checkbox"/> Year Other Medical Ins.....\$_____ <input type="checkbox"/> Month <input type="checkbox"/> Year
6) Did you pay Long-Term Care insurance premiums? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , Self: \$_____ Spouse: \$_____	
7) Did you pay tuition for Private/Parochial Schools for Elementary and/or High School students? <input type="checkbox"/> Yes \$_____ <input type="checkbox"/> No	8) Did you contribute to a Wisconsin EdVest or Tomorrow's Scholar account? <input type="checkbox"/> Yes \$_____ <input type="checkbox"/> No
9) Did you pay tuition and/or fees to a Wisconsin or Minnesota college or vocational school? (Minnesota includes only public colleges or vocational schools) <input type="checkbox"/> Yes \$_____ <input type="checkbox"/> No	
10) Do you have a Wisconsin Capital Loss Carryforwards (from last year's Form WD)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , Short term (line 34) \$_____ Long term (line 39) \$_____	
11) If you are a home owner, how much did you pay in property taxes for your primary residence for the tax year? (Do not include assessments, trash pick-up, recycling fees, etc.) \$_____	12) If you are a renter, how much rent did you pay for your primary residence for the tax year? \$_____ Was Heat included? <input type="checkbox"/> Yes <input type="checkbox"/> No
13) Have you been certified by the WI Department of Veterans Affairs as being eligible for the WI veterans and surviving spouses' property tax credit? (Proof required) <input type="checkbox"/> Yes <input type="checkbox"/> No	

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<p>14) Did you make any internet, mail order, or other out-of-state purchases for which no sales tax was charged? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, total amount \$ _____</p>	<p>15) Did you take a Qualified Charitable Distribution (QCD) from an IRA this tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, do you have written documentation from the charity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>16) Do you have any gambling winnings that were not reported on Form W-2G? <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No</p>	
<p>17) Did you receive Military/Uniformed Services Retirement benefit payments? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(This includes retirement payments received from: a) The U.S. military retirement system including payments from the Retired Serviceman's Family Protection Plan or the Survivor Benefit Plan. These benefits are paid from the Defense Finance and Accounting Service; b) The U.S. government that relates to service with the Coast Guard, the commissioned corps of the National Oceanic and Atmospheric Administration, or the commissioned corps of the Public Health Service)</small></p>	
<p>18) Did you receive payments from the Milwaukee City Employees, Milwaukee City Police Officers, Milwaukee Fire Fighters, Milwaukee Public School Teachers, Milwaukee County Employees, Milwaukee Sheriff, or Wisconsin State Teachers retirement systems? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, were you: 1) retired from the system before January 1, 1964, or; 2) a member of the system as of December 31, 1963, retiring at a later date and payments you receive are from an account established before 1964, or; 3) receiving payments from the system as the beneficiary of an individual who met either condition 1 or 2? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>19) Did you receive payments from a federal retirement system*? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, were you: 1) retired from the system before January 1, 1964, or; 2) a member of the system as of December 31, 1963, retiring at a later date and payments you receive are from an account established before 1964, or; 3) receiving payments from the system as the beneficiary of an individual who met either condition 1 or 2? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>* A federal retirement system is a U.S. government civilian employee retirement system. Examples include the Civil Service Retirement System and the Federal Employees' Retirement System. These benefits are paid from the U.S. Office of Personnel Management. Payments from the federal Thrift Savings Plan do not qualify for the subtraction.</small></p>	

Homestead Credit Questions

<p>20) Do you want to claim the Homestead Credit? (Must be full-year resident of WI) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, do you have a completed Rent Certificate with no errors or corrections? <input type="checkbox"/> Yes <input type="checkbox"/> No Or, do you have a copy of your current year Property Tax Bill? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>21) If claiming the Homestead Credit, list the full year income from any of the following sources received in the tax year and bring in the bank statement showing your checkbook deposits.</p>	
<p>Federal SSI \$ _____ <small>(Do not include your children's SSI)</small></p> <p>State SSI..... \$ _____ <small>(Do not include your children's SSI)</small></p> <p>State SSDI \$ _____</p> <p>Caretaker Supplement..... \$ _____</p> <p>VA Benefits (Military Compensation) \$ _____</p> <p>Scholarships, Fellowships, Grants, VEAP, GI Bill \$ _____</p>	<p>Court Ordered Child Support And Nontaxable Alimony..... \$ _____</p> <p>Wisconsin Works or County Relief Amount Received..... \$ _____ <i>Number of months you did not receive Wisconsin Works or County Relief payments</i> _____</p> <p>Kinship Care..... \$ _____</p> <p>Other Public Assistance..... \$ _____</p>