

Becky's Tax Service, LLC

1410 N. Superior Ave. Tomah, WI 54660
608-372-6524 office@beckystaxservice.com

Today's Date: _____

Taxpayer Name: _____ Date of Birth: ____-____-____

Social Security # ____-____-____ Cell Phone Number: _____

Spouse Name: _____ Date of Birth: ____-____-____

Social Security # ____-____-____ Cell Phone Number: _____

Street Address: _____

City: _____ County: _____ Township: _____

Email address: _____

Were you a client LAST year? YES or NO If NO, please provide a copy of last year's return. _____

Were you married on or before December 31st? YES or NO

How are you filing: JOINTLY SEPARATELY SINGLE HEAD-OF-HOUSEHOLD

If you moved to Wisconsin during the last year, when did you move here? ____-____-____

When did you become a WI Resident? ____-____-____

Did you update your driver's license? (Please provide updated expiration.) YES or NO

THE FOLLOWING QUESTIONS ARE REQUIRED

Is anyone claiming you as a dependent on their return? YES or NO

Did you own or have financial interest in a business or a farm? YES or NO

Did you make any online purchases for which you may owe WI state sales tax? YES or NO Amount Due _____

Did you own or rent any foreign properties? YES or NO Money in foreign accounts? YES or NO

Did you receive, sell, send, exchange, acquire, or mine any virtual currency (cryptocurrency)? YES or NO

Did you receive an award or payment of any digital assets? YES or NO

Housing

Did you BUY a home or property? (Purchase or sale documents will be required.) YES or NO

Did you SELL a home or property? (Purchase or sale documents will be required.) YES or NO

If you answered yes, we will need documentation. (See list on post card provided to you.)

Did you RENT or OWN your home?

RENT: How much did you pay per month last year? _____ x _____ (months)= _____

Did you pay your own heating costs? YES or NO

OWN: Please provide a property tax bill/statement. _____ Form 1098 _____

PLEASE COMPLETE BOTH SIDES Signature: _____ Date: ____-____-____

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Health Insurance

Did you acquire health insurance from the Marketplace ("Obamacare")? YES or NO Form 1095-A _____
Did you pay significant health-related costs out of pocket? YES or NO Amount _____
Did you pay for supplemental health insurance? YES or NO Amount _____

THE FOLLOWING QUESTIONS ARE REQUIRED

Dependents

Are you claiming dependents? YES or NO If YES, please complete Diligence Worksheet _____
Did you pay Daycare Expenses? YES or NO Documentation _____
New Client or Added Dependents: Birth Certificates _____ Copies of Social Security Cards _____

Other things to consider (Documentation Required)

Are your W-2's the same as last year? List Changes YES or NO _____
Did you have Jury Duty? YES or NO Check Stub _____
Did you receive Unemployment? YES or NO Form 1099-G _____
Did you receive "Forgiveness of Debt" from a Creditor? YES or NO Form 1099-C _____
Did you have any gambling winnings? YES or NO Form W-2G _____
Did you sell any stocks? YES or NO Form 1099-B _____
Did you receive Social Security benefits? YES or NO Form SSA-1099 _____
Did you receive retirement benefits? YES or NO Form 1099-R _____
Did you receive non-taxable Veteran's benefits or other non-taxable benefits? YES or NO _____
Did you have Student Loans? YES or NO Form 1098-E _____
Did you pay tuition for higher education? YES or NO Form 1098-T _____
Did you make any charitable contributions? YES or NO Amount _____

You must retain copies of receipts/documentation to support the total you are claiming.

Did you receive any money through Venmo, PayPal, Cash App or other virtual payment methods for services or merchandise? (Documentation required, 1099-K) YES or NO Form 1099-K _____

Has your direct deposit information changed since last year?

YES or NO

If it has changed, please provide a voided check or a letter from your bank with the updated banking information.

Would you like to receive your return on a USB flash drive?

YES or NO

When your return is complete, our office will call to schedule an appointment for you to sign and pick up your tax return documents. For those who are Married Filing Jointly or Married Filing Separate, both spouses must sign the return. Payment is required at the time of pick-up.

PLEASE COMPLETE BOTH SIDES

Signature: _____ Date: ____ - ____ - ____