

## **Tax Drop Off Information (New Client)**

FILING STATUS: MARRIED \_\_\_\_\_ HEAD OF HOUSE \_\_\_\_\_ SINGLE \_\_\_\_\_ M. FILING SEPARATE \_\_\_\_\_

TAXPAYER \_\_\_\_\_ SS# \_\_\_\_\_ Occupation \_\_\_\_\_ DOB \_\_\_\_\_

SPOUSE \_\_\_\_\_ SS# \_\_\_\_\_ Occupation \_\_\_\_\_ DOB \_\_\_\_\_

Dependent \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_ Months at home \_\_\_\_\_

Dependent \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_ Months at home \_\_\_\_\_

Dependent \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_ Months at home \_\_\_\_\_

Primary Phone #: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Current Address \_\_\_\_\_

2024 Tax Return copy included? \_\_\_\_\_ If not, we will need a copy.

Do you own a house? \_\_\_\_\_ (Include property tax bill paid in 2025)

Monthly Rent Amt Pd \$ \_\_\_\_\_ Heat: Incl \_\_\_\_\_ Not Incl \_\_\_\_\_ Months rented in 2025 \_\_\_\_\_

**Did you receive any overtime pay in 2025? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please include last paystub dated 2025**

Did you pay for health insurance NOT PROVIDED by an EMPLOYER? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how much? \_\_\_\_\_

**Did You receive a 1095A for Market place health coverage in 2025? Yes \_\_\_\_\_ No \_\_\_\_\_**

Any Charity donations in 2025: Check/Cash \$ \_\_\_\_\_ Goods \$ \_\_\_\_\_ QCD's \$ \_\_\_\_\_

Any Unemployment Income in 2025? **(1099G)** Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a Health Savings Account? Yes \_\_\_\_\_ No \_\_\_\_\_ **(Need 1099-SA) W-2 Box 12 code W**

Did anyone attend a post-secondary (College) during 2025? (1098-T) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many years of College did the student complete? \_\_\_\_\_

**(If yes, please provide 1098-T from the school.)**

Was anyone enrolled in a private grade or high school during 2025? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please provide a statement of paid tuition from the school.)

Any Student Loan interest paid in 2025? **(1098-E)** Yes \_\_\_\_\_ No \_\_\_\_\_

Any Investment Income? (yes/no) \_\_\_\_\_ (1099B) (1099Div) (1099Int)

Any Business Income? (yes/no) \_\_\_\_\_ (1099NEC)

Any Rental Income? (yes/no) \_\_\_\_\_ (1099Misc)

Were you a WI resident all 12 mo? Yes \_\_\_\_\_ No \_\_\_\_\_ Prev State \_\_\_\_\_ Date moved to WI \_\_\_\_\_

Any Energy Efficient Home Improvements? Yes \_\_\_\_\_ No \_\_\_\_\_

New windows \_\_\_\_\_, Doors \_\_\_\_\_, or Insulation cost \_\_\_\_\_

Furnace \_\_\_\_\_, Central air \_\_\_\_\_, or Water heater cost \_\_\_\_\_

Who referred you to Kirsch Tax Service? \_\_\_\_\_

## Driver's License Information

### Taxpayer

License Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

State \_\_\_\_\_

### Spouse

License Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

State \_\_\_\_\_

## BANKING INFORMATION (for Direct Deposit)

Name of Bank \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Account Type:    Checking \_\_\_\_\_    Savings \_\_\_\_\_