

First Team Tax Preparation

8112 West Bluemound Rd., Suite 94 • Wauwatosa, WI 53213
 Phone: 414-476-1040 • Email: firstteamtax@gmail.com

**** PLEASE DO NOT STAPLE OR TAPE YOUR DOCUMENTS TOGETHER - WE WOULD APPRECIATE IT ****

COMPLETE THIS PAGE AND SIGN BELOW

Date Received in Office: _____

PERSONAL INFORMATION	
Taxpayer	Spouse
First Name & Initial _____	_____
Last Name _____	_____
Date of Birth _____	_____
Occupation _____	_____
Home Phone _____	_____
Work Phone _____	_____
Cell Phone _____	_____
Email Address _____	_____
Street Address _____	Apt: _____
City _____	State: _____ Zip: _____
Direct Deposit _____	Provide Voided Check

Health Care

NOTE: SENIORS COVERED BY MEDICARE HAVE MET THE ESSENTIAL HEALTH COVERAGE!
 Regulations require essential Health Coverage on a monthly basis.

Taxpayer		Spouse	
Yes	No	Yes	No
Did you have health coverage for 2024?			
WERE YOU COVERED ALL 12 MONTHS? <i>Check boxes of months covered for <u>each</u> Taxpayer.</i>			
Taxpayer		Spouse	
_____		_____	
Health Insurance Carrier		Health Insurance Carrier	
Coverage Through: _____		Coverage Through: _____	
Company	Self	Company	Self
Other: _____	_____	Other: _____	_____

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec	Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
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Must provide a 1095 for Health Insurance Proof

REQUIRED QUESTIONS

Did you have a foreign bank account that exceeded \$10,000 at any time during the year? Yes No

Did you have any State/Internet/Catalogue purchases subject to WI sales/use tax? Yes No

Taxpayer Signature: _____ Print Name: _____ Date: _____

Spouse Signature: _____ Print Name: _____ Date: _____

Last name: _____

REQUIRED DOCUMENTS CHECKLIST

- | | |
|--|--|
| W2s (last pay stub of year) | Social Security Income (SSA-10995) |
| All Pension, Annuity IRA Documents, (1099-R) | Interest/Dividends (1099s) (interest &/or dividends received) |
| All Trust & Estate Documents (K-1s) | Capital Gains (1099Bs/Stocks) (provide purchase date and cost Basis) |
| IRA Rollover Yes No | Unemployment Compensation (1099G) |
| Roth Conversions Yes No | General Assistance / W2 Works Program |
| Real Estate Tax Bill with paid Receipt | Maintenance/Family Support (court ordered)* |
| Home Refinancing Documents | Day Care Statements |
| Property Sold Documents (1099-S) | Recently Divorced (Divorce Decree & Marital Property Settlement) |
| | Child support is not taxable or deductible* |

Adjustments to Income

Other Income

Alimony/Maintenance Paid

Name: _____ SSN _____

Amount Paid: \$ _____

IRA/SEP Contribution Taxpayer \$ _____

IRA/SEP Contribution Spouse \$ _____

Health Savings Acct (not FSA) \$ _____

Student Loan interest \$ _____

Alimony/Maintenance Received \$ _____

Gambling/Lottery Winnings \$ _____

(Bring W-2G's)

Jury Duty \$ _____

Disability Income \$ _____

State Income Tax Refund \$ _____

Other _____ \$ _____

DEPENDENTS

Name	Relationship	Date of Birth	SSN	Months at Home	Student Disable	Gross Income

Please list source and amount of dependent income on reverse side of this form

REQUIRED FOR WISCONSIN - Tuition 5K-12 Private/Parochial

Student: _____ Grade: _____

Name of School: _____ FEIN #: _____

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

Tuition/Mandatory Book Fees Paid: \$ _____ (Receipt Required)

Student: _____ Grade: _____

Name of School: _____ FEIN #: _____

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

Tuition/Mandatory Book Fees Paid: \$ _____ (Receipt Required)

(Additional children list on back)

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Last name: _____

DAY CARE EXPENSES

How many Children in Care: _____
 Total Amount Paid for Care during 2024: \$ _____ Were Services Provided In: Home
 Provider Name, Address, Tax ID Number: _____

RENTER'S EXPENSES

Rent Paid During Tax Year: \$ _____ Heat Paid By: Landlord Renter (Please check one)

ESTIMATED TAX PAYMENTS

FEDERAL		STATE	
Prior year coverage applied	_____	Prior year coverage applied	_____
1st Qtr - April 15, 2024	_____	1st Qtr - April 15, 2024	_____
2nd Qtr - Jun 15, 2024	_____	2nd Qtr - Jun 15, 2024	_____
3rd Qtr - Sep 15, 2024	_____	3rd Qtr - Sep 15, 2024	_____
4th Qtr - Jan 15, 2024	_____	4th Qtr - Jan 15, 2024	_____
Total	_____		_____

ITEMIZED DEDUCTIONS

MEDICAL INSURANCE

MEDICAL OUT OF POCKET EXPENSES

NOTE: List only amounts paid and not those covered by Insurance/Medicare.

Health Premiums You Paid	\$ _____	MD/Dentist/Specialist	\$ _____
Drug Insurance Premiums	\$ _____	Hospital	\$ _____
Medicare Premiums	\$ _____	Glasses/Contacts	\$ _____
Dental Premiums	\$ _____	Medical Equip/Supplies	\$ _____
Long Term Care Prem Taxpayer	\$ _____	Prescription Drugs	\$ _____
Long Term Care Prem Spouse	\$ _____	Hearing Aids/Supplies	_____
Medicare Miles _____		Other	_____

Amount Paid for Health Insurance: Employer paid a portion? Yes No
 Are your premiums pretax through work? Yes No
 HSA withdrawals used 100% for Medical? Yes No
 Is HSA through work or on your own? Work Own

Real Estate Taxes Paid	Bring Paid Receipt
Real Estate Taxes Prin. Resident	\$ _____
Other Real Estate Taxes	\$ _____
Sales Tax on New Vehicle	\$ _____
Other	\$ _____
Mortgage Interest Expense	\$ _____
Mort Interest Paid - Bring 1098	\$ _____
Interest Paid to Others - no 1098	\$ _____

Paid to: Name: _____
 Address: _____
 SSN/EIN: _____
 Investment Interest \$ _____

UNREIMBURSED MISC EXPENSES

Union/Professional Dues	\$ _____
Licenses	\$ _____
Tools/Safety-Equipment	\$ _____
Uniforms	\$ _____
Sales Expenses	\$ _____
Tax Prep Fee	\$ _____
Safe Deposit Box	\$ _____
IRA Custodial Fee	\$ _____
Investment Expenses	\$ _____
Job Search Expenses	\$ _____
Gambling Losses	\$ _____
Other	\$ _____

*Gambling losses require documented substantiation**

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Last name: _____

IRA CONTRIBUTIONS (not on W2)

	Taxpayer	Spouse
Traditional IRA	\$ _____	\$ _____
Roth IRA	\$ _____	\$ _____
Coverdale EDU Savings Account	\$ _____	\$ _____
Are you considering contribution to an IRA before 4/15 of 2025? Yes No		

529 SAVINGS PLAN - EDVEST CONTRIBUTIONS

Child's name: _____	Contribution Amount: \$ _____
Child's name: _____	Contribution Amount: \$ _____
Child's name: _____	Contribution Amount: \$ _____

EdVest max contribution for year is \$5,000.00 & must be made by 4/15/24 - Receipt (proof of contribution) Required for each

EDUCATION EXPENSES

(Submit School Printout of Amounts Paid During Tax Year and FORM 1098T)

	Tuition Paid	Books/Supplies	Room/Board	Year in College, Institution/State
Student #1	\$ _____	\$ _____	\$ _____	_____
Student #1	\$ _____	\$ _____	\$ _____	_____
EDUCATOR EXPENSES FOR TEACHERS			Classroom Supplies: \$ _____	

CHARITABLE CONTRIBUTIONS

(To comply with IRS requirements, totals must be indicated below & accompanied by receipts or they will not be included)

	Cash/Check #	Charges		Non-Cash
Organization _____	\$ _____	_____	Organization _____	\$ _____
Organization _____	\$ _____	_____	Organization _____	\$ _____
Organization _____	\$ _____	_____	Organization _____	\$ _____
Charity Miles _____				