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	
Did you have health coverage for 2025?	Yes ☐	No ☐	Yes ☐	No ☐

WERE YOU COVERED ALL 12 MONTHS? *Check boxes of months covered for <u>each</u> Taxpayer.*

Taxpayer

_____
Health Insurance Carrier

Coverage Through: _____

Company ☐ Self ☐ Other: _____

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

Spouse

_____
Health Insurance Carrier

Coverage Through: _____

Company ☐ Self ☐ Other: _____

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

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: _____

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Last name: _____

REQUIRED DOCUMENTS CHECKLIST

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

Adjustments to Income

Alimony/Maintenance Paid

Name: _____ SSN _____

Amount Paid: $ _____

IRA/SEP Contribution Taxpayer $ _____

IRA/SEP Contribution Spouse $ _____

Health Savings Acct (not FSA) $ _____

Student Loan interest $ _____

Other Income

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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DAY CARE EXPENSES

How many Children in Care: _____

Total Amount Paid for Care during 2025: $ _____ 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, 2025		1st Qtr - April 15, 2025	
2nd Qtr - Jun 15, 2025		2nd Qtr - Jun 15, 2025	
3rd Qtr - Sep 15, 2025		3rd Qtr - Sep 15, 2025	
4th Qtr - Jan 15, 2025		4th Qtr - Jan 15, 2025	
Total			

ITEMIZED DEDUCTIONS

MEDICAL INSURANCE

Health Premiums You Paid	$
Drug Insurance Premiums	$
Medicare Premiums	$
Dental Premiums	$
Long Term Care Prem Taxpayer	$
Long Term Care Prem Spouse	$
Medicare Miles	

MEDICAL OUT OF POCKET EXPENSES

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

MD/Dentist/Specialist	$
Hospital	$
Glasses/Contacts	$
Medical Equip/Supplies	$
Prescription Drugs	$
Hearing Aids/Supplies	
Other	

Amount Paid for Health Insurance:

Employer paid a portion?	Yes	No
Are your premiums pretax through work?	Yes	No
HSA withdrawls 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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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 2026? 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 $5,130.00 & must be made by 4/15/25 - 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 _____