

2020 WISCONSIN INTAKE FORM ---- TAXPAYER (& SPOUSE) NAME(S): _____

Yes	No	Unsure	Wisconsin General Questions -- All amounts should be annual figures for 2020
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Did you live in Wisconsin for all of 2020? As of 12/31/20, indicate the following: County: _____ School District: _____ City Village Town of _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Make Quarterly Estimated Payments for 2020 to the WI Dept of Revenue? (Typically self-employed persons may make these payments)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Did you have a Wisconsin Capital Loss Carryover from 2019? If yes: Short-Term: \$ _____ Long-Term: \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Were you (or your spouse) age 65 as of December 31, 2020? (If yes, volunteer preparer will complete worksheet if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Did you pay long-term care premiums in 2020? Taxpayer: \$ _____ Spouse: \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Did you pay tuition to private elementary or high schools in 2020? If so, indicate the following: Name of School: _____ Address: _____ EIN: _____ Child(ren)s Name: _____ Amount(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Did you pay college tuition and fees to a Wisconsin or *Minnesota school in 2020? \$ _____ (*Minnesota includes only a public vocational school or institution of higher learning)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Did you pay rent on your primary residence in 2020? \$ _____ Was heat included? Yes No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Did you pay property taxes on your primary residence in 2020? \$ _____ (Do not include assessments, trash pickup, recycling fees, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Did you purchase/sell home in 2020? We will need a copy of your closing statement.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Did you own your home with someone other than spouse? Percentage of ownership: _____ Did they live with you? Yes No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Are you claiming the Veteran's and Surviving Spouse Credit? Amount Paid for Property Taxes in 2020: \$ _____ Acreage: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Did you purchase anything outside WI which was used in WI and for which no sales tax was paid by you? _____

Yes	No	Unsure	Wisconsin Medical Premiums Subtraction Questions -- All amounts should be annual figures for 2020
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Did you pay Medicare premiums for Parts A, B, C, D? Taxpayer \$ _____ Spouse \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Did you pay any other post-tax medical premiums in 2020? (For example: Personal Check or Direct Debit from Bank Account)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Medicare Supplemental Insurance: \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Marketplace Health Insurance: \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Non-Marketplace Health Insurance: \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Dental/Vision Insurance \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Badger Care/Family Care \$ _____
			3. Total Medical Insurance Premiums Paid Post-Tax in 2020: \$ _____

Yes	No	Unsure	Homestead Credit – Complete this section <u>ONLY</u> if you are claiming Homestead Credit. Household Income MUST BE < \$24,680
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Do you have a completed Rent Certificate, signed by your landlord with no errors or corrections?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Copy of 2020 Property Tax bill (whether paid or not)? Acreage of Property: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Total Federal SSI: \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Total WI SSI: \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Total Caretaker Supplement: \$ _____
			Total SSI/Caretaker \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. VA Disability Pensions with no 1099R \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Scholarships, Fellowships, grants VEAP, GI Bill or non-taxable military compensation \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Court-ordered child support, maintenance or other support received in 2020 \$ _____

