2025 CLIENT INFORMATION WORKSHEET

PERSONAL INFORMATION

If everything is the same as last year, check this box ☐

TAXPAYER NAME______________________________________ SSN_______________________ BIRTHDATE_______________

SPOUSE NAME____ SSN_______________________ BIRTHDATE_______________

PHONE NUMBER______________________________________ EMAIL ____

***DID YOU RECEIVE AN IP (IDENTITY PROTECTION) PIN: YES or NO**

TAXPAYER'S FEDERAL PIN:____________ TAXPAYER'S WI PIN: _____________

SPOUSE'S FEDERAL PIN:______________ SPOUSE'S WI PIN:_______________

***DID YOUR ADDRESS CHANGE; IF YES, PLEASE UPDATE HERE**: ____

TAXPAYER ID

DRIVER'S LICENSE or STATE ID

ID NUMBER ____________________________________

ISSUE DATE ____________ EXP.DATE _______________

SPOUSE ID

DRIVER'S LICENSE or STATE ID

ID NUMBER ____________________________________

ISSUE DATE ____________ EXP.DATE _______________

DEPENDENTS

NAME____ SSN_______________________ BIRTHDATE_______________

NAME____ SSN_______________________ BIRTHDATE_______________

NAME____ SSN_______________________ BIRTHDATE_______________

DID YOUR CHILDREN ATTEND PRIVATE ELEMENTARY OR SECONDARY (HIGH SCHOOL)? YES or NO
DID YOU MAKE ANY EDVEST CONTRIBUTIONS? YES or NO
DID YOU PAY DAYCARE? YES or NO If yes, please provide a statement with EIN

REQUIRED DOCUMENT CHECKLIST

INCOME:

_____ WAGE STATEMENTS (W-2)

_____ INTEREST/DIVIDEND STATEMENTS (1099-INT/DIV)

_____ UNEMPLOYMENT BENEFITS (1099-G)

_____ STOCK STATEMENTS (1099-B'S)

_____ DIGITAL ASSETS STATEMENT (1099 & OTHER)

_____ GAMBLING WINNINGS (1099-G)

_____ SOCIAL SECURITY BENEFITS (1099-SSA)

_____ PENSION, ANNUITY IRA DOCUMENTS (1099-R)

_____ TRUST & ESTATE DOCUMENTS (K-1)

_____ PROPERTY SOLD DOCUMENTS (1099-S)

_____ JURY DUTY PAY

DEDUCTIONS/CREDITS:

_____ MORTGAGE INTEREST PAID (1098)

_____ REAL ESTATE TAX BILL/RENT PAID

_____ CHARITABLE DONATION STATEMENTS

_____ DAYCARE STATEMENT WITH EIN

_____ COLLEGE TUITION PAID (1098-T)

_____ STUDENT LOAN INTEREST (1098-E)

_____ PRIVATE SCHOOL TUITION STATEMENT WITH EIN

_____ EDVEST CONTRIBUTION STATEMENT

_____ HEALTH SAVINGS ACCOUNT STATEMENT (1099-SA)

_____ MARKETPLACE INSURANCE (1095-A)

_____ SUPPLEMENT HEALTH INSURANCE PREMIUMS

continue to next page

HEALTH INSURANCE COVERAGE:

*** DID YOU HAVE HEALTH INSURANCE ? YES or NO IF YES, PLEASE CIRCLE WHICH ONE:**

-EMPLOYER -COBRA -MEDICARE -MARKETPLACE (1095-A Required) -OTHER

*** DID YOU HAVE LONG-TERM CARE (NURSING HOME) INSURANCE? YES or NO**

IF YES, WHAT IS THE AMOUNT YOU PAID $ ______________

INCOME:

*** DID YOU RECEIVE, SELL, EXCHANGE, OR GIFT ANY DIGITAL ASSETS (CRYPTO) DURING THE YEAR? YES or NO**

IF YES, PLEASE PROVIDE THE STATEMENTS FROM ALL ACTIVITY

*** AT ANY TIME DURING THE YEAR, DID YOU HAVE MORE THAN $10,000 IN A FOREIGN ACCOUNT? YES or NO**

*** OTHER INCOME -** Do you have any other income not reported elsewhere (i.e. gambling winnings, prizes and awards, jury duty fees, debt cancellation, foreclosures, abandonment, or any other cash inflows not discussed elsewhere)? **YES or NO**

ADJUSTMENTS TO GROSS INCOME:

*** DID YOU CONTRIBUTE TO AN IRA OUTSIDE OF EMPLOYER? (CIRCLE ONE): YES or NO**

IF YES, WHAT TYPE OF ACCOUNT? -TRADITIONAL IRA -ROTH IRA CONTRIBUTION AMOUNT $____________________

*** DID YOU PAY STUDENT LOAN INTEREST? (Form 1098-E) YES or NO**

*** DID YOU HAVE AN HSA (HEALTH SAVINGS ACCOUNT) YES or NO**

IF YES, DID YOU HAVE DISTRIBUTIONS DURING THE YEAR? (1099-SA REQUIRED)

*** DID YOU MAKE A QCD (QUALIFIED CHARITABLE DONATION) WITH YOUR IRA? YES or NO AMOUNT?___________**

OTHER MISCELLANEOUS ITEMS

*** DID YOU INSTALL ANY INSULATION, WINDOWS, DOORS, WATER HEATER, FURNACE, OR AIR CONDITIONER IN YOUR HOME DURING THE YEAR? YES or NO** IF YES, PLEASE BRING ALL SUPPORTING DOCUMENTATION

*** DID YOU PAY RENT? YES or NO**

IF YES, HOW MUCH? _________________ WAS HEAT INCLUDED? **YES or NO**

***DID YOU MAKE ANY QUARTERLY ESTIMATED TAX PAYMENTS DURING THE YEAR: YES or NO**

IF YES, PLEASE PROVIDE THE DATE AND AMOUNT FOR EACH PAYMENT______________________________________

***DO YOU PREFER DIRECT DEPOSIT FOR YOUR REFUND? YES or NO SAME AS LAST YEAR? YES or NO**

BANK NAME____________________ ROUTING # _______________________ ACCOUNT # ________________________

(CIRCLE ONE) CHECKING OR SAVINGS

*****IF YOU ARE A NEW CLIENT PLEASE PROVIDE A COPY OF YOUR 2022 & 2023 TAX RETURNS!!**

***DID YOU OWN A BUSINESS THIS YEAR? YES or NO**

IF YES, PLEASE COMPLETE THE **SCHEDULE C** WORKSHEET

***DID YOU OWN A RENTAL PROPERTY? YES or NO**

IF YES, PLEASE COMPLETE THE **SCHEDULE E** WORKSHEET

2024 ESTIMATED TAX PAYMENTS

FEDERAL		STATE	
1ST $_____________	DATE ______________	1ST $_____________	DATE ______________
2ND $_____________	DATE ______________	2ND $_____________	DATE ______________
3ND $_____________	DATE ______________	3ND $_____________	DATE ______________
4TH $_____________	DATE ______________	4TH $_____________	DATE ______________

baumann
tax & business services

1017A South Main Street ~ West Bend, WI 53095 ~ 262.343.1800