

2022 Tax Data Sheet

Erik's Tax Service

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GENERAL

Yourself _____ Birth Date / / Social Security # _____ Occupation _____
 Spouse _____ Birth Date / / Social Security # _____ Occupation _____

Same as last year

E-MAIL ADDRESS

Address _____ County _____ Phone: AM _____

City _____ School District _____ PM _____

Zip _____ City Township Village

Dependents Same as last year

Name	M/F	Birth Date	Social Security #	Does Dependent live with you?	Filing Status
_____	_____	<u> / / </u>	_____	Yes No	1 <input type="checkbox"/> Single
_____	_____	<u> / / </u>	_____	Yes No	2 <input type="checkbox"/> Married
_____	_____	<u> / / </u>	_____	Yes No	3 <input type="checkbox"/> Separated
_____	_____	<u> / / </u>	_____	Yes No	4 <input type="checkbox"/> Head of Household
_____	_____	<u> / / </u>	_____	Yes No	5 <input type="checkbox"/> Widowed

YOU MUST COMPLETE, AND SIGN, THE FOLLOWING SECTIONS

Drivers License – You must provide a copy of your Drivers License or State Issued I.D.

I do not have a Drivers License or State Issued I.D. card.

I refuse to provide my Drivers License or State Issued I.D. Card.

Amount of taxable purchases made out of state or online, on which no sales tax was paid. \$ _____

If anyone in your household had Insurance through the Marketplace, (aka Obamacare), you must bring in your 1095A Form

FOR DIRECT DEPOSIT CHECKING SAVINGS ROUTING NO. _____

NAME OF BANK _____ ACCOUNT NO. _____

The data I have entered in this form is true and complete to the best of my knowledge. I recognize that I am responsible for the proper substantiation of all items of income and deductions and the answers to all questions in my 2019 returns.

Sign: Taxpayer _____

Spouse: _____

MEDICAL HEALTH INSURANCE PREMIUMS MAY BE DEDUCTIBLE EVEN IF YOU DON'T ITEMIZE

Medicare Premiums \$ _____ **LONG TERM CARE PREMIUM** \$ (H) _____ \$(W) _____
 Other Health Premiums \$ _____
 Did your employer pay ANY portion of your insurance? Yes No Dentist \$ _____
 Is your share of health insurance paid pre-tax? Yes No Doctor(s) \$ _____
 Prescriptions \$ _____ _____ \$ _____
 Hospital \$ _____ _____ \$ _____
 Clinic \$ _____ _____ \$ _____
 Medical Mileage _____ Glasses \$ _____ Hearing Aids \$ _____ Dentures \$ _____

TAXES Property owners who claim Homestead Credit should submit a copy of their 2022 Real Estate Bill.

Real Estate Tax on Residence Show "Net General Tax" \$ _____	Estimated Tax Payments	Federal State	
Other Personal Real Estate Taxes \$ _____		Prior Yr Apply \$ _____	\$ _____
Personal Property Tax (Mobile Home, Etc.) \$ _____		1st QTR-APR 22 \$ _____	\$ _____
Additional State Tax Paid for Prior Years in 2022 \$ _____		2nd QTR-JUNE 22 \$ _____	\$ _____
		3rd QTR-SEPT 22 \$ _____	\$ _____
	4th QTR-DEC (Paid in 2022) \$ _____	\$ _____	
	4th QTR-JAN (Paid in 2023) \$ _____	\$ _____	

INTEREST First Mortgage, Second Mortgage, Home Equity Loans Bring in 1098 Forms

	Lender	Amount		Lender	Amount
First Mortgage	_____	\$ _____	Second Mortgage	_____	\$ _____
Second Mortgage	_____	\$ _____	Investment Loans (F.4952)	_____	\$ _____
Purpose of Home Equity _____					

If mortgage interest is paid to an individual, list their name and address, and I.D. number.

CONTRIBUTIONS Money or Property to non-profit organizations Please indicate (M) Money (P) Property

WARNING: Receipts needed for ALL contributions, Appraisals needed for single items over \$500.

Organization	Type	Amount	Organization	Type	Amount
_____	(M/P) _____	\$ _____	_____	(M/P) _____	\$ _____
_____	(M/P) _____	\$ _____	_____	(M/P) _____	\$ _____
_____	(M/P) _____	\$ _____	_____	(M/P) _____	\$ _____
_____	(M/P) _____	\$ _____	_____	(M/P) _____	\$ _____
_____	(M/P) _____	\$ _____	non-profit mileage # _____	miles	\$ _____

RENT PAID ON RESIDENCE

Renters who claim Homestead Credit should submit the name, address, phone number and social security number of landlord.

Amount of Rent Paid \$ _____ Was Heat Paid by Landlord? Yes No