

2025 Tax Data Sheet

Erik's Tax Service

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GENERAL

Birth Date Social Security # Occupation
Yourself _____ / / _____

Spouse _____ / / _____

☐

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
_____	_____	____/____/____	_____	Yes No	1 <input type="checkbox"/> Single
_____	_____	____/____/____	_____	Yes No	2 <input type="checkbox"/> Married
_____	_____	____/____/____	_____	Yes No	3 <input type="checkbox"/> Separated
_____	_____	____/____/____	_____	Yes No	4 <input type="checkbox"/> Head of Household
_____	_____	____/____/____	_____	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 2025 returns.

Sign: Taxpayer _____

Spouse: _____

Wages, Dividends, Interest, Pensions, IRA Rollovers, Alimony, State Tax Refund, Tax Exempt Income, Misc.

) If you are unsure or don't have enough room to list them, just bring in the forms.

Amount

[illegible]

SEP

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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 2025 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 25 \$ _____ \$ _____
Additional State Tax	2nd QTR-JUNE 25 \$ _____ \$ _____
Paid for Prior Years in 2025 \$ _____	3rd QTR-SEPT 25 \$ _____ \$ _____
	4th QTR-DEC (Paid in 2025) \$ _____ \$ _____
	4th QTR-JAN (Paid in 2026) \$ _____ \$ _____

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