

2025 Tax Data Sheet

Erik's Tax Service

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GENERAL

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

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: _____

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

Is your share of health insurance paid pre-tax? Yes No

Dentist \$ _____

Prescriptions \$ _____

Doctor(s) \$ _____

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"

Other Personal Real Estate Taxes \$ _____

Personal Property Tax (Mobile Home, Etc.) \$ _____

Additional State Tax
Paid for Prior Years in 2025 \$ _____

Estimated Tax Payments

	Federal	State
Prior Yr Apply	\$ _____	\$ _____
1st QTR-APR 25	\$ _____	\$ _____
2nd QTR-JUNE 25	\$ _____	\$ _____
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