

# Wisconsin Tax-Aide Information Sheet (complete both pages)

Taxpayer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Wisconsin Residence:  City /  Village /  Town of \_\_\_\_\_  
(Tax District) County of \_\_\_\_\_ School District \_\_\_\_\_

1. Did you (and your spouse, if applicable) live in Wisconsin during the entire tax year? . . . .  Yes  No
2. Were you (or spouse, if applicable) issued an identity protection PIN (IPPIN) by the Wisconsin Department of Revenue?? . . . . .  Yes  No
3. Did you make any Estimated Tax Payments to the Wisconsin Department of Revenue? . .  Yes  No

**If Yes** enter total of Estimated Tax Payments made during each of the following periods:

Jan 16 – Apr 15 \$ \_\_\_\_\_ Apr 16 – Jun 16 \$ \_\_\_\_\_ Jun 17 – Sep 15 \$ \_\_\_\_\_  
Sep 16 – Dec 31 \$ \_\_\_\_\_ Jan 1 – Jan 15, 2026 \$ \_\_\_\_\_

4. Did you pay Medical Insurance Premiums? . . . . .  Yes  No
  - a. **If Yes**, were premiums paid from wages **BEFORE** taxes were deducted? . . .  Yes  No  Don't Know
  - b. **If No or Don't Know**, enter Medical Premiums Paid:

- 1) Medicare (**DO NOT INCLUDE AMOUNTS DEDUCTED FROM SOCIAL SECURITY**)
  - a) Medicare Part B . . . . . \$ \_\_\_\_\_  Monthly  Full Year
  - b) Medicare Part C . . . . . \$ \_\_\_\_\_  Monthly  Full Year
  - c) Medicare Part D (separate Prescription Drug Plan) . . . . \$ \_\_\_\_\_  Monthly  Full Year
- 2) Medicare Supplemental Insurance . . . . . \$ \_\_\_\_\_  Monthly  Full Year
- 3) Wisconsin SeniorCare Prescription Drug Plan . . . . . \$ \_\_\_\_\_  Monthly  Full Year
- 4) Medical Insurance/Plan Thru Affordable Care Act . . . . . \$ \_\_\_\_\_  Monthly  Full Year
- 5) Badger Care Insurance . . . . . \$ \_\_\_\_\_  Monthly  Full Year
- 6) Dental Insurance . . . . . \$ \_\_\_\_\_  Monthly  Full Year
- 7) Vision Insurance . . . . . \$ \_\_\_\_\_  Monthly  Full Year
- 8) Other Medical Insurance . . . . . \$ \_\_\_\_\_  Monthly  Full Year

5. Did you pay Long-term Care Insurance premiums? . . . . .  Yes  No  
**If Yes:** Taxpayer: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

6. Did you pay tuition for private schools for elementary and/or high school students? . .  Yes \$ \_\_\_\_\_  No
7. Did you contribute to a Wisconsin EdVest or Tomorrow's Scholar account? . . . . .  Yes \$ \_\_\_\_\_  No
8. Do you have Wisconsin Capital Loss Carryforwards (from last year's Form WD)? . . . . .  Yes  No

**If Yes:** (line 34): Short-Term (line 34) \$ \_\_\_\_\_ Long- Term (line 39): \$ \_\_\_\_\_

9. Did you pay Tuition and/or fees to a Wisconsin or Minnesota\* college or vocational school? (\* *Minnesota includes only public colleges or vocational schools*) . . . .  Yes \$ \_\_\_\_\_  No
10. How much Rent did you pay for your Primary Residence(s)? . . . . . \$ \_\_\_\_\_  
Was heat included in your rent? . . . .  Yes  No
11. How much did you pay in Property Taxes for your Primary Residence? . . . . . \$ \_\_\_\_\_  
*Do not include assessments, trash pick-up, recycling fees, etc.*
12. Did you make any internet, mail order, or other out-of-state purchases for which no sales tax was charged? . . . . .  Yes \$ \_\_\_\_\_  No
13. Have you been certified by the WI Department of Veterans Affairs as being eligible for the WI veterans and surviving spouses' property tax credit? (Documentation is required if first time filing) . . . . .  Yes  No

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14. Do you want to claim the Homestead Credit if possible (Full-year resident only)? . . . . . Yes No  
**If Yes**, do you have a completed Rent Certificate (no errors or corrections visible)? . . . . . Yes No  
**Or**, do you have a copy of your current year Property Tax Bill (whether paid or not)? . . . . . Yes No

15. If claiming the Homestead Credit, list the full year income from any of the following sources:
- a. Federal SSI\* (Do not include your children's SSI) ..... \$ \_\_\_\_\_
  - b. Wisconsin SSI\* (Do not include your children's SSI) ..... \$ \_\_\_\_\_
  - c. Caretaker Supplement..... \$ \_\_\_\_\_
  - d. VA Benefits (Military Compensation) ..... \$ \_\_\_\_\_
  - e. Scholarships / Fellowships / Grants / VEAP / GI Bill ..... \$ \_\_\_\_\_
  - f. Court Ordered Child Support and Nontaxable Alimony ..... \$ \_\_\_\_\_
  - g. Wisconsin Works or County Relief - Amount Received ..... \$ \_\_\_\_\_  
 Number of months you did **NOT** receive Wisconsin Works or County Relief Payments \_\_\_\_\_
  - h. Kinship Care / Other Public Assistance ..... \$ \_\_\_\_\_

\* SSI is Supplemental Security Income payments - sometimes called disability payments

16. Did you receive Military / Uniformed Services Retirement benefit payments? . . . . . Yes No
- This includes retirement payments received from:
- a. The U.S. military retirement system (including payments from the Retired Serviceman's Family Protection Plan or the Survivor Benefit Plan). These retirement benefits are paid from the Defense Finance and Accounting Service.
  - b. The U.S. government that relate to service with the Coast Guard, the commissioned corps of the National Oceanic and Atmospheric Administration, or the commissioned corps of the Public Health Service.

17. Did you receive payments from the Milwaukee City Employees, Milwaukee City Police Officers, Milwaukee Fire Fighters, Milwaukee Public School Teachers, Milwaukee County Employees, Milwaukee Sheriff, **OR** Wisconsin State Teachers retirement systems? . . . . . Yes No
- If Yes**, were you . . . . . Yes No
- a. retired from the system before January 1, 1964, or
  - b. a member of the system as of December 31, 1963, retiring at a later date and payments you receive are from an account established before 1964, or
  - c. receiving payments from the system as the beneficiary of an individual who met either condition 1 or 2.

18. Did you receive payments from a federal retirement system\*? . . . . . Yes No
- If Yes**, were you . . . . . Yes No
- a. retired from the system before January 1, 1964, or
  - b. a member of the system as of December 31, 1963, retiring at a later date and payments you receive are from an account established before 1964, or
  - c. receiving payments from the system as the beneficiary of an individual who met either condition 1 or 2.

\* A "federal retirement system" is a United States government civilian employee retirement system. Examples of such retirement systems include the Civil Service Retirement System and the Federal Employees' Retirement System. These retirement benefits are paid from the U.S. Office of Personnel Management. Payments from the federal Thrift Savings Plan do not qualify for the subtraction.