

LFM Client Questionnaire



Please circle yes or no for the following questions.

Your return will NOT be started until this is filled out clearly and completely

1. Taxpayer Name _____
2. Filing Status - please circle one *Single* *Head of Household* *Married Filing Separately* *Married Filing Jointly*
3. Current Address _____
4. Current Phone Number(s) _____
5. *Current Email Address(es) _____ *Requested by the State of Wisconsin
6. Preferred method of contact *Phone* *Email*
7. If you have a balance due or refund, would you like it direct deposited/withdrawn? *Yes* *No*

If we do not have your banking information on file, please fill in the account information below:

Financial Institutions Name: _____ (circle one)
Routing number: _____ *Checking* *Savings*
Account Number: _____

8. If you renewed your drivers license in 2022, please fill in the updated information.
Issue date: _____
Expiration date: _____
9. Did you receive any gambling winnings? If yes, please attach form 1099-G *Yes* *No*
10. Did you pay any student loan debt? If yes, please attach form 1098-E.
 (You may have to go online to print this form.) *Yes* *No*
11. Did you receive any disability income? If yes, please include documentation. *Yes* *No*
12. Did you receive payment for jury duty? If yes, please include documentation. *Yes* *No*
13. Did you receive alimony payments? If yes, please include documentation. *Yes* *No*
14. If you are a teacher, did you have any educator expenses?
 If yes, please write to total amount you spent. *Yes* *No*
15. Did you have any property sales? If yes, please include the sellers statement or form 1099-S. *Yes* *No*
16. Did you purchase any real property? If yes, please attach the closing statement. *Yes* *No*
17. Did you contribute to an IRA, SEP, or SIMPLE plan? (Contributions not made through your employer) *Yes* *No*
 If yes, please write what type of account you contributed to and the amount contributed
18. Did you receive distributions from an HSA? (Attach form 1099-SA) *Yes* *No*
19. Did you contribute to your HSA? If yes, please write the amount contracted (not the amount contributed through your employer). _____
20. Please write the total amount of property taxes **PAID** in 2022. (Attach Reciepts) _____
21. Did you pay home mortgage interest? If yes, please attach form 1098 *Yes* *No*
22. Did you pay rent in 2022? If yes, please fill out the table provided *Yes* *No*

Amount per Month:	Date From:	Date To:	Heat Included?
			<i>Yes / No</i>

			Yes / No
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Note: If claiming the homestead credit, attach rent certificate or 2022 tax bill

23. Did you pay any daycare expenses? If yes, please include documentation from your daycare provider. Yes No
24. Did you pay estimated tax payments for federal or state? Yes No
If yes, please write the amounts paid below.

Date of Payment	Federal Amount Paid:	State Amount Paid:
4/18/2022		
6/15/2022		
9/15/2022		
1/17/2023		
TOTAL		

25. Did you pay any post high school education? If yes, attach form 1098-T, 1099-Q, 1099-E, or your institutions billings summary. (You may need to get this information online) Yes No
26. Did you pay any Private School tuition (grades K-12)? If yes, please include documentation. All tuition, books, and fees must have been paid directly to the school. Yes No
27. Were there any changes in your dependents this year? If yes, please write in below. Yes No

Dependent's Name	Social Security Number	Relationship to You	Date of Birth	Months Lived with You	Disabled?
					Yes / No
					Yes / No
					Yes / No
					Yes / No

28. Did you buy any merchandise from out-of-state for which you did not pay sales tax? Yes No
If yes, how much? _____
29. Did you receive, sell, send, exchange or otherwise acquire virtual currency during 2022? Yes No
30. Farmers: If you qualify, do you intend to use Farm Optional Method of self-employment? Yes No
(Cost=\$833)

32. How would you like to receive your tax return? Circle all that apply *Pick Up at LFM* *Mail* *E-mail PDF*

33. Itemized Deductions:

Medical/Dental Expenses Paid by You (Do not include expenses paid out of your HSA):	List Dollar Amount
a) Prescription Medications	
b) Medical Insurance premium paid by you (out of pocket). <small>*Do not include premiums taken off your payroll check pre-tax.</small>	
c) Long Term Care Insurance. Break out separately yourself and your spouse.	
d) Fees for doctors, dentist, etc.	
e) Fees for hospitals, clinics, etc.	
f) Lab and x-ray fees.	
g) Eyeglasses and contact lenses	
h) Mileage (list number of miles)	
i) Other Medical/Dental expenses.	
Charitable Contributions	List Dollar Amount
a) Church	
b) United Way	
c) Telethons/Heart, Lung Cancer Etc.	
d) Other	
e) List Non-cash Contributions--example: Goodwill/Salvation Army Etc.	
f) List number of volunteer miles driven not reimbursed for.	

34. Please write any questions you have for your tax preparer below:
