

VITA: 2021 Wisconsin Information Sheet

TAXPAYER NAME: _____ **DATE:** _____

1 Did you (and your spouse) live in Wisconsin for **ALL** of 2021?..... Yes No
 County: _____ School District: _____ City Town Village of _____

2 Did you make Estimated Payments to the Wisconsin Department of Revenue?..... Yes No

3 Did you pay Medical Insurance Premiums in 2021?..... Yes No

a. **If Yes**, were premiums paid **BEFORE** taxes were deducted?
 Note: (Most employers deduct medical premiums **BEFORE** tax)

b. **If 3.a. is No**, enter **after-tax** annual Medical Premiums

(1) Medicare Parts A, B, C, D (SSA-1099)	\$ _____
(2) Medicare Supplemental Insurance:	\$ _____
(3) Health Insurance: Non-Marketplace (ex: COBRA)	\$ _____
(4) Health Insurance: Marketplace (1095-A: Column A – Column C)	\$ _____ (Figure <u>not</u> Final)
(5) Dental Insurance:	\$ _____
(6) Vision Insurance:	\$ _____
(7) BadgerCare Insurance	\$ _____

4 Were you (or your spouse) age 65 as of December 31, 2021? Yes No **If Yes:** Preparer completes Retirement Exclusion Worksheet

5 Long-term Care Insurance premiums in 2021?..... Yes No
 If Yes: Taxpayer: \$ _____ Spouse: \$ _____

6 Did you pay Tuition for Private Schools for elementary or high school students paid in 2021?..... 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 2020 Schedule WD)?..... Yes No
 If Yes: Short-Term (Line 34): \$ _____ Long-Term (Line 39): \$ _____

9 Did you pay Tuition and Fees to a Wisconsin or *Minnesota college or vocational school in 2021?..... Yes No
 (*Minnesota includes only a public vocational school or public institution of higher learning)

10 Did you pay rent for your Primary Residence in 2021? Yes \$ _____ (annual amount) No
 Was heat included in rent?..... Yes No

11 Did you pay Property Taxes for your Primary Residence in 2021? Yes \$ _____ No
 Do not include **assessments, trash pick-up, recycling fees, etc.**

12 Did you purchase/sell your Primary Residence in 2021? We will need a copy of closing statement(s)..... Yes No

13 Do you own your home with someone other than spouse?..... Yes No
 If Yes: Percentage of ownership: _____ Did they live with you?..... Yes No

14 Did you buy anything outside of Wisconsin for which no sales tax was charged? Yes \$ _____ No

15 Are you claiming Veteran's & Surviving Spouse Property Tax Credit?..... Yes No
 Amount of Property Taxes Paid in 2021? \$ _____ Acreage: _____

16 Did you receive Military/Uniform Services Retirement payments in 2021 (Dept of Defense)?..... Yes No

17 Did you receive payments from any one of the following?
 Federal Retirement (U.S. Office of Personnel)..... Yes No
 Milwaukee ONLY: City/Police/Fire Fighters/County/Public School/Sheriff..... Yes No
 Wisconsin Teachers Retirement..... Yes No

If Yes to any of these, were you 1) Retired from system before 1/1/64, or 2) Member of system on 12/31/63,
 or a Beneficiary of an individual who met 1) or 2)?..... Yes No

VITA: 2021 WI Homestead Credit Information Sheet

1. Are you claiming WI **Homestead Credit**? Yes No

If NO: you do not need to complete the rest of the questions.

2. If renter, do you have a Completed Rent Certificate (no errors or corrections visible)? Yes No

3. If homeowner, provide copy of your **2021** Property Tax Bill (whether paid or not)? Yes.... Acreage: _____ No

4. Provide the following information:

a. Federal SSI (Do not include your children's SSI) Yes \$ _____ None

Note: Call 1-877-694-5495 to obtain letter of annual amount received if you do not have this information

b. WI SII (Do not include your children's SSI) Yes \$ _____ None

Note: Call 1-800-362-3002 to obtain letter of annual amount received if you do not have this information

c. Caretaker Supplement..... Yes \$ _____ None

Note: Call 1-800-362-3002 to obtain letter of annual amount received if you do not have this information

Total SSI/Caretaker Supplement (a+b+c) \$ _____ None

d. VA Disability Benefits..... Yes \$ _____ None

e. Scholarships/Fellowships/Grants/VEAP/GI Bill..... Yes \$ _____ None

f. Court ordered Child Support, Maintenance or other support received in 2021. Yes \$ _____ None

g. Wisconsin Works or County Relief..... Yes \$ _____ None

Number of months you did NOT receive a WI payment: _____

h. Kinship Care/Other Public Assistance..... Yes \$ _____ None

i. Workers Comp, Income Continuation, Loss of Time Pay..... Yes \$ _____ None

j. Gain on Sale of home..... Yes \$ _____ None

k. Resident Manager and received a rent reduction..... Yes \$ _____ None

l. Stock Losses? Volunteer will calculate any disallowed losses..... Yes \$ _____ None

m. Are you under 62 as of 12/31/2021 with no earned income (W-2 or self-employment) Yes No

If Yes: You must provide one of the following:

Statement from Veterans Administration certifying you are receiving disability benefits due to 100% disability

Document from Social Security Administration stating date disability began or

Physician's Statement indicating the date disability began and whether disability is permanent or temporary

n. Was your income low in relation to rent paid? Or was your income less than rent? Yes No

If Yes: Need note explaining how rent was paid _____

o. Did you have less than 12 months of rent? Yes No

If Yes: Indicate addresses and why _____

p. Did you move during the year? Yes No

If Yes: Indicate Addresses: _____

q. Did you pay personal property taxes on a mobile home?..... Yes No

If Yes: Are taxes on rent certificate?..... Yes No

r. Is there more than 1 occupant in rental unit and you are claiming more than your equal share of rent? Yes No

If Yes: Complete Shared Living Expenses Worksheet on back of Rent Certificate

Additional Information:
