

## 2023 WISCONSIN INFORMATION SHEET

### Part I - Personal Information

Name:			
3-C Municipality:		3-B County:	3-D School District:
Check:	City	Town	Village
3-E Did you (and your spouse) live in Wisconsin for all of 2023?		4-D Were you (or your spouse) 65 at the end of 2023?	
Yes      No		Yes      No	
Are you (and your spouse) filing for the Homestead Credit?		4-E If yes, are you under age 62 with NO earned income (such as W-2s or self-employment)?	
Yes      No		Yes      No      If yes, additional documentation will be needed.	

### Part II - Income

Yes	No	Unsure	In 2023, did you (or your spouse) receive:	(If filing for Homestead, will need documentation for Disability & Disability Income)
			10-B VA Disability Pension?	
			10-C Worker's Compensation?	
			13-A Federal SSI?      Monthly Amount:	
			13-A State SSI?      Monthly Amount:	
			15-A Court-ordered child support, kinship care or other public assistance?	
			15-B Wisconsin Works payments or county relief payments?	
			15-C Any other non-taxable income such as military compensation?	
			15-D A rent deduction for services as a resident apartment manager?	

### Part III - Expenses

Yes	No	Unsure	In 2023, did you (or your spouse) pay:
			3 Tuition to Wisconsin or Minnesota schools (private, elementary, high school or post-secondary)?
			4 Any medical premiums OUT OF POCKET such as:
			Medicare Supplemental Insurance?      Health Insurance from the Marketplace?
			Badgercare Insurance?      Health Insurance, Non-Marketplace (including dental or vision)?
			Long-term care insurance?
			4 Rent on your primary residence?
			4 Did you own your home with anyone other than your spouse? (This does not include life estates.)
			If yes, what percentage of your home do you own? _____
			4 Did you buy anything outside Wisconsin which was used in Wisconsin and for which no sales tax was charged?

### Part IV - Life Events

Yes	No	Unsure	7 Did you make any Estimated Tax Payments to the State of Wisconsin?

## THIS SECTION TO BE COMPLETED BY CERTIFIED TAX PREPARER

**Medical Care Insurance Worksheet if taxpayer is (1) an employee or (2) a person who has no employer and was not self-employed.**

Complete AFTER Premium Tax Credit is reconciled on Federal Form 1040 or 1040-SR.

1. Amount you paid in 2023 for Medical Premiums - Net of any Advanced Premium Tax Credit from Form 1095-A:	
1095-A Column A Monthly Premiums Total:	\$ _____
Less: 1095-A Column C Advanced Premium:	\$ _____
Net Medical Premiums Paid During the Year	1. \$ _____
2. Amount of Premium Tax Credit allowed on your 2023 Federal Return (Line 9 on Federal Schedule 3 Form 1040 or 1040-SR)	2. \$ _____
3. Subtract line 2 from line 1	3. \$ _____
4. Amount of Advanced Premium Tax Credit you were required to repay (Line 2 on Federal Schedule 2 Form 1040 or 1040-SR)	4. \$ _____
5. Add line 3 and line 4	5. \$ _____