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Drop off Form

Are you a returning Wink Tax Client? □ Y □ N											
If yes, do you have a preferred tax professional? (Please provide their name):											
What date would you like for your return to be ready?											
Client Ir	nformation:										
Marital Status: □ Single □ Married □ Head of Household □ Widowed											
Primary Taxpayer Name:				Spouse Name:							
Date of Birth:				Spouse Date of Birth:							
SSN or ITIN:				Spouse SSN or ITIN:							
Occupation:				Occupation:							
Physical Address:				Physical Address (if different):							
City, State, Zip:				City, State, Zip:							
Preferred Contact Method: ☐ Email ☐ Phone				Preferred Contact Method: ☐ Email ☐ Phone							
Best Phone Number:				Best Phone Number:							
Email:				Email:							
Driver's	s License #:			_ Driver's License #:							
Date Is	sued:Sta	ate Issued: Date	e Expired:	_ Date Issued:State Issued:Date Expired:							
Dependents (or person living in your household)											
	Name	Relationship	Date of Birth	SSN or ITIN (new clients only)	Full-time Student?	Disabled?					

Did all dependents live with the primary taxpayer all year? \Box Yes | \Box No

Please complete the back side of this page.

Check all items that apply and provide supporting documents

Taxpayer/Dependent Information	☐ Hearing aids/batteries
☐ Last year's tax return (new client only)	☐ Eyeglasses/contacts/contact solution
☐ Social Security cards (new client only)	☐ Medical mileage
☐ Social Security cards – new spouse/dependents	☐ Marketplace Health Insurance
☐ Driver's license/ID (new client only)	☐ Real estate taxes
☐ Death of taxpayer/dependent	☐ Personal property taxes
	☐ Home mortgage interest (Form 1098)
Income	☐ Charitable contributions (cash/check)
☐ Form(s) W-2	☐ Charitable contributions (noncash)
☐ Interest Income (Form 1099-INT)	☐ Charitable mileage
☐ Dividend Income (Form 1099-DIV)	☐ Casualty losses (Presidentially declared
☐ Prior year state refund amounts	disaster areas)
☐ Alimony received	
☐ Business Income and expenses	Credits
☐ Stock or personal asset sales	☐ Child and dependent care expenses
☐ Sale of a business or business assets	☐ Education expenses
☐ IRA distributions (Form 1099-R)	
☐ Pension/Annuity income (Form 1099-R)	☐ Residential energy expenses
☐ Rental property income and expenses	\square Adoption expenses
☐ Farm income and expenses	
☐ Unemployment income (Form 1099-G)	Taxes Paid
☐ Social Security Benefits (Form 1099-SSA)	☐ Estimated taxes paid (federal and state)
☐ Railroad Retirement (Form RRB-1099 (R))	☐ Extension payment
☐ Gambling winnings/losses (Form W-2G)	Health Insurance
☐ Miscellaneous Income (Form 1099-MISC)	☐ Form 1095-A if you enrolled in an insurance plan through the
☐ Non Employee Compensation (Form 1099-NEC)	Marketplace (Exchange)
☐ Payment Card & Third Party Network	☐ Form 1095-B and/or 1095-C if you had insurance coverage
Transactions (Form 1099-K)	through any other source (i.e. an employer, insurance company
☐ Distributions From an HAS, Archer MSA or	government health plan such as
Medicare Advantage MSA (Form 1099-SA)	☐ Medicare, Medicaid, CHIP, TRICARE, VA, etc.
☐ Refunds of amounts previously deducted	☐ Marketplace exemption certificate (ECN) if you applied for and
☐ Schedule K-1	received an exemption from the Marketplace (Exchange)
	Retirement & Other Savings
Adjustments to Income	☐ Form 5498-SA showing HSA contributions
☐ Health Savings Account contribution - HSA	☐ Form 5498 showing IRA contributions
☐ Moving expenses (military personnel only)	☐ All other 5498 series forms (5498-QA, 5498-ESA)
☐ SEP, SIMPLE contributions	— 7 iii oiiioi o 100 oonioo 1011110 (o 100 q,1, o 100 2071)
☐ Early withdrawal penalty on savings	Misc. Items
☐ Health insurance paid for self-employed	☐ First-time homebuyer credit repayment
☐ Alimony paid (amount & SSN of recipient)	☐ Household employee information
☐ IRA contributions	☐ Tips received
☐ Student loan interest	☐ Sale or purchase of a personal residence
☐ Classroom supplies (K-12) Educator Expenses	☐ HUD-1 statement - home purchase or refinance
	☐ Disaster Declaration Federal
temized Deductions	
☐ Medical expenses (PAID)	Virtual / Digital Asset / Crypto Currency
☐ After-tax insurance premiums	
☐ Hospital/Doctors/Dentists	☐ Yes - Bought, Sold, Traded or Spent
☐ Long-term insurance premiums	□ NO – Did Not use, buy, sell
☐ Prescriptions	

Other Information:			