

Winger Tax Service
Client Information Sheet 2025

Please print legibly

IMPORTANT! Please complete this form and submit with your tax information.

Feel free to make copies of this form or it can be printed from our website at www.wingertaxservice.com

Call this number **FIRST:** _____

Call this number **SECOND:** _____

Name: _____

Spouse's Name: _____

Social Security #: _____

Social Security #: _____

Birth Date: _____ **Occupation** _____

Birth Date: _____ **Occupation** _____

Driver's License:

____ *Returning _____ *Not expired
____ *Renewed (Provide update below)

____ *Returning _____ *Not expired
____ *Renewed (Provide update below)

____ *New If new to Winger Tax Service or have renewed your information, please include full Drivers License # and Iss/Exp Date.

#: _____

#: _____

State: _____ **Iss. Date:** _____ **Exp. Date:** _____

State: _____ **Iss. Date:** _____ **Exp. Date:** _____

Address: _____

Email: _____

City: _____ **State:** _____ **Zip Code:** _____

Marital status on December 31, 2025

____ Married ____ Single ____ Widowed ____ Head of Household

County of residence Jan. 1, 2025: You _____ Spouse _____

County worked in on Jan. 1, 2025: You _____ Spouse _____

Did you own your home? Y N if owned, how much did you pay for property tax in 2025? _____

If you rented, how much did you pay for rent in 2025? \$ _____ Number of months rented: _____

Landlord's name and address (required): _____

Address where rented if not the same as current address: _____

Did you have Market Share health insurance in 2025? (If yes, form 1095 A required) Y N

Outside of your employer, did you put money into an IRA or HSA account? Y N If yes, how much & to what plan?

At any time during 2025 did you receive, sell, exchange, gift, or otherwise dispose of digital asset? Y N

With the implementation of Executive Order 14247 there is now a government mandate that every refund must be direct deposit.

____ *Direct deposit information same as last year ____ *New Direct deposit information (provided below)

Financial Inst.

Routing #

Account #

____ Checking

____ Savings

*Notice, we can use the information currently in our system, although be aware, it is ultimately the taxpayer's responsibility to verify that direct deposit information is correct before filing. If you do not provide direct deposit information at time of filing the government will hold your refund until they receive it.



Children who lived with you: (Separate sheet provided for additional children)

1. Name _____ Relationship to you _____
SS# _____ Birthdate _____ Months lived with you in 2025 _____
Claim as a dependent **Y N** Provided over half his/her support? **Y N**
Did the dependent work in 2025? **Y N** Did he/she have health insurance? **Y N**
2. Name _____ Relationship to you _____
SS# _____ Birthdate _____ Months lived with you in 2025 _____
Claim as a dependent **Y N** Provided over half his/her support? **Y N**
Did the dependent work in 2025? **Y N** Did he/she have health insurance? **Y N**
3. Name _____ Relationship to you _____
SS# _____ Birthdate _____ Months lived with you in 2025 _____
Claim as a dependent **Y N** Provided over half his/her support? **Y N**
Did the dependent work in 2025? **Y N** Did he/she have health insurance? **Y N**
4. Name _____ Relationship to you _____
SS# _____ Birthdate _____ Months lived with you in 2025 _____
Claim as a dependent **Y N** Provided over half his/her support? **Y N**
Did the dependent work in 2025? **Y N** Did he/she have health insurance? **Y N**

Did you homeschool or send any of your children to private school in 2025? **Y N** How Many? _____

If a question arises while we are preparing your return, may we contact you outside of our regular business hours?

Including: (please circle) Weekdays between the hours of 7:00p.m. and 9:00p.m. **Y N**
Weekends including Saturday **Y N** and Sunday **Y N**

Do you wish to authorize Winger Tax Services to talk to the Internal Revenue Service and the Indiana Department of Revenue on your behalf? **Y N**

***If you are new to Winger Tax Service, please share the first and last name of the person that told you about us or how you heard about us.**

***Referred by:** _____ ***Other Source:** _____

Do you have a question or something special or unique about your return this year?
Please include a note to the preparer here.

Verification of information sheet:

I have filled out or looked over the above information and guarantee that I am providing complete and accurate information. I am aware that I am responsible for the accuracy of my tax return.

Signature

Date

Spouse Signature

Date