



Wink Tax Services, Inc.

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Drop off Form

Form can be sent in with tax documents:

1. Drop off in office
2. Mail
3. Secure File Portal: <https://verifyle.com/@winktax> [No password Required on documents]
4. Email – Please password protect your information

IMPORTANT: Tax Documents received after the following dates will be put on **Extension**.

1. Individual March 30
2. Corporation March 30
3. Partnership, S Corporation February 28

Are you a returning Wink Tax Client? ☐ Y | ☐ N

If yes, do you have a preferred tax professional? (Please provide their name): _____

If No, how did you find Wink Tax Services Inc.? _____

Client Information:

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 License #: _____ Driver's License #: _____

Date Issued: _____ State Issued: _____ Date Expired: _____ Date Issued: _____ State Issued: _____ Date Expired: _____

Direct Deposit Information: IMPORTANT – Effective 9/30/2025 the IRS is prohibited in mailing out paper checks.

Bank / Credit Union Name: _____

Routing Number: _____

Account Number: _____

Change in Filing Status: ☐ Yes | ☐ No

Change in Dependents: ☐ Yes | ☐ No

Please complete the back side of this page.

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? ☐ Yes | ☐ No

Other Information:

Please complete the back side of this page.

Check all items that apply and provide supporting documents

Taxpayer/Dependent Information

- ☐ Last year's tax return (**new client only**)
- ☐ Social Security cards (**new client only**)
- ☐ Social Security cards – new spouse/dependents
- ☐ Driver's license/ID (**new client only**)
- ☐ Death of taxpayer/dependent

Income

- ☐ Form(s) W-2
 - ☐ Tip Log
 - ☐ Overtime Log [Paystub year end]
 - ☐ Occupation _____
- ☐ Interest Income (Form 1099-INT)
- ☐ Dividend Income (Form 1099-DIV)
- ☐ Prior year state refund amounts
- ☐ Alimony received
- ☐ Business Income and expenses
- ☐ Stock or personal asset sales
- ☐ Sale of a business or business assets
- ☐ IRA distributions (Form 1099-R)
- ☐ Pension/Annuity income (Form 1099-R)
- ☐ Rental property income and expenses
- ☐ Farm income and expenses
- ☐ Unemployment income (Form 1099-G)
- ☐ Social Security Benefits (Form 1099-SSA)
- ☐ Railroad Retirement (Form RRB-1099 (R))
- ☐ Gambling winnings/losses (Form W-2G)
- ☐ Miscellaneous Income (Form 1099-MISC)
- ☐ Non Employee Compensation (Form 1099-NEC)
 - ☐ Tip Log
 - ☐ Overtime Log
 - ☐ Occupation _____
- ☐ Payment Card & Third Party Network Transactions (Form 1099-K)
- ☐ Distributions From an HSA, Archer MSA or Medicare Advantage MSA (Form 1099-SA)
- ☐ Refunds of amounts previously deducted
- ☐ Schedule K-1

Adjustments to Income

- ☐ Health Savings Account contribution - HSA
- ☐ Moving expenses (military personnel only)
- ☐ SEP, SIMPLE contributions
- ☐ Early withdrawal penalty on savings
- ☐ Health insurance paid for self-employed
- ☐ Alimony paid (amount & SSN of recipient)
- ☐ IRA contributions
- ☐ Student loan interest
- ☐ Classroom supplies (K-12) Educator Expenses

Itemized Deductions

- ☐ Medical expenses (PAID)
 - ☐ After-tax insurance premiums
 - ☐ Hospital/Doctors/Dentists

- ☐ Long-term insurance premiums
- ☐ Prescriptions
- ☐ Hearing aids/batteries
- ☐ Eyeglasses/contacts/contact solution
- ☐ Medical mileage
- ☐ Marketplace Health Insurance

- ☐ Real estate taxes
- ☐ Personal property taxes
- ☐ Home mortgage interest (Form 1098)
- ☐ **New Vehicle Loan Interest [New for 2025]**
 - ☐ Vehicle Assembled in United States
 - ☐ Vehicle Purchased in 2025
 - ☐ VIN # _____
- ☐ Charitable contributions (cash/check)
- ☐ Charitable contributions (noncash)
- ☐ Charitable mileage
- ☐ Casualty losses (Presidentially declared disaster areas)

Credits

- ☐ Child and dependent care expenses
- ☐ Education expenses
 - ☐ Forms 1098T - E - or 1099Q
- ☐ Residential energy expenses
- ☐ Adoption expenses

Taxes Paid

- ☐ Estimated taxes paid (federal and state)
- ☐ Extension payment

Health Insurance

- ☐ **Form 1095-A if you enrolled in an insurance plan through the Marketplace (Exchange)**
- ☐ Form 1095-B and/or 1095-C if you had insurance coverage through any other source (i.e. an employer, insurance company, government health plan such as
- ☐ Medicare, Medicaid, CHIP, TRICARE, VA, etc.
- ☐ Marketplace exemption certificate (ECN) if you applied for and received an exemption from the Marketplace (Exchange)

Retirement & Other Savings

- ☐ Form 5498-SA showing HSA contributions
- ☐ Form 5498 showing IRA contributions
- ☐ All other 5498 series forms (5498-QA, 5498-ESA)

Misc. Items

- ☐ First-time homebuyer credit repayment
- ☐ Household employee information
- ☐ Tips received
- ☐ Sale or purchase of a personal residence
- ☐ HUD-1 statement - **home purchase or refinance**
- ☐ Disaster Declaration Federal _____

Virtual / Digital Asset / Crypto Currency

- ☐ **Yes - Bought, Sold, Traded or Spent**
- ☐ **NO – Did Not use, buy, sell**