



202(TAX FILING FORM

Contact: 608-514-7721



Send completed form to: idealtaxfiling@gmail.com or aquatax_wi@aquataxconsultants.us

FOR USE BY EXISTING CLIENTS OF AQUA TAX OR IDEAL TAX ONLY

Your Name: First _____ Middle _____ Last _____

Residency in the US in 202

State _____ Dates (approx. date) _____ Rent Paid _____

State _____ Dates (approx. date) _____ Rent Paid _____

State _____ Dates (approx. date) _____ Rent Paid _____

Bank Information for Refund

Same as 202 tax filing? _____ If no, please provide required information

Name of Bank _____ Checking Account # _____

Electronic Routing # _____

TO BE FILLED BY NEW CLIENTS

PERSONAL INFORMATION

Your Name: First _____ Middle _____ Last _____
Date of Birth (MM/DD/YY) _____ Occupation _____
Complete mailing Address _____
City, State & Zip _____ County _____
Phone Number _____ E mail _____

Spouse Name: First _____ Middle _____ Last _____
Date of Birth (MM/DD/YY) _____ Occupation _____
Spouse SSN/ ITIN _____

Child 1 Name: First _____ Middle _____ Last _____
Date of Birth (MM/DD/YY) _____ Sex _____ Child SSN/ ITIN _____
How long did he/she stay with you in US in 2024 _____

Child 2 Name: First _____ Middle _____ Last _____
Date of Birth (MM/DD/YY) _____ Sex _____ Child SSN/ ITIN _____
How long did he/she stay with you in US in 2024 _____

TAX INFORMATION

Number of W2 received in 2024 _____ Is this your first-time tax filing in U.S? _____
Residency in the US in 2024 _____
State _____ Dates (approx. date) _____ Rent Paid _____
State _____ Dates (approx. date) _____ Rent Paid _____
State _____ Dates (approx. date) _____ Rent Paid _____
If moved from India to US in 2024, date of moving _____

BANK INFORMATION FOR REFUND

Name of Bank _____ Checking Account # _____
Electronic Routing # _____

INCOME DETAILS

1. Bank Interest _____ 2. Dividends Received _____
3. Income from Stocks _____ 4. Income from other sources _____
5. Did you traded bitcoin in 2024? _____

HEALTH SAVINGS ACCOUNT (HSA)

Were you enrolled in HSA plan in 2024? _____ If yes, please send us form 1099-SA

Please fill following section only if opting for itemized deduction

EXPENSE DETAILS

- | | |
|--------------------------------|---|
| 1. Mortgage Interest _____ | 2. Property taxes paid _____ |
| 3. Educational expenses _____ | 4. Training/ certification expenses _____ |
| 5. Medical expenses _____ | 6. Child/Day care expenses _____ |
| 7. Charity/ Donations _____ | 8. Car registration expenses _____ |
| 9. Student loan interest _____ | 10. Other expenses _____ |

You may provide any additional information below:

This form is meant for 2024 Tax filing purpose only and won't be used for any other purposes. The Taxpayer is responsible for genuineness of the information provided in this form.

Date _____

Signature/Name _____