

ADDITIONAL UWHC QUESTIONS

1. Did UWHC complete your tax return in 2022?

- Yes
 No

2. Did you make any charitable contributions?

Cash/Check Amount: \$ _____ In-kind/Items: \$ _____

3. ALL PAID OUT OF POCKET MEDICAL EXPENSES

TYPE OF EXPENSE	On W-2	Out of Pocket
INSURANCE PREMIUM (DO NOT INCLUDE MEDICARE)		
LONG TERM CARE INSURANCE		
DENTAL INSURANCE PREMIUMS		
VISION INSURANCE PREMIUMS		
PRESCRIPTIONS		
TOTAL DOCTOR/DENTISTS CO-PAYS		
TOTAL MEDICAL MILES		

4. Did you pay estimated taxes towards this year's tax return?

- No
 Yes. If Yes, how much did you pay to the following:
 IRS \$ _____
 State \$ _____

5. Are you interested in saving at least \$50 of your refund?

- Yes (Please put your savings account information below.)
 Yes, but I do not have a savings account.
 No

6. WANT DIRECT DEPOSIT? If yes, please provide the following information:

***PREFERRED: Bring in a CHECK (can be voided) to ensure number accuracy!**

BANK NAME _____

TYPE OF ACCOUNT (circle): **CHECKING** **SAVING**

ROUTING NUMBER _____

ACCOUNT NUMBER _____

BANK NAME _____

TYPE OF ACCOUNT (circle): **CHECKING** **SAVING**

ROUTING NUMBER _____

ACCOUNT NUMBER _____