



# TAX INFORMATION WORKSHEET

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## PERSONAL INFORMATION:

TAXPAYER: First name/Middle Initial/Last Name	SSN/ITIN#	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

SPOUSE: First name/Middle Initial/Last Name	SSN/ITIN#	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Taxpayer 's Occupation:	<input type="text"/>	Spouse 's Occupation:	<input type="text"/>
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Mailing Address:	<input type="text"/>	Phone:	<input type="text"/>
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E-mail Address:	<input type="text"/>
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## PEOPLE WHO LIVED IN YOUR HOUSEHOLD DURING 2025

How many people lived in your household?

Relationship		First Name/M Initial/Last Name	Date of Birth
Parent	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Son	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Daughter	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Brother	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Sister	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

How many of your dependents lived in a nursing home or a college dormitory?  (Complete below)

Relationship		First Name/M Initial/Last Name	Date of Birth
Parent	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

**SOURCES OF INCOME:**

Were you:		Did you receive:	
<i>Employed?</i>	<input type="checkbox"/>	<i>Tips?</i>	<input type="checkbox"/>
<i>Unemployed?</i>	<input type="checkbox"/>	<i>Interest/Dividends?</i>	<input type="checkbox"/>
<i>Self-Employed? *</i>	<input type="checkbox"/>	<i>Alimony?</i>	<input type="checkbox"/>
<i>Partner?</i>	<input type="checkbox"/>	<i>Disability Income?</i>	<input type="checkbox"/>
<i>Business Owner?</i>	<input type="checkbox"/>	<i>Scholarships?</i>	<input type="checkbox"/>
<i>Retired?</i>	<input type="checkbox"/>	<i>Rental Income?</i>	<input type="checkbox"/>
		<i>Cash Payments?</i>	<input type="checkbox"/>
<i>Other</i>	<input type="text"/>	<i>Other</i>	<input type="text"/>
	<input type="text"/>		<input type="text"/>

\* We will need expenses information about your business

**EXPENSES AND LIFE EVENTS DURING 2025**

Did You Pay:	Life Events - Did You:		
<i>Student Loan Interest?</i>	<input type="checkbox"/>	<i>Have debt cancelled/forgiven?</i>	<input type="checkbox"/>
<i>Alimony</i>	<input type="checkbox"/>	<i>Have a Health Savings Account?</i>	<input type="checkbox"/>
<i>Education Expenses?</i>	<input type="checkbox"/>	<i>Have "capital loss carryover" from 2024 Tax Return</i>	<input type="checkbox"/>
<i>Contributions to a Retirement Account</i>	<input type="checkbox"/>	<i>Have Health Coverage through Marketplace?</i>	<input type="checkbox"/>
<i>Child or Dependent Care?</i>	<input type="checkbox"/>	<i>Have early distributions?</i>	<input type="checkbox"/>
<i>Medical Expenses?</i>	<input type="checkbox"/>		
<i>Mortgage Interest?</i>	<input type="checkbox"/>		
<i>Charitable Contributions?</i>	<input type="checkbox"/>		
<i>State Taxes?</i>	<input type="checkbox"/>		
<i>Educator Expenses?</i>	<input type="checkbox"/>		
<i>Other</i>	<input type="text"/>	<i>Other</i>	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>