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NAVIGATING TAXES WITH EXPERTISE

2025 Tax Document Checklist for Individuals

A fully completed checklist significantly helps to provide you with the best possible tax service.

Taxpayer(s) Name: _____

Date: _____

New Tax Client:

- ☐ Download and complete the [New Client Form](#)
- ☐ Provide copies of your filed Federal, State and Local tax returns for the last 3 years.
- ☐ Provide signed [Engagement Letter](#). If you are married, both spouses must sign.

All Tax Clients

- ☐ Provide a copy of your unexpired Driver's License or State Issued ID for all taxpayers. [Current copy *already on file* ☐
- ☐ Preferred Client Return Copy: ☐ PDF uploaded to Your Secure Portal ☐ Paper Copy (\$10)

1. Contact Preferences

- a) Primary Tax Matters Contact(s): _____
- b) Preferred method: Email address: _____ Phone: _____
- c) Note any contact restrictions? _____

2. Y N Disclosure of Other Potentially Reportable Transactions (check Yes or No)

- a) ☐ ☐ **Health Insurance:** Did you or any member of the members of your household have health insurance coverage through the Marketplace (ACA/Obamacare), even for one day? If you checked YES, you must include or forward the **Form 1095-A** sent to you by the Marketplace before your returns can be completed. This form should be mailed to you by January 31st.
- b) ☐ ☐ **Foreign Accounts:** Did you or anyone in your household have a financial interest in or signature authority over financial accounts or assets located in a foreign country(ies) where the aggregate value of the foreign accounts exceeded \$10,000 USD on any one day in 2025? If YES, you have required disclosure reporting, your preparer will contact you to discuss.
- c) ☐ ☐ **Digital Assets:** Did you receive, sell, exchange, or otherwise acquire through forks, airdrops, etc. a financial interest in any virtual currency at any time during 2025? If YES, your preparer will contact you to discuss.
- d) ☐ ☐ **Gifts:** Did you gift cash, property, securities, or other interests with an aggregate value of \$19,000 or more to any one individual in 2025? **Provide details of gift(s), name and address to the gift recipient and nature of your relationship to the recipient(s).**
- e) ☐ ☐ For your 2025 or any previous year tax return, did the IRS disallow the Head of Household filing status or did they reduce any of the following credits you claimed: Earned Income Credit (EIC), any of the Child or Dependent Tax Credits (CTC, ACTC or ODC) or any of the education credits (AOTC, Lifetime Learning or Hope)?

3. Y N General / Financial Account Update (check Yes or No)

- a) ☐ ☐ Did you close or transfer any bank accounts, investment account, IRAs, etc. in 2025 or 2026? If YES, please explain: _____
- b) ☐ ☐ Did you or your spouse have a change of employment in 2025 or 2026? If YES, who is your current 2026 employer? TP _____ SP _____
- c) ☐ ☐ Do you, your spouse or tax dependents have an IRS E-filing Identity Protection PIN? If YES, provide a copy of Letter(s) CP01A you received reporting your current year IP PIN.

Y N General / Financial Account Update - continued

- d) ☐ ☐ Are you or your spouse certified as legally blind?
- e) ☐ ☐ Do you have a dependent child listed on your tax return? **If YES, you must complete the 2025 Refundable Credits Verification Form and provide a verification document as listed on the form.**
- f) ☐ ☐ Would you like to apply to open a Trump Account for your baby born in 2025 with your tax return?
Eligible children born in 2025 are qualified to receive a \$1,000 deposit into their account from the US Treasury.
Alternatively, accounts may be opened for all minor children online at trumpaccounts.gov or by mail using Form 4547.

4. Changes to your personal or household information. (Check Yes or No).

Y N If the answer is YES to any of the following, complete and include a Client Update Form

- a) ☐ ☐ Did you move in 2025 or 2026? Provide the date you moved, your physical and mailing address, if different
- b) ☐ ☐ Has any of your contact information changed: mailing address, email address, phone numbers, etc.?
- c) ☐ ☐ Has your filing status changed in 2025 to Single, Married, Head of Household, Separated, Widow(er)?
- d) ☐ ☐ Are there any updates to your tax dependent(s) from prior year due to birth, adoption, death, no longer qualify due to age, student status and/or income? *Please speak with your tax preparer if you are unsure.*
- e) ☐ ☐ Has anyone in your household changed their name with social security in 2025 or 2026?

5. Tax Overpayment / Refund *MANDATORY*, if applicable (check all preferences that apply)

Note: All clients must verify their bank account for refund deposits. The IRS is no longer automatically mailing refund checks.

- a) ☐ If you are a new client or have changed your bank accounts in the last year, you **must provide a Voided Check**, or other record of your Bank Name, Routing Number, Account Number, and Account Type.
- b) ☐ If you are an existing client and have previously provided your bank information and there have been NO changes in the last year, you may verify your account here:
Account Number (last 4 digits) _____ / Bank Name _____
- c) ☐ Overpayment Preference
☐ Apply any over payment to my estimated tax for 2026, as necessary, refund the rest.
☐ Apply overpayment to only the next installment due and refund the rest.
☐ Refund all overpayments. I will pay any estimated tax payments separately, when they are due.

6. Y N Statements or Records of Income (check Yes or No)

- a) ☐ ☐ Employment Income Form W-2
- b) ☐ ☐ Self - Employment Income Form 1099-NEC
- c) ☐ ☐ Rental income.....Form 1099-MISC
- d) ☐ ☐ Bank and/or Investment Interest..... Form 1099-INT
- e) ☐ ☐ Dividends Form 1099-DIV
- f) ☐ ☐ You sold and/or bought a home in 2025 or 2026. Additionally provide:
☐ Settlement statement from the sale and purchase of the home sold and/or from the new home purchased.
☐ If the sale price exceeds the original purchase price, please provide a list of improvements made to the property other than normal repairs and maintenance. *You do not need to provide if this was your main home for 2 of the past 5 years and the difference is less than \$250,000 Single / \$500,000 MFJ.*
- g) ☐ ☐ Stock sale proceedsForm 1099-B
Review your broker statements. If the date of purchase and stock basis is not included in the statement provided by your broker, you will need to provide the original date of purchase, total cost and number of shares purchased.
- h) ☐ ☐ Other gains or losses from the sale of other assets, including virtual currency (Bitcoin, etc.) - Provide Details
- i) ☐ ☐ Debt Cancellation by Lender (*Provide an explanation of debt & circumstances of the discharge*).Form 1099-C

Y N Statements or Records of Income – continued

- j) ☐ ☐ Pension and/or Individual Retirement Accounts..... Form 1099-R
☐ Check this box if you took an Early Distribution, and may qualify for penalty relief for excess medical reasons, adoption, 1st time homebuyer, permanent disability, or another qualified reason - your tax preparer will discuss this with you
- k) ☐ ☐ Social Security / Railroad Benefits..... Form SSA-1099
- l) ☐ ☐ Distributions from a Health Savings Account..... Form 1099-SA
☐ All distributions made in 2025 were made for qualified medical expenses
☐ Some or all of 2025 distributions were made for non-medical purposes. If so, provide total amount of unqualified distribution - \$ _____
- m) ☐ ☐ Distributions received from a Qualified Education Program: 529 or Coverdell Form 1099-Q
Note: distributions used for qualified expenses are not taxable. To the extent distributions exceed qualified expenses, they are subject to penalty and tax.
- n) ☐ ☐ Unemployment Income Form 1099-G
- o) ☐ ☐ Jury Duty Compensation Form 1099-G
- p) ☐ ☐ State and/or local income tax refunds Form 1099-G
- q) ☐ ☐ Trust, "S" corporation, and/or Partnership Income Form K-1
- r) ☐ ☐ Gambling and lottery winnings Form W2-G
- s) ☐ ☐ Prizes and awards received Form 1099-MISC
- t) ☐ ☐ Alimony received per divorce or separation agreement finalized before 01/01/2019 - \$ _____
 If you are a new client, or your pre-2019 support agreement has been amended, you must provide a copy.
- u) ☐ ☐ Scholarships, grants, and fellowships, more than qualified education expenses, please provide details separately. *(Note: room and board are not a qualified expense; grant and scholarship monies received for these expenses are taxable to the student.)*
- v) ☐ ☐ Tip income not reported to your employer and reported on Form W2? If YES, how much \$ _____
- w) ☐ ☐ Other Income - please explain in the space provided at the end of this checklist

7. Y N Adjustments to Income (check Yes or No)

- a) ☐ ☐ Student Loan Interest paid on a loan you are responsible for Form 1098-E
- b) ☐ ☐ Qualified expenses paid by a primary or secondary teacher - Total spent in 2025 - \$ _____
Note: the federal deduction is limited to \$300/teacher | OH state gives deduction for additional expenses above the federal limit up to \$250/teacher. To qualify, a teacher must work 900 or more hours during the school year.
- c) ☐ ☐ Did you make a Qualified Charitable Distribution (QCD) from your 2025 IRA Required Minimum Distribution? If YES, provide contribution statements for all QCD Contributions. *(You must be at least 70½.)*
- d) ☐ ☐ Interest paid on a qualified vehicle loan for vehicle purchased in 2025. **Provide lender letter or statement of interest paid with a copy of the Bill of Sale.**
- e) ☐ ☐ Do you receive qualified cash tips as part of your income? If YES, be sure all qualified tips are reported on your W2 in Box 7 or Box 14. Otherwise, provide copies of all Forms 4070, or similar forms, used to report tips monthly to your employer. Self-employed individuals must have books and records that report qualified cash tips separately. Tip Occupation: Taxpayer _____ / Spouse _____
- f) ☐ ☐ Do you receive qualified overtime compensation as part of your income? If YES, check to see if your W2 reports qualified overtime info in Box 14. Otherwise, provide a statement from your employer of your qualified overtime or a final 2025 paystub from the employer.
- g) ☐ ☐ Medical insurance paid for as a self-employed individual. Total premiums paid in 2025 - \$ _____
- h) ☐ ☐ Moving expenses (*Military Only*) – not reimbursed. *(Provide an itemized description and cost of expenses.)*
- i) ☐ ☐ Paid alimony to an ex-spouse under a pre-2019 agreement *(Provide a copy of the court order).*

8. Contributions made to Non-Employer Tax Deferred / Preference Accounts (check Yes or No)

Y **N** Please provide a list of total 2025 contributions made by taxpayer and/or spouse separately

- a) ☐ ☐ Did you or your spouse contribute to a Traditional Individual Retirement Account (IRA)?
- b) ☐ ☐ Did you or your spouse contribute to a Roth Individual Retirement Account (Roth IRA)?
- c) ☐ ☐ Were leftover 529 Plan funds rolled over to a Roth IRA to you or your spouse in 2025?
- d) ☐ ☐ Did you contribute to a Health Savings Account as a self-employed individual, or as an employee outside of a payroll deduction, not reported on Form W2? Provide the total 2025 HSA contribution? \$ _____
- e) ☐ ☐ You have not yet made a 2025 contribution to an IRA, Roth IRA and /or an HSA but are planning to do so before 4/15/2026. Explain: _____
- f) ☐ ☐ A 2025 contribution has NOT been made but I would like to contribute before 4/15/2026, if eligible.

9. **Y **N** Self Employed Pension Contributions (check Yes or No) [Skip if you are not self-employed]**

- a) ☐ ☐ Did you contribute to your SEP, Simple IRA or Solo 401(k) for 2025? How much? \$ _____
- b) ☐ ☐ Do you plan to contribute to SEP, Simple IRA or Solo 401(k)? Funds available - \$ _____.
- c) ☐ ☐ Do you plan to maximize your contribution to your SEP, Simple IRA or Solo 401(k) before your filing deadline? Your tax preparer will call you to discuss before finalizing your returns.

See the business checklist regarding updates to tax credits for implementing a plan for 2025.

10. **Y **N** Itemized Deductions (check Yes or No)**

- a) ☐ ☐ Medical – Out of Pocket (if greater than 7.5% of your total Adjusted Gross Income):
 - ☐ Health insurance premiums, including supplemental health insurance policies, not paid through an employer sponsored plan - \$ _____
 - ☐ Long-term care insurance premiums - \$ _____
 - ☐ Prescription Drug expenses - \$ _____
 - ☐ Doctors and hospital co-pays and expenses - \$ _____
 - ☐ Dental and eye care - \$ _____
 - ☐ Medical appliances such as hearing aids, glasses, etc. \$ _____
 - ☐ Miles driven to and from medical appointments and hospitals for personal care - _____
- b) ☐ ☐ Primary or Secondary Residential Mortgage Interest..... Form 1098
Note: Interest from a Home Equity Line of Credit is no longer deductible unless it can be classified as original acquisition debt. If you have a HELOC that is associated with original acquisition debt, provide details in the Additional Information box at the end of the checklist or ask to speak with your tax preparer.
- c) ☐ ☐ Did you refinance your home in 2025? *Provide a copy of the Settlement Statement. If you borrowed more than your original loan amount, provide an explanation of what the additional funds are/were used for.*
- d) ☐ ☐ Real Estate Taxes not paid through an escrowed mortgage payment - \$ _____
- e) ☐ ☐ Auto excise taxes paid (not applicable for OH residents) - \$ _____
- f) ☐ ☐ Sales tax paid on personal vehicles, aircraft, or boat and/or home (mobile or prefab) or building materials to perform a major renovation or addition to your home - \$ _____
- g) ☐ ☐ Other state and local taxes paid (not reported on W2s), please explain at the end of this form
- h) ☐ ☐ Charitable donations – provide your total 2025 donations below.
 Total Cash - \$ _____ / Total Non-cash - \$ _____ / Miles Driven _____
*(Reminder, the IRS requires a receipt for each donation claimed. If charity mileage is claimed, you must have auto mileage logs for your activities. If total non-cash donations exceed \$500, you must report additional information for all non-cash donations - you **must provide** a brief description of each item donated, date of donation, value of item, name of donee organization and its address.)*
- i) ☐ ☐ Gambling Losses *(only deductible to the extent you had gambling winnings)* – Total 2025 losses - \$ _____
(Alert: 2026 Gambling loss deduction is limited to 90% and still limited to 100% of gross winnings.)

11. Y N Other Tax Credits (check Yes or No)
- a) ☐ ☐

Dependent care expenses *(Provide amount paid for each dependent, the caregiver's name, address, and federal ID)*

b) ☐ ☐

Higher Education Expense 1098-T
Provide Form 1098-T plus a record of payments or receipts for qualified educational expenses paid in the 2025 tax year.

c) ☐ ☐

Qualified energy efficient residential energy improvements paid and installed in 2025 - [Energy Star](#)

d) ☐ ☐

Did you buy a qualifying Electric Vehicle before 9/30/2025? If YES, provide a copy of the bill of sale.

e) ☐ ☐

Other, please provide information separately.

12. Y N Estimated Tax Payments (check Yes or No)
- a) ☐ ☐ I paid estimated taxes for the 2025 tax year. Please provide details below. Enclosed separately ☐

Agency	1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter	
	\$\$\$	Date	\$\$\$	Date	\$\$\$	Date	\$\$\$	Date

13. Y N Prior Year Tax Adjustments (check Yes or No)
- a) ☐ ☐ Did you receive any notifications in 2025 from any tax agency adjusting a balance due, an additional refund or an adjustment to a credit carries forward from prior year?

☐ If YES, have you sent the notice(s) to our office already?☐ If YES and notices were not sent to our office, please include copies or written details of notices/changes made by any taxing agency.

14. Y N State Specific & Other Items (check Yes or No)
- a) ☐ ☐ Contributions to Home State Sponsored Prepaid College tuition programs (529 Plan). *(Provide a total of 2025 contributions listed separately for each Beneficiary, even if not your tax dependent.)*
- b) ☐ ☐ Contributions to a STABLE savings account *(Provide a total of 2025 contributions listed separately for each Beneficiary, even if not your tax dependent.)*
- c) ☐ ☐ State Use Tax to Report. *(Unpaid or underpaid state sales tax)*
- d) ☐ ☐ Contributions to an eligible Scholarship Granting Organization. If YES, provide donation letter. *(Maximum credit is \$750 S / \$1500 MFJ)*
- e) ☐ ☐ Qualified Home School Expenses – \$_____
(Maximum credit of \$250 for qualifying expenses – local superintendent must excuse student from in-class attendance)
- f) ☐ ☐ Tuition paid to a nonchartered, nonpublic school - \$_____. If YES, provide donation letter. *(Maximum credit of \$1000 S / \$1500 MFJ (based on income) for tuition paid to an eligible school as published by the state.*
- g) ☐ ☐ Contributions to an Ohio Homebuyer Plus Account? – \$_____
- h) ☐ ☐ Were any amounts withdrawn from a Homebuyers Plus Account NOT used in the purchase of a home?

15. Y N Deceased Taxpayer(s) (check Yes or No)
- a) ☐ ☐ Are you the surviving spouse? If you have obtained a federal tax ID for the estate or are not the surviving spouse, provide the EIN Letter for the Estate/Trust and copy of Court Appointment.

Name of deceased _____ Date of death _____
- b) ☐ ☐ Has or will an Estate tax return have been filed (Form 706)?

Under current law, a federal estate return is required to be filed when the decedent's assets value exceed \$13,990,000. As a surviving spouse, you may wish to elect to file Form 706 to port the unused portion of your deceased spouse's exemption to your estate.

Choose one: ☐ I will not file Form 706 ☐ I am electing to file Form 706 ☐ I wish to be advised further.

Y N Deceased Taxpayer(s) - continued

- c) ☐ ☐ Did the decedent have a Living Trust?
- d) ☐ ☐ If you are the surviving spouse, do you have an attorney or personal representative handling estate matters?
Name: _____ Phone # _____

Additional Information – Provide additional information, clarifications, or questions you may need to bring to our attention. If more room is needed, provide a separate attachment. You should also include any information regarding changes you anticipate occurring in 2026 (i.e., job or business changes affecting income, pending retirement, dependent changes, etc.)

☐ Attachment(s)