

New Clients must include social security cards and birthdates for ALL on the return and IDs for Taxpayer and Spouse. Payment required at the time of service.

PLEASE INFORM US IF YOU DO NOT HAVE ALL YOUR INFO TODAY.

TAXPAYER _____ SSN _____ DOB _____ PHONE _____

SPOUSE _____ SSN _____ DOB _____ PHONE _____

Email Address(s) _____ Mailing Address _____

Can we email you? _____ Can we text you? _____

Marital status 12/31/2025? _____ If married, do you file married filing separately? _____ If so, what dates did you live with your spouse in 2025? _____

Did your marital status change in 2025? _____ If so, how? _____ Date _____

_____ Are either taxpayer or spouse legally blind? Any on totally disabled? _____

_____ Were taxpayer or spouse in the military in 2025? If yes, Resident State _____

_____ Did your address change in 2025? If so previous address and date of change _____

_____ Can another person qualify to claim the child(ren)? Is yes Name and relationship _____

_____ Did anyone live with you other than spouse or dependent? Name _____ Dates _____

_____ Changes in dependents? Explain: _____ ADOPTION expenses? _____

_____ CHILD CARE expenses paid for your dependent? Provider name, ID, address and amount needed _____

_____ Did you have any dependents with UNEARNED income or EARNED income? Who & what _____

_____ If you had a child born in 2025, do you want to open a Trump Account? _____

_____ W2(s)? for working. How many? _____ or 1099 NEC(s) for work you performed? How many? _____

_____ Work any side jobs or gig work? Will need income and expense information. _____

_____ Were you paid overtime in 2025? How much? Need records. _____

_____ Retirement or Social Security? How many forms? _____

_____ DISABILITY income? From? _____

_____ EARN interest on any accounts, or loans you made to others? _____

_____ TIPS not reported to your employer. Employer name and amount _____

_____ SELL or transfer any stocks, bonds, rental, investments or personal residence or personal items? _____

_____ Rental Income from renting residential or commercial property? _____

_____ Rent to others any personal property or rent any part of your home? _____

_____ Have any DEBTS CANCELED, bankruptcy, foreclosure or repossession, forgiveness of CC debt? _____

_____ Have any FOREIGN accounts or income? If so max amount of the account in 2025 _____

_____ Were you a citizen of or did you live in a foreign country? _____

_____ Receive ANY other income not mentioned in this checklist? List _____

DID YOU OR ANYONE ON THIS TAX RETURN:

_____ Have for **MARKET PLACE** HEALTH INSURANCE? It is usually subsidized thru the government. We need 1095(s) to complete the return.

_____ Have health savings account, HSA, Archer MSA, MT med, etc.?

- ____ Are you a teacher, if so, do you have receipts for \$300 for educator expenses? ____
- ____ Pay STUDENT LOAN INTEREST? ____ Attend post-secondary school? We need 1098T(s) ____
- ____ Contribute to an Educational Savings Account? Type and amount ____
- ____ Contribute to any retirement accounts? Or plan to by April 15th? How and how much? ____
- ____ Purchase or acquire any real estate? ____
- ____ Make any energy efficient improvements to your main home This credit will end on 06/30/2026. ____
- ____ Purchase an energy efficient hybrid or electric vehicle before 09/30/2025? ____
- ____ Pay interest on a vehicle purchased in 2025? We need all information. ____
- ____ Pay any household employees? (Babysitter, nanny, housekeeper, etc.) ____
- ____ Give any one person gifts totaling over \$19,000 in 2025? ____
- ____ Were you involved in any Business, Partnership or S corporation? ____
- ____ **DIGITAL ASSET** did you receive as reward, award, payment; OR sell, exchange or otherwise dispose of a digital asset? ____
- ____ Did you have a financial interest in DIGITAL ASSET (crypto, NFT's, stablecoin, etc.) ____
- ____ Receive any letters or notices from federal or state? Provide copy ____
- ____ Make any income tax payments to Federal or any State? If so, list below: ____

FED PMTS: Date/Tax year it applies to/Amount STATE PMTS: Date/Tax Year applies to/Amount

1 _____	1 _____
2 _____	2 _____
3 _____	3 _____
4 _____	4 _____

Enter Amounts paid for the following: **If you want us to look at itemized deductions for you**

Medical Insurance(s)\$ _____ Long Term Care Insurance \$ _____

Medical and Dental Bills PAID in 2025 \$ _____ Miles traveled for Medical _____

Property Taxes \$ _____ Vehicle License(s) _____

Mortgage Interest paid \$ _____ Amount owed on Mtg \$ _____ Date of Mortgage _____

Cash Donations \$ _____ Items Donated \$ _____

Please include supporting documentation for Mortgage and Donations.

IRS does not want to send checks or receive checks, so give us your financial institution info:

Routing _____ Acct _____ Account type: Ck _____ or Sav _____

By signing below, you declare you have included all your income and deductions and that you have receipts for each deduction you claim. You agree that the above information is correct and complete and may be used to prepare your income tax return for the tax year 2025.

Taxpayer signature _____ Print _____ Date _____

Spouse signature _____ Print _____ Date _____