

Tax Year 2025

Carol A. Hellwege, CPA, PC

BRING THS FORM WITH YOUR TAX PAPERWORK BY **MARCH 30th** OR WILL BE
SUBJECT TO AN EXTENSION. PLEASE FILL OUT AND SIGN FOR ACCURATE
COMPLETION OF YOUR RETURN.

**If you have been issued a PIN by the IRS provide a
copy of the IRS notice received.**

| | TAXPAYER | SPOUSE |
|------------------------|----------|--------|
| First Name & Initial | | |
| Last Name | | |
| Social Security Number | | |
| Date Of Birth | | |
| Email Address | | |
| Phone number | | |
| Address/Apt/Suite | | |
| City/State/ZIP | | |

*****If you had marketplace insurance provide a copy of the 1095-A.
Failure to do so will cause a rejected return. *****

DEPENDENTS (CHILDREN & OTHERS)

| NAME | RELATIONSHIP | DATE OF BIRTH | SOCIAL SECURITY NUMBER | Claiming for 2025 tax year |
|------|--------------|------------------|---------------------------|-------------------------------|
| | | | | |
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DIRECT DEPOSIT INFORMATION

Attach a voided check or deposit slip

****Direct deposit information is NOT saved and must be verified
every year AND provided at time of drop off NOT pickup****

| | |
|----------------|--|
| Name of Bank | |
| Routing Number | |
| Account Number | |

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ESTIMATED TAX PAYMENTS – If this doesn't apply to you, please leave blank

(Check box if you did not make estimates) ☐

| | FEDERAL | MISSOURI | STATE () |
|--|---------|----------|-----------|
| 1 st Payment (April 2025) | | | |
| 2 nd Payment (June 2025) | | | |
| 3 rd Payment (September 2025) | | | |
| 4 th Payment (January 2026) | | | |

- If you need to submit documents electronically, you may do so by using our new website or email address.
 - Website: HellwegeCPA.com
 - Email: Tax@HellwegeCPA.com
- Payment is due when the return is picked up, no exceptions. Regretfully, we are changing this policy from the past due to the abuse of our kindness and leniency. We accept checks or cash only.
- If you purchased a U.S.A. made new vehicle in 2025, please provide the make, model and interest for possible deduction.
- Please provide your last pay stub from 2025 to show any tips and/or overtime earned during the year.

Our office will rely on client-provided information for accurate tax return preparation. Clients must ensure all submitted information is accurate, complete, and fully discloses relevant facts, including income sources and eligibility for deductions and credits. Clients are responsible for maintaining supporting documentation for all claimed deductions and credits, as substantiation is required if the IRS conducts an audit. Although preparers exercise diligence in preparing returns based on provided information, the taxpayer ultimately bears responsibility for the return's accuracy. Carefully review the completed tax return before signing and filing. If any information is unclear or appears inaccurate, ask questions to address concerns before submission to the IRS.

I (We, if filing jointly) acknowledge that the above information provided by me/us is true and accurate to the best of my/our knowledge. I/We hereby relieve Carol A. Hellwege, CPA, PC, its agents, and affiliates, from any liability whatsoever, regarding the preparation of this/these tax returns, and agree to hold them harmless and any damages I/we may suffer and understand that my/our sole relief is limited to the return of any fee paid for the preparation of these tax documents. I/We guarantee payment of the preparation fee and any related charges.

Primary Taxpayer's Signature _____

Spouse's Signature _____

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INCOME

| TYPE OF INCOME | FORM(S) TO ATTACH |
|--|--|
| Wage & Salary Income | Form W-2s |
| Pensions, Annuities, Profit Sharing, IRA's, etc. | Form(s) 1099-R |
| Social Security/Railroad Benefits | Form(s) SSA-1099 |
| Interest Income | Form(s) 1099-INT & Broker Statements |
| Dividend Income | Form(s) 1099-DIV |
| Partnership, Trust, Estate Income | Form(s) K-1 |
| Investments Sold | Form(s) 1099-B & Confirmation Slips (should include Date Acquired, Date, Sold, Cost, & Sale Price) |

OTHER INCOME

| TYPE | AMOUNT | TYPE | AMOUNT |
|-------------------------|--------|---------------------------|--------|
| Alimony Received | | Gambling/Lottery Winnings | |
| Jury Duty | | Disability Income | |
| State Income Tax Refund | | Other | |
| Other | | Other | |

ADJUSTMENTS TO INCOME

| TYPE | AMOUNT | TYPE | AMOUNT |
|--|--------|--|--------|
| Alimony Paid Name: _____ | | Tuition & Fees Paid Who was it paid for? _____ | |
| Socia Security Number: _____ | | IRA/SEP Contributions - Taxpayer | |
| Educator Expenses | | IRA/SEP Contributions - Spouse | |
| Health Savings Account | | Student Loan Interest | |
| Car Interest New 2025 USA made vehicles only | | | |

RENTAL INCOME

| | PROPERTY #1 | PROPERTY #2 | PROPERTY #3 | PROPERTY #4 |
|------------------------|----------------|----------------|----------------|----------------|
| Rent Received | | | | |
| Address | | | | |
| City/State | | | | |
| Expenses | | | | |
| Advertising | | | | |
| Association Dues | | | | |
| Auto & Travel | | | | |
| Auto Miles | | | | |
| Cleaning & Maintenance | | | | |
| Commissions Paid | | | | |
| Grounds & Gardening | | | | |
| Insurance | | | | |
| Interest Expense | | | | |
| Pest Control | | | | |
| Legal & Professional | | | | |
| Management Fees | | | | |
| Repairs & Maintenance | | | | |
| Supplies | | | | |
| Taxes | | | | |
| Utilities | | | | |
| Other | | | | |

FARM INCOME & EXPENSES

| INCOME | | EXPENSES | |
|-----------------------------------|--|-----------------------------------|--|
| Livestock Sales | | Livestock Purchased | |
| Crop Sales | | Chemicals | |
| Crop Insurance Proceeds | | Machine Hire | |
| USDA Payments | | Feed | |
| Cooperative Distributions | | Fertilizer & Lime | |
| Custom Hire Income | | Freight & Trucking | |
| Equipment Sold (with description) | | Gas, Fuel, & Oil | |
| Breeding Stock Sold | | Insurance | |
| Misc Income | | Interest | |
| | | Rent of Land | |
| | | Rent of Equipment | |
| | | Repairs & Maint. | |
| | | Seeds & Plants | |
| ASSET | | Supplies | |
| Item, purchase price & date | | | |
| | | Taxes | |
| | | Utilities | |
| | | Vet, Breeding, & Medicine | |
| | | Labor Hired | |
| | | Other Expenses (with description) | |
| | | | |
| | | | |

MEDICAL/DENTAL EXPENSES

| TYPE | AMOUNT | TYPE | AMOUNT |
|--|--------|----------------------------|--------|
| Medical Insurance Premiums (paid by you) | | Medical Equipment | |
| Long-Term Care Insurance | | Nursing Care | |
| Prescription Drugs | | Medical Therapy | |
| Glasses/Contacts | | Hospital | |
| Hearing Aids/Batteries | | Doctor/Dental/Orthodontist | |
| Braces | | Mileage | |

DAY CARE EXPENSES

| PROVIDER #1: | | PROVIDER #2: | |
|--------------------|--|--------------------|--|
| Address | | Address | |
| EIN/SS# | | EIN/SS# | |
| Amount Paid | | Amount Paid | |
| Children Cared For | | Children Cared For | |

CHARITABLE CONTRIBUTIONS

| TYPE | AMOUNT |
|--|--------|
| Total Cash Contributions | |
| Total Non-Cash Contributions (If over \$500 attach list) | |
| Charitable Mileage | |

TAXES PAID

| TYPE | AMOUNT | TYPE | AMOUNT |
|---|--------|-------------|--------|
| Real Property Tax (attach bills) | | Other _____ | |
| Personal Property Tax | | Other _____ | |

MORTGAGE INTEREST PAID

| | | | |
|---|--|---|------------|
| Mortgage Interest Paid (attach 1098's) | | Interest paid to individual for your home (attach amortization schedule) | |
| | | Paid to: _____ | SS#: _____ |
| Investment Interest | | | |
| Address | | | |

SELF-EMPLOYMENT/BUSINESS

| | | | |
|---------------------------|--|-----------------------|--|
| Total Sales: | | | |
| Expenses | | | |
| Advertising | | Repairs Expense | |
| Commissions/Fees | | Supplies Expense | |
| Dues & Publications | | Taxes | |
| Interest Expense | | Travel Expense | |
| Insurance | | Meals & Entertainment | |
| Legal & Professional Fees | | Telephone | |
| Office Expense | | Utilities | |
| Rent (Office) Expense | | Wages (Gross W-2) | |
| Equipment Rental Expense | | Postage | |
| Auto Expense | | Bank Charges | |
| Auto Milage | | Tools & Equipment | |
| | | Uniforms | |
| | | | |

ASSETS PURCHASED

| | |
|--------|--|
| Date | |
| Amount | |
| Assets | |
| Notes | |
| | |

COST OF GOODS SOLD

| | |
|--------------------------------|--|
| Inventory at Beginning of Year | |
| Purchases | |
| Cost of Items for Personal Use | |
| Cost of Labor | |
| Material & Supplies | |
| Other | |
| Inventory at End of Year | |