

Tax Year 2025

Carol A. Hellwege, CPA, PC

BRING THIS 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

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	

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 _____

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	
Breading Stock Sold		Insurance	
Misc Income		Interest	
		Rent of Land	
		Rent of Equipment	
		Repairs & Maint.	
		Seeds & Plants	
ASSET Item, purchase price & date		Supplies	
		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	