

TAXPAYER INFORMATION:

First Name _____ Initial _____ Last Name _____
 Social Sec Number _____ Date of Birth _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Phone (Cell) _____ Email _____

SPOUSE INFORMATION:

First Name _____ Initial _____ Last Name _____
 Social Sec Number _____ Date of Birth _____
 Phone (Cell) _____ Email _____

DEPENDENTS:

Name	SSN	D.O.B.	Relationship	Months in home
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Please attach separate statement for additional dependents)

Copy of Social Security Cards are required for all NEW dependents / Driver's License required for Taxpayer and Spouse

FILING STATUS:

___ Single ___ Married filing **Joint** ___ Married filing **Separate** ___ Qualifying Widow ___ Head of Household
 Date of Divorce/Separation: _____ Date of Death: _____

INCOME:

The following documentation and information, if applicable, is required to complete your tax return:

- ☐ **W2** (for EACH job held by each taxpayer during the year 2025)
- ☐ Tips or Overtime - **last paystub** issued in 2025
- ☐ Gambling Winnings – **W2G**
- ☐ Retirement Income – **1099-R**
- ☐ Interest Income / Dividends – **1099-INT or 1099-DIV**
- ☐ Stocks / Cryptocurrency – **1099-B Broker Statement**
- ☐ Corporate / Partnership Income / Estate or Trust – **Schedule K1**
- ☐ Self Employed Business Income – **1099-NEC / 1099-MISC / 1099-K***
- ☐ Rental Income*
- ☐ Social Security Benefits – **SSA 1099**
- ☐ Unemployment Income – **1099-G**
- ☐ Sale of Real Estate – **1099-S**
- ☐ HSA Distributions – **1099SA**
- ☐ Alimony Income * (Does NOT include Child Support) ONLY if divorce was finalized **before 12/31/2018**
- ☐ Cash earnings or payment received for services provided in excess of **\$600**

****(please attach all supporting documentation or contact us directly for further consultation)***

DEDUCTIONS:

- ☐ Medical Expenses ☐ Medical Miles driven in 2025 _____
- ☐ Vehicle Licensing Fee (auto license tags, etc.) ☐ Property Taxes
- ☐ Home Mortgage Interest and/or Points paid – **Form 1098**
- ☐ Charitable Donations
(If monetary donation of \$250 or more, please provide supporting documentation. If fair market value of items donated is equal to \$500 or more, additional information is required)
- ☐ Gambling Losses (limited up the amount of winnings, please attach supporting documentation)
- ☐ If disabled – Impairment related work expenses
- ☐ Student Loan Interest – **Form 1098-E** ☐ Educator Expenses

CREDITS:

- ☐ Education Credit – **Must attach Form 1098-T**
Was the student enrolled at least half-time for a minimum of one academic period during 2025? Y ☐ N ☐
Was the student convicted of a felony before 12/31/25 for possession or distribution of a controlled substance?
Y ☐ N ☐
- ☐ Child Care Credit
Did you incur care costs for a dependent child under age 13 or for a disabled dependent or spouse during 2025?
Y ☐ N ☐
- ☐ Premium Tax Credit – **Must attach Form 1095-A**
Did you or your family hold health insurance coverage through the Marketplace (Obama Care)? Y ☐ N ☐
- ☐ Energy Credits} Did you make any energy efficient changes to your primary residence? Y ☐ N ☐
(HVAC system, water heater, windows, skylights, exterior doors)
- ☐ Adoption Credit} Expenses incurred in the legal adoption of a child under age 18 or for the adoption of an
incapacitated or special needs person Y ☐ N ☐

**The following items may have an impact on your return.
Please read thoroughly and answer each.**

- Y ☐ N ☐ Purchased Health Insurance for yourself or a family member through the Health Insurance Marketplace (Exchange)? If so, must attach **Form 1095-A**.
- Y ☐ N ☐ Did you purchase and/or finance a vehicle on or after 01/01/2025? If so, must attach **Form 1098-VLI**
- Y ☐ N ☐ Was granted stock options by your employer and/or exercised employer stock options.

- Y ☐ N ☐ Traveled more than 100 miles from home and stayed overnight to perform duties as a National Guard member or reservist?
- Y ☐ N ☐ Lived or worked in a foreign country
- Y ☐ N ☐ Did you pay alimony (Child Support payments NOT included)
Date of original divorce or separation agreement _____
- Y ☐ N ☐ Did you (or do you plan to before April 15, 2026) contribute to a traditional IRA or ROTH IRA?
- Y ☐ N ☐ Did you (or do plan to before April 15, 2026) contribute to a health savings account (**HSA**) for 2025?
Self: \$_____ Spouse: \$_____ Type of health plan coverage: Self Only ____ Family ____
- Y ☐ N ☐ Did you make any monetary gifts totaling more than **\$19,000** to any individual during the year?
o If yes, please provide recipients: Name / Address / Relationship / Total Monetary Amount
- Y ☐ N ☐ Did you have any debts cancelled or reduced by the creditors (credit cards, personal loans)?
- Y ☐ N ☐ Did you file for bankruptcy during 2025?
- Y ☐ N ☐ Did you have an interest in or signature authority over a financial account in a foreign country, such as a bank account, securities account, retirement account, trust account or other financial account?
- Y ☐ N ☐ At any time during 2025, did you receive, sell, send, exchange, or acquire any financial interest in any digital asset (Bitcoin, Crypto currency)?
- Y ☐ N ☐ Have you or your spouse received an Identity Protection Personal Identification Number (**IP PIN**) from the IRS? If yes, please provide the IRS Notice received or enter the six-digit code: **Self:** _____ **Spouse:** _____

OTHER

- Y ☐ N ☐ Do you authorize your preparer to discuss your federal tax return with the IRS?
- Y ☐ N ☐ Do you or your spouse want to designate \$3 to the Presidential Election Campaign Fund?

For **Direct Deposit** of your federal and/or state refund please provide the following:

Bank Name _____

Routing Number _____

Account Number _____

Checking ☐

Savings ☐

Any additional information or notes to discuss with your tax professional:
