

	TAXPAYER	SPOUSE
Name (On File w/ Soc. Sec.)		
Current E-mail Address		
Occupation/Job Title		
Best Contact Number		

**Direct Deposit** -Voided Check -Enclosed. ☐ Account change from Last Year? Yes ☐ No ☐

**Tax return copy preference.** Please select one: **Hard copy** of return ☐ **Electronic copy** of return ☐

1. Change of address from prior tax return filed? Yes ☐ No ☐ Please provide updated address.
2. Did you get a **new or updated driver's license** this year? If yes, please provide a copy of the front and back of your new license.
3. New Deduction for **Car Loan Interest** – Interest on car loans taken out after 2024 for the purchase of a new personal use vehicle assembled in the US. Provide Vehicle Bill of sale including VIN, amount of interest paid in 2025. Confirm loan interest provided is from loan securing the vehicle as first lein.
4. **Educator Expenses** allowed for K-12 teachers and now added interscholastic sports administrator and coaches can deduct certain eligible expenses. Out of Pocket classroom costs or extracurricular program or alternative instruction costs paid tied to educational activities. \$\_\_\_\_\_
5. Did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of any **digital asset** (or a financial interest in a digital asset)? Yes ☐ No ☐  
Digital assets include (but are not limited to): Convertible virtual currency; cryptocurrency; Stablecoins
6. Active Vol. **Firefighter or Ambulance Worker**? Taxpayer Yes ☐ No ☐ Spouse Yes ☐ No ☐
7. Did you or your dependent receive **health insurance** from the **Marketplace**? Yes ☐ No ☐  
If yes, enclose copies of Form 1095-A, 1095-B, or 1095-C.
8. New deduction for **Tip Income** for specified occupations and certain income levels. Did you receive tip income? Yes ☐ No ☐
9. New Deduction for **Overtime Pay** for certain income levels. Did you receive overtime pay? Yes ☐ No ☐

2025 ESTIMATED TAX PAYMENTS	Federal	Date Paid	NYS	Date Paid	Other-state	Date Paid
<b>Due 4/15/25</b>	\$		\$		\$	
<b>Due 6/16/25</b>	\$		\$		\$	
<b>Due 9/15/25</b>	\$		\$		\$	
<b>Due 1/15/26</b>	\$		\$		\$	

#### PERSONAL RESIDENCE

1. Did you sell or purchase your main residence in 2025? Yes ☐ No ☐  
If yes, provide us with the Settlement Statement- HUD-1  
If yes, did you own and use it as a principal residence for at least two of five years before the sale? Yes ☐ No ☐  
If yes, did you sell a previous residence within two years before the sale date and exclude any gain? Yes ☐ No ☐
2. After 2008, was the property ever used for anything other than as a principal residence (for example, as a vacation home or rental property)? Yes ☐ No ☐
3. Did you refinance your mortgage and take out a home equity loan? Amount of proceeds used for something other than acquiring or improving your home \$\_\_\_\_\_.

**DEPENDENT Children** - Age 18 or younger (age 19-23 if attending school full time for at least five months during year) who lived with you more than half the year and who did not provide more than half of their own support (or a permanently and totally disabled child). **If your dependent filed their own tax return -provide copy**

First, Middle Initial and Last Name	*Filed a tax return-Y/N	DOB	Soc. Sec. No.	In 2025- # Months Resided in your home	Child Care Expenses paid in 2025

#### BEYOND HIGH SCHOOL EDUCATION TUITION AND FEES/PROFESSIONAL COURSE

**Provide us with form 1098-T, 1098-E, 1099-Q),** for you, your spouse or your dependents. Provide a printout of the student account for 2025 from your college or other accredited higher educational institution listing dates and charges incurred. Prove students year in school, note FT or PT attendance, list amounts paid for Room and Board, include amounts paid with financial aid or student loans. Do not include amounts paid with scholarship money.

Students year of College in 2025\_\_\_\_\_ 529 Distrib. in 2025- Yes ☐ No ☐ Student Felony Conviction - Yes ☐ No ☐

#### OTHER INFORMATION NEEDED

☐ Indicate **Marital Status** as of December 31, 2025. Did you live apart from your spouse during the year ☐  
Single ☐ Married ☐ Legally Separated ☐ Divorced ☐

☐ Did you contribute to an **IRA** for 2025 contribution or do you plan to contribute before 4/15/2026?  
Taxpayer Traditional Amount \$ \_\_\_\_\_ Taxpayer Roth Amount \$ \_\_\_\_\_  
Spouse Traditional Amount \$ \_\_\_\_\_ Spouse Roth Amount \$ \_\_\_\_\_

Note Distributions, Rollover or Conversions, List type and amount.

Please provide us with **all tax statements** received including:

1. W-2, W-2G, 1099-R, 1099-INT, & K-1 forms, IRS Letter 6419, IRS Letter 6475, etc.
2. Mortgage & Home Equity Interest Paid, include Form 1098. \*Note information needed as listed in cover letter.
3. Real Estate Taxes (property & school) Paid in 2025, even if you did not itemize in prior years. List dates and amounts paid.
4. Include all 1099-B & 1099-Div Statements and your Year end Summary from Stockbrokers. For stock sales, please provide exact dates and amount paid for stock when acquired, including commissions paid.  
\* PROVIDE ALL PAGES
5. Social Security, Unemployment and Disability Benefits received. Include Form 1099-SSA, 1099-G, etc..

☐ **Retirement Contributions/Distributions** - SEP, SEP-IRA, SIMPLE IRA or Qualified Retirement Plan.  
☐ Did you receive an early distribution for Family Emergency or Domestic Abuse?

☐ Did you contribute to a **NYS 529 account** in 2025?  
Amount contributed \$ \_\_\_\_\_ Recipient Beneficiary name \_\_\_\_\_

☐ Did you Pay or Receive **Alimony** in 2025? Provide name and Social Security Number.  
Date of original divorce or separation agreement \_\_\_\_\_.

☐ Did you have any **Debts** canceled or reduced (incl. credit cards), property repossessed, foreclosed upon, or file for bankruptcy.

<input type="checkbox"/>	<b>Cash Donations</b> paid to a nonprofit organization in 2025. \$ _____. Must have bank records under \$250 & written acknowledgment from the charitable organization if over \$250.
<input type="checkbox"/>	<b>Noncash Donations.</b> Over \$500 Provide written receipt with Name, Address of Organization, Date, & Value.
<input type="checkbox"/>	<b>Medical, Dental and Eye Expenses</b> Paid, including laser eye surgery, unreimbursed amts you paid to participate in a program to stop smoking or for prescription medication to alleviate nicotine withdrawal. Do not include nonprescription medications.
<input type="checkbox"/>	<b>Health Ins. Premiums</b> paid out of pocket, not pre-tax withholdings from your paycheck. \$ _____
<input type="checkbox"/>	<b>Long Term Care Insurance</b> paid. Taxpayer \$ _____ Spouse \$ _____
<input type="checkbox"/>	Purchased Health Ins. for yourself or a family member through the Health Insurance Marketplace (Exchange). Attach Form 1095-A, Health Insurance Marketplace Statement. Did you receive an <b>advance premium</b> for health insurance?
<input type="checkbox"/>	List <b>Job Search Costs, Safe Deposit Box Fee Paid, Union Dues, Prof. Subscriptions</b> , NYS deduction only.
<input type="checkbox"/>	<b>Student Loan Interest</b> Paid in 2025 for yourself, your spouse, or your dependents. Parent personally liable on loan- Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<b>Member of the Armed Forces, on active duty?</b> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/>  <b>Moving Expenses</b> - Deduction Available for members of the Armed Forces, on active duty and due to a military order. List Expenses paid out.
<input type="checkbox"/>	List <b>Adoption Expenses</b> paid by date and indicate the following: age of child & status of adoption (i.e. final).
<input type="checkbox"/>	<b>Miscellaneous Unreimbursed Employment Related Expenses</b> (Federal and NYS deduction allowed if you are a member of the Armed Forces, qualified performing artist or government official paid on a fee basis, all others NYS deduction only) ( i.e. Safety Clothes, Tools, Parking Fees, Tolls, Uniforms, Vehicle Expenses, Lodging, Telephone, Meals, Total Miles, Business Miles, Leased Vehicle; mo. pmt. & # of pmts. pd., type of vehicle, Ins. amt. pd.). Please provide us this information in writing
<input type="checkbox"/>	Provide invoice for purchase on or before September 30, 2025 of a <b>New or Used Qualified Fuel Cell Vehicle, Plug-in Electric or Hybrid Vehicle</b> . Invoice must show vin, year, make, model, & date purchased. Provide all paperwork. Did you transfer the EV credit to the dealer? _____
<input type="checkbox"/>	Energy credits may be available depending on date purchased. Provide date of purchase and amount for each Energy Efficient Property added to your main home or second home in 2025. Note which home.  This refers to <b>Exterior Windows and Doors, Skylights, Insulation, Hot Water Heaters, Central Heating and Air Conditioning Units, Biomass Stoves, Solar Electric Property, Solar Water Heating Property, Fuel Cell Property, Small Wind Energy Property, &amp; Geothermal Heat Pump Property.</b>
<input type="checkbox"/>	Did you install a <b>qualified refueling or recharging equipment</b> such as an EV charger to your home or business in 2025?
<input type="checkbox"/>	<b>Casualty, Disaster, Theft</b> in 2025? Yes <input type="checkbox"/> No <input type="checkbox"/> *Provide Documents
<input type="checkbox"/>	<b>Sales Tax</b> pd in 2025 on the purch. of a <b>Car, Motorcycle, Boat, Motor home, Recreational Veh., Sport Utility Veh., Trucks, Vans &amp; Off-Rd Veh.</b> . Need <b>date of purch. &amp; purch. price before sales tax</b> . Also incl. sales tax pd for a Leased Veh.
<input type="checkbox"/>	Did you buy any <b>out of state purchases</b> and took delivery in NYS in which you did not pay NYS sales tax on; by the Internet, catalog, television shopping channels or on an Indian reservation. \$ _____
Notes for us:	