



**New?** We need last year's taxes if so.  
Need DOB's and SSNs for everyone on return.

(OFFICE) Date Received: \_\_\_\_\_

## TY25 DROP-OFF REQUIREMENTS

→ TAXPAYER NAME: \_\_\_\_\_ Occupation: \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_ Occupation: \_\_\_\_\_

Preferred Contact for ?s : Person \_\_\_\_\_ Phone: \_\_\_\_\_ Text: Y N

Taxpayer Email: \_\_\_\_\_ \*required for eSignature

Spouse Email: \_\_\_\_\_ \*required for eSignature

\*Email will be used to send Secure Link for Following Season

### HOW DO YOU WANT YOUR FINISHED

**RETURN?** One type is included. Both is \$10 fee.

PRINTED COPY/Sign by hand \_\_\_\_\_

ELECTRONIC COPY/eSignature \_\_\_\_\_

→ Taxpayer Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ Issued: \_\_\_\_\_ Exp: \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ Issued: \_\_\_\_\_ Exp: \_\_\_\_\_ DOB: \_\_\_\_\_

→ Current Address: \_\_\_\_\_

→ **Did you buy, sell or exchange any virtual currency(Cryptocurrency)? Yes or No**

→ Did you have OVERTIME PAY in 2025? **NO or YES** → **\*Year-to-Date 2025 Paystub REQUIRED**

→ Did you buy a BRAND NEW vehicle in 2025? We want interest paid!

**Did you want any refund(s) direct deposited? Y or N**

Same bank as Last year? Y or N \_\_\_\_\_ BANK NAME PLEASE \_\_\_\_\_

CHECKING ACCT \_\_\_\_\_ SAVINGS ACCT \_\_\_\_\_

Routing #: \_\_\_\_\_

Acct #: \_\_\_\_\_

**Did you have Marketplace Health Insurance? \_\_\_\_\_**

**We need your 1095-A(s)** \*You will get a 1095-A form, per policy you paid for separately, during the year. They are mailed as well as sitting in your Login for Acct.

**Are you over 65 and pay for Medical Premiums out of pocket?**

Health, LTC, Supplemental Plans, Dental, Vision are all deductible on Iowa.

### Home Energy Improvements:

\*Will Need \$\$ paid, and BRAND/MODEL #)\*

Ext. Doors \_\_\_\_\_ Electric Vehicle \_\_\_\_\_

Ext. Windows \_\_\_\_\_ Solar \_\_\_\_\_

Geothermal \_\_\_\_\_ Water Heater \_\_\_\_\_

Furnace \_\_\_\_\_ Energy Audit \_\_\_\_\_

Insulation Material \_\_\_\_\_

If you owe Iowa, would you like us to setup

an automatic withdrawal on April 30<sup>th</sup>, 2026

(Due date), for that amount from your given

bank account? Yes \_\_\_\_\_ or No \_\_\_\_\_

### PREPARE

1<sup>ST</sup> AVAILABLE \_\_\_\_\_

ANDI \_\_\_\_\_

JACI \_\_\_\_\_



**Do you own a home?**

**Can you get this above \$15,750 per Taxpayer/Spouse?**

Do we have your Mortgage Interest? (Form 1098) \_\_\_\_\_

Prop Taxes Paid in 2025? (May be on Form 1098) \_\_\_\_\_

Vehicle Registrations for 2025? \_\_\_\_\_

Make & Models: \_\_\_\_\_

Cash Donations? (Red Kettle, GS, BS) \_\_\_\_\_

Property Donations? (Goodwill) \_\_\_\_\_

**Have Lottery Winnings?** \_\_\_\_\_ Do we have your losses? \_\_\_\_\_

Got kids?! →

If you share children with someone else, please bring us your court paperwork to make a copy for your file.

## Clients with Children



→ Please list all dependent children (*in full-time school under age 23*) being claimed on this year's return:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_

→ Did you add or subtract any children on this year's return?

→ Who? : \_\_\_\_\_

Why? : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

→ **New Children? New Dependent(s)?**

Name	DOB	SSN
A. _____	____ / ____ / ____	____ - ____ - ____
B. _____	____ / ____ / ____	____ - ____ - ____
C. _____	____ / ____ / ____	____ - ____ - ____



→ Are you Claiming a Child or Children whom DOES NOT LIVE WITH YOU **MORE THAN 50%**?

Do we have a current 8332 from the custodial parent on file? **Yes** **No**

(Form 8332 is **required** when claiming a child whom does not live with you, the majority of the year.)

\*Ask if you need one to take with you to have the custodial parent fill it out.

→ If in K-12th grades: Cost of School Registration (per child)? 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

→ Cost of School Supplies (per child)? Not clothes/shoes..... 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

→ Extra School Fees or Dance ticket costs (per child)? ..... 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

→ Band Fees/Required Band Expenses (per child) ..... 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

→ Did you put into an IOWA 529 Plan? 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Spouse put into an IOWA 529 Plan? 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

→ Daycare/Preschool? Did you include the Daycare/Preschool information?

Name, Address, SSN or EIN of Provider + total(s) paid per child.

→ COLLEGE? Your College Child did or will receive a 1098 Form that we need. Plus, their book costs and special tools or materials for classes. No laptops/printers.

NOTES to

PREPARER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_