

## Checklist

Name:

SSN:

### Checklist

This checklist is provided to help you gather necessary information for us to prepare your 2025 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2024 tax year.

#### General Information and Prior Year Documentation

- Proof of identity for those claimed on the return (driver's license or state issued ID, Social Security card, birth certificates for children, etc.)
- Income tax returns from the prior two years
  - If there were losses from business activities in prior years, include prior five years of returns instead of two
- Depreciation schedules from prior years for businesses, rentals, etc.

#### Current Year Income Documentation

- Wage and tax statements (Form W-2)
- Gambling income (Form W2-G)
- IRA distributions, pensions, and annuities (Form 1099-R)
- Dividend income (Form 1099-DIV)
- Interest income (Form 1099-INT)
- Miscellaneous income (Form 1099-MISC)
- Nonemployee compensation (Form 1099-NEC)
- Unemployment compensation and other government payments (Form 1099-G)
- Credit card, debit card, and third-party network transactions (Form 1099-K)
- Reportable payment transactions
- Social Security benefits (Form SSA-1099)
- Railroad retirement benefits (Form RRB-1099)
- Income from partnerships, S corporations, estates, and trusts (Schedule K-1)
  - Basis information for any partnerships and S corporations
- Documentation of brokerage transactions and disposition of capital assets (Form 1099-B)
- Digital asset proceeds from brokerage transactions (Form 1099-DA)
- Proceeds from real estate transactions (Form 1099-S)
- Self-employed business income (Schedule C)
- Farm income (Schedule F)
- Farm rental income (Form 4835)
- Income from rental real estates and royalties (Schedule E)

#### Other Income (provide supporting documentation for income received for the following items)

- Sale of assets or property
- Cancellation of debt
- Other income \_\_\_\_\_

#### Payments (provide supporting documentation for payments made for the following items)

- Educator classroom expenses
- Employee business expenses
- Contributions to a Health Savings Account
- Expenses related to work relocation with the military
- Alimony
- Student loan interest
- Refunded student loan interest payments
- Student loan forgiveness
- Tuition and fees for higher education
- Expenses related to child or dependent care
- Contributions to a Retirement Savings Account
- Medical and dental expenses
- Real estate taxes

**Checklist**

Name:

SSN:

**Checklist**

- Other state and local taxes
- Mortgage interest
- Investment interest
- Cash contributions
- Noncash contributions (provide organization name)
- Unreimbursed employee expenses
- Investment expenses
- Gambling losses
- Other payments \_\_\_\_\_

## Questionnaire

Name:

SSN:

### Questionnaire

#### Personal Information

**Yes No**

Did your marital status change during the year?  
If "Yes," explain. \_\_\_\_\_

Did your name change during the tax year?  
If "Yes," explain. \_\_\_\_\_

If your filing status is married, but you are filing separately from your spouse, did you and your spouse live apart for the last six months of 2025?

Can you or your spouse be claimed as a dependent by someone else?

Did your address change during the year?

Were you, your spouse, or any dependents a victim of identity theft?  
If "Yes," explain. \_\_\_\_\_

Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?  
If "Yes," provide Notice CP01A from the IRS.

**Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)**

#### Dependent Information

**Yes No**

Did you have any changes in dependents during the year?  
If "Yes," explain. \_\_\_\_\_

Can another person qualify to claim any of your dependents?

Did you have any child or dependent care expenses during the year?

Did you have any adoption expenses during the year?

Did you have any children under age 18 or a full-time student under age 24 with more than \$2,700 of unearned income?

**Provide documentation for proof of dependent credits (school records, medical records, daycare records, etc.)**

#### Health Care Information

**Yes No**

Did any member of your household have healthcare coverage through the Marketplace (Obamacare)?  
If "Yes," provide copies of Form 1095-A.

Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

#### Income, Purchases, Sales, and Debt Information

**Yes No**

Did you receive any tips not reported to your employer?

Did you receive any disability income during the year?

Did you cash in any U.S. savings bonds during the year?

Did you start a new business or purchase any rental property during the year?

Did you sell an existing business, rental property, or other property during the year?

Did you purchase any business assets or convert any assets to business use?  
If "Yes," provide the cost of the asset, the date it was placed in service, and the business use percentage.

Did you purchase any gasoline, diesel, or special fuels for off-road business use?

Did you buy or sell any stocks, bonds, or other investments during the year?

Did you sell a principal residence during the year?  
If "Yes," provide closing documentation for the purchase and sale of the home.

Did you have a principal residence or a piece of real property foreclosed on during the year?

Did you abandon a principal residence or a piece of real property during the year?

Did you refinance your principal home or second home or take out a home equity loan during the year?  
If "Yes," provide all escrow, closing, and other pertinent documentation and information.

Did you receive any principal or interest during this year from property sold in prior years?

## Questionnaire

Name:

SSN:

### Questionnaire

[ ] Did you rent out your home or use it for business?  
 [ ] Did you sell, exchange, or purchase any real estate during the year?  
 [ ] Did you acquire a new or additional interest in a partnership or S corporation?  
 [ ] Did you have any debts canceled or forgiven this year?  
 [ ] Does anyone owe you money that has become uncollectible?  
 [ ] Did you purchase a new or previously owned clean vehicle (electric vehicle, plug-in hybrid, fuel-cell vehicle, qualified commercial clean vehicle) during the year?  
 If "Yes," provide the report the dealer or seller is required to provide to you and the vehicle identification number (VIN).

[ ] Did you receive income or incur expenses associated with a fantasy sports league?  
 If "Yes," provide documentation.

[ ] Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?  
 If "Yes," attach Form 1099-MISC, Form 1099-NEC, or Form 1099-K.

[ ] Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?  
 If "Yes," attach Form 1099-K or Form W-2.

[ ] Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?  
 If "Yes," provide documentation.

[ ] Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?  
 If "Yes," attach Form 1099-K.

[ ] Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb, VRBO or HomeAway)?  
 If "Yes," provide documentation.

[ ] Did you receive income or incur expenses as an independent contractor (e.g., Shipt, Instacart, DoorDash)?  
 If "Yes," provide documentation.

[ ] Did you receive any other income you have not provided information for with this organizer?  
 If "Yes," explain. \_\_\_\_\_

### Itemized Deduction Information

Yes No

[ ] Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?  
 [ ] Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?  
 [ ] Did you receive any state or local income tax refunds from prior years?  
 [ ] Did you make any major purchases (vehicle, boat, etc.) during the year?  
 [ ] Did you pay any real estate property taxes or personal taxes during the year?  
 [ ] Did you pay mortgage interest during the year?  
 [ ] Did you make cash donations to charity during the year?  
 [ ] Did you make noncash donations to charity (clothes, furniture, etc.) during the year?  
 [ ] Did you donate a boat or vehicle during the year?  
 If "Yes," attach Form 1098-C.

[ ] Did you have gambling winnings or losses during the year?  
 [ ] Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?  
 [ ] Did you use your vehicle on the job other than for commuting to work?  
 [ ] Did you work out of town at any time during the year?

### Retirement Information

Yes No

[ ] Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?  
 [ ] Did you make any withdrawals or receive distributions from a pension or profit-sharing plan, IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?  
 [ ] Did you execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?

## Questionnaire

Name:

SSN:

### Questionnaire

[ ] Did you receive any Social Security benefits during the year?

### Education Information

**Yes** **No**

[ ] Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?

[ ] Did anyone in your household attend a post-secondary school during the year?

[ ] Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?

[ ] Did you pay student loan interest for yourself, your spouse, or your dependents during the year?  
If "Yes," provide the amount of interest that was refunded.

[ ] Did you receive forgiveness on a qualifying federal student loan?

### Foreign Tax Information

**Yes** **No**

[ ] Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?

[ ] Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?

[ ] Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?

[ ] Did you have any income from, or pay taxes to, a foreign country?

[ ] Did you receive a Schedule K-3 from a partnership or S corporation?

[ ] Did you have ownership in a foreign corporation at any time during the year?

[ ] Did you own property in a foreign country?

### Refund, Withholding, and Estimated Tax Information

**Yes** **No**

[ ] If you have an overpayment of 2025 taxes, do you want the refund applied to your 2026 estimated taxes?

[ ] Did you make any estimated payments toward your 2025 taxes?

[ ] Did you apply an overpayment of your 2024 taxes to your 2025 estimated taxes?

[ ] Do you want to have any refund or balance due directly deposited or withdrawn? NOTE: Due to Executive Order 14247, Modernizing Payments to and from America's Banking Account, refunds received by check will be delayed at least six weeks. Direct deposit of refunds is recommended.  
If "Yes," provide a canceled checking or savings slip.

[ ] Do you anticipate your income or withholdings to be different for 2026?

### One Big Beautiful Bill Implications

**Yes** **No**

[ ] Did you receive qualified tips reported on Form W-2 or a statement provided by your employer?  
If "Yes," provide documentation or amount.

[ ] Did you receive overtime pay reported on Form W-2 or a statement provided by your employer?  
If "Yes," provide documentation or amount.

[ ] Did you purchase a new passenger vehicle for personal use during 2025?  
If "Yes," are the following true:

**Yes** **No**

[ ] The final assembly was in the U.S.?

[ ] The gross vehicle weight is under 14,000 pounds?

[ ] The vehicle was not purchased with a lease?

[ ] The vehicle was used to secure the loan?

[ ] If you have a dependent born during 2025, do you want to establish a Trump Account?

**Yes** **No**

[ ] If "Yes," do you want to receive a \$1,000 pilot program contribution?

### Miscellaneous Information

**Questionnaire**

Name:

SSN:

**Questionnaire****Yes No**

Did you receive, sell, exchange, gift, or otherwise dispose of any digital asset or financial interest in any digital asset? If "Yes," provide any Forms 1099-DA received.

Did you incur a gain or loss due to damaged or stolen property, while living in a federally declared disaster area?  
If "Yes," provide the incident date, value of the property, amount of insurance reimbursements, and the declaration number assigned by FEMA.

Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?

Did you make gifts to any one person in excess of \$19,000 during the year?

**Yes No**

If "Yes," are you splitting the gift with your spouse?

Did you incur moving expenses with the military during the year?

Did you make any energy-efficient improvements to your main home during the year?

Are you a business owner who paid health insurance premiums for your employees during the year?

Did you receive a cash payment or digital asset of more than \$10,000 in one transaction or two or more related transactions during the year?

**Yes No**

If "Yes," was Form 8300, Report of Cash Payment over \$10,000 Received in Trade or Business, filed?

Do you own interest or shares in or did you dispose of a Qualified Opportunity Fund during the year?

Did you make any purchases subject to use tax during the year?  
If "Yes," provide details.

Did you receive any notices from the IRS or state taxing authority?  
If "Yes," explain. \_\_\_\_\_

May the IRS discuss your tax return with your preparer?

Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?

**Preparer Notes**

## Income

Name: \_\_\_\_\_

SSN:

## **Wages & Salaries**

Provide all copies of Form W-2

TS

**Employer Name**

## 2025 Federal Wages

## Retirement

Provide all copies of Form 1099-R

TS

**Payer Name**

## 2025 Distribution

Yes  No Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?  
 Yes  No Did you use any of the distributions for disaster relief?

## Income

Name:

SSN:

## Dividend Income

Provide all copies of Form 1099-DIV and other statements that report dividend income.

## Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income.

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

## Sale of Capital Assets

Name: \_\_\_\_\_

SSN:

**Sale of Capital Assets (including items not reported on Form 1099-B)**

Provide all brokerage statements

## Installment Sale Income

TSJ	Description of property:	2025	Prior Years
Date acquired	_____	Date sold	_____
Selling price	.....	.....	.....
Mortgages assumed	.....	.....	.....
Cost of property sold	.....	.....	.....
Depreciation allowed	.....	.....	.....
Commissions and expense of sale	.....	.....	.....
Gross profit percentage	.....	.....	.....
Interest received	.....	.....	.....
Principal payments received	.....	.....	.....
Property was sold to a related party	<input type="checkbox"/>		

## Other Income and Adjustments

Name:

SSN:

## Other Income

	2025 Taxpayer	2025 Spouse
Social Security Benefits (attach Forms 1099-SSA) . . . . .	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .	_____	_____
State income tax refund (attach Forms 1099-G) . . . . .	_____	_____
<b>Alimony received</b>		
Divorce or separation date _____	Amount	_____
Unemployment compensation (attach Forms 1099-G) . . . . .	_____	_____
Unemployment compensation repaid in 2025 . . . . .	_____	_____
Gambling winnings (attach Forms W2-G) . . . . .	_____	_____
Alaska Permanent Fund . . . . .	_____	_____
Jury duty pay . . . . .	_____	_____
ABLE distributions . . . . .	_____	_____
Scholarships or grants not reported on Form W-2 . . . . .	_____	_____
<b>Other income:</b> _____		
_____		

## Adjustments

		2025 Taxpayer	2025 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	.....		
Contributions made to a Health Savings Account (HSA)	.....		
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents	.....		
Alimony paid			
Name	_____		
SSN	_____	Divorce or separation date	_____
Name	_____		
SSN	_____	Divorce or separation date	_____
Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K	.....		
Contributions made to an Individual Retirement Account (IRA)	.....		
Contributions made to a Roth IRA	.....		
Interest paid on a student loan	.....		
Other adjustments:			

## Additional Deductions

Name:

SSN:

### Additional Deductions

	2025 Taxpayer	2024 Taxpayer	2025 Spouse	2024 Spouse
Enter any income from Puerto Rico that you excluded	.....	.....	.....	.....
Enter the amount from Form 4563, Line 15	.....	.....	.....	.....
If Form W-2, Box 5, is \$176,100 or less, enter qualified tips included in				
Form W-2, Box 7.	.....	.....	.....	.....
Qualified Tips included on Form 4137, line 1(c)	.....	.....	.....	.....
If you received qualified tips from one employer	.....	.....	.....	.....
Qualified tips received in the course of a trade or business	.....	.....	.....	.....
Qualified overtime compensation included on Form W-2, Box 1	.....	.....	.....	.....
Qualified overtime compensation included on Form 1099-NEC, Box 1 or				
Form 1099-MISC, Box 3	.....	.....	.....	.....

### Passenger Vehicle Loan Interest

TS \_\_\_\_\_  
 Loan origination date ..... \_\_\_\_\_  
 Outstanding principal ..... \_\_\_\_\_  
 Year ..... \_\_\_\_\_  
 Make \_\_\_\_\_  
 Model \_\_\_\_\_  
 Vehicle identification number (VIN)  
 \_\_\_\_\_  
 Business interest ..... \_\_\_\_\_  
 Personal Interest ..... \_\_\_\_\_

TS \_\_\_\_\_  
 Loan origination date ..... \_\_\_\_\_  
 Outstanding principal ..... \_\_\_\_\_  
 Year ..... \_\_\_\_\_  
 Make \_\_\_\_\_  
 Model \_\_\_\_\_  
 Vehicle identification number (VIN)  
 \_\_\_\_\_  
 Business interest ..... \_\_\_\_\_  
 Personal Interest ..... \_\_\_\_\_

TS \_\_\_\_\_  
 Loan orinination date ..... \_\_\_\_\_  
 Outstanding principal ..... \_\_\_\_\_  
 Year ..... \_\_\_\_\_  
 Make \_\_\_\_\_  
 Model \_\_\_\_\_  
 Vehicle identification number (VIN)  
 \_\_\_\_\_  
 Business interest ..... \_\_\_\_\_  
 Personal Interest ..... \_\_\_\_\_

TS \_\_\_\_\_  
 Loan origination date ..... \_\_\_\_\_  
 Outstanding principal ..... \_\_\_\_\_  
 Year ..... \_\_\_\_\_  
 Make \_\_\_\_\_  
 Model \_\_\_\_\_  
 Vehicle identification number (VIN)  
 \_\_\_\_\_  
 Business interest ..... \_\_\_\_\_  
 Personal Interest ..... \_\_\_\_\_

## Schedule C - Profit or Loss from Business

Name:

SSN:

### General Business Information

TS \_\_\_\_\_ Professional product or service \_\_\_\_\_ Employer ID number \_\_\_\_\_

Business name \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

Accounting Method:  Cash  Accrual  Other (specify) \_\_\_\_\_ This business started or was acquired during 2025.  This business was disposed of during 2025.

Select if this business is for:

<input type="checkbox"/> Professional gambler	<input type="checkbox"/> Newspaper delivery and you are under 18 years of age
<input type="checkbox"/> Exempt Notary income	<input type="checkbox"/> A clergy

Yes      No

  Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.  If "Yes," did you file Forms 1099 for the individuals?  Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?  If "Yes," was any portion of the loan forgiven in 2025?

### Income

	2025	2025
Gross receipts or sales . . . . .	_____	Other income . . . . .
Returns & allowances . . . . .	_____	_____

### Expenses

	2025	2025
Advertising . . . . .	_____	Repairs & maintenance . . . . .
Car & truck expenses . . . . .	_____	Supplies . . . . .
Commissions & fees . . . . .	_____	Taxes & licenses . . . . .
Contract labor . . . . .	_____	Travel . . . . .
Depletion . . . . .	_____	Total meals . . . . .
Employee benefit programs . . . . .	_____	Utilities . . . . .
Insurance (other than health) . . . . .	_____	Wages . . . . .
Interest - mortgage . . . . .	_____	Family health coverage payments for taxpayer, spouse or dependents . . . . .
Interest - other . . . . .	_____	Other expenses (list) . . . . .
Legal & professional services . . . . .	_____	_____
Office expenses . . . . .	_____	_____
Pension & profit-sharing plans . . . . .	_____	_____
Rent or lease (vehicles, machinery, & equipment) . . . . .	_____	_____
Rent (other business property) . . . . .	_____	_____

### Cost of Goods Sold

	2025	2025
Inventory at beginning of year . . . . .	_____	Materials & supplies . . . . .
Purchases . . . . .	_____	Other costs . . . . .
Cost of personal use items . . . . .	_____	Inventory at end of year . . . . .
Cost of labor . . . . .	_____	<input type="checkbox"/> There was a change in inventory method.



**Income or Loss from Investments in Partnerships, S Corporations, and Fiduciaries**

Name:

SSN:

## Schedule K-1 from Partnerships, S Corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

## Schedule F - Profit or Loss from Farming

Name:

SSN:

### General Information

TS \_\_\_\_\_ Principal product \_\_\_\_\_ Employer ID number \_\_\_\_\_

Accounting method, if not cash:  Accrual This farm was disposed of during 2025.

Yes No

  Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this farm.  If "Yes," did you file Forms 1099 for the individuals?  Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?  If "Yes," was any portion of the loan forgiven in 2025?

### Income

	2025	2025
Sale of livestock / other items	.....	Custom hire income .....
Cost of items bought for resale	.....	Beginning inventory for accrual .....
Sale of products you raised	.....	Ending inventory for accrual .....
Total cooperative distributions (Provide 1099-PATR)	.....	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method.
Total agricultural payments	.....	Other income .....
Commodity Credit Corporation (CCC) loans:		
CCC loans reported	.....	.....
CCC loans forfeited	.....	.....
Crop insurance proceeds:		
Amount received in 2025	.....	.....
<input type="checkbox"/> You elect to defer to 2026	.....	.....
Amount deferred from 2024	.....	.....

### Expenses

	2025	2025
Car & truck expenses	.....	Rent - other (land, animals, etc.) .....
Chemicals	.....	Repairs & maintenance .....
Conservation expenses	.....	Seeds & plants purchased .....
Custom hire (machine work)	.....	Storage & warehousing .....
Employee benefit programs	.....	Supplies purchased .....
Feed purchased	.....	Taxes .....
Fertilizers & lime	.....	Utilities .....
Freight & trucking	.....	Veterinary, breeding, & medicine .....
Gasoline, fuel, & oil	.....	Family health coverage payments for taxpayer, spouse or dependents .....
Insurance (other than health)	.....	Other expenses .....
Interest - mortgage (paid to banks, etc.)	.....	.....
Interest - other	.....	.....
Non-W-2 labor hired	.....	.....
W-2 wages paid	.....	.....
Pension & profit-sharing plans	.....	.....
Rent - vehicles, machinery, & equipment	.....	.....

## Form 4835 - Farm Rental Income and Expenses

Name:

SSN:

## General Information

TSJ \_\_\_\_\_ Employer ID Number \_\_\_\_\_

Description \_\_\_\_\_

 This farm was disposed of during 2025

## Income

	2025	2025
Income from production of livestock, produce, grains, & other crops . . . . .	_____	Crop insurance proceeds:
Total cooperative distributions . . . . .	_____	Amount received in 2025 . . . . .
Total agricultural payments . . . . .	_____	<input type="checkbox"/> You elect to defer to 2026
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2024 . . . . .
CCC loans reported . . . . .	_____	Other income . . . . .
CCC loans forfeited . . . . .	_____	_____

## Expenses

	2025	2025
Car & truck expenses . . . . .	_____	Seeds & plants purchased . . . . .
Chemicals . . . . .	_____	Storage & warehousing . . . . .
Conservation expenses . . . . .	_____	Supplies purchased . . . . .
Custom hire (machine work) . . . . .	_____	Taxes . . . . .
Employee benefit programs . . . . .	_____	Utilities . . . . .
Feed purchased . . . . .	_____	Veterinary, breeding, & medicine . . . . .
Fertilizers & lime . . . . .	_____	Other expenses (list)
Freight & trucking . . . . .	_____	_____
Gasoline, fuel, & oil . . . . .	_____	_____
Insurance (other than health) . . . . .	_____	_____
Interest - mortgage (paid to banks, etc.) . . . . .	_____	_____
Interest - other . . . . .	_____	_____
Labor hired (less jobs credit) . . . . .	_____	_____
Pension & profit-sharing plans . . . . .	_____	_____
Rent - vehicles, machinery & equipment . . . . .	_____	_____
Rent - other (land, animals, etc.) . . . . .	_____	_____
Repairs & maintenance . . . . .	_____	_____

## Expenses Related to Business

Name:

SSN:

### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

Yes No

Was this vehicle available for use during off-duty hours?  
  Was another vehicle available for personal use?

Yes No

Do you have evidence to support your deduction?  
  If "Yes," is the evidence written?

### Mileage

Number of miles the vehicle was driven during 2025

Business ..... Other .....

Commuting .....

### Expenses

Garage rent ..... Repairs .....

Gas ..... Tires .....

Insurance ..... Tolls .....

Licenses ..... Lease addback .....

Oil ..... Other expenses

Parking fees ..... \_\_\_\_\_

Rental fees ..... \_\_\_\_\_

Interest ..... \_\_\_\_\_

Property tax ..... \_\_\_\_\_

### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business? \_\_\_\_\_

What is the total square footage of your home? \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? \_\_\_\_\_

How many hours per day was the area used? \_\_\_\_\_

 The daycare facility was in operation for the entire year

### Expenses

### Office expenses

### Home expenses

Mortgage interest ..... \_\_\_\_\_

In the "Office expenses" column,

Real estate taxes ..... \_\_\_\_\_

enter those expenses that

Excess mortgage interest ..... \_\_\_\_\_

pertain exclusively to your office;

Excess real estate taxes ..... \_\_\_\_\_

in the "Home expenses" column,

Insurance ..... \_\_\_\_\_

enter those expenses that

Rent ..... \_\_\_\_\_

pertain to the entire dwelling.

Repairs &amp; maintenance ..... \_\_\_\_\_

Utilities ..... \_\_\_\_\_

Other expenses ..... \_\_\_\_\_

## Household Employment

Name:

SSN:

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

**Yes**   **No**

Did you pay any one household employee cash wages of \$2,700 or more in 2025?

Did you withhold federal income tax during 2025 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2024 or 2025 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2025 by April 15, 2026?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2025

Total cash wages subject to Social Security tax . . . . .

Total cash wages subject to Medicare tax . . . . .

Total cash wages subject to Additional Medicare tax withholding . . . . .

Federal income tax withheld . . . . .

Qualified sick leave wages . . . . .

Qualified family leave wages . . . . .

Qualified health plan expenses . . . . .

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

**Yes**   **No**

Did you pay any one household employee cash wages of \$2,600 or more in 2025?

Did you withhold federal income tax during 2025 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2024 or 2025 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2025 by April 15, 2026?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2025

Total cash wages subject to Social Security tax . . . . .

Total cash wages subject to Medicare tax . . . . .

Total cash wages subject to Additional Medicare tax withholding . . . . .

Federal income tax withheld . . . . .

Qualified sick leave wages . . . . .

Qualified family leave wages . . . . .

Qualified health plan expenses . . . . .

## Schedule A - Itemized Deductions

Name:

SSN:

## Medical and Dental Expenses

Health insurance premiums (paid by you, not through work) . . . . .  
 Amount above that is for Medicare premiums . . . . .  
 Long-term care premiums (you) . . . . .  
 Long-term care premiums (your spouse) . . . . .  
 Long-term care premiums (dependents) . . . . .  
 Mileage driven for medical purposes . . . . .  
 Out of pocket medical & dental expenses  
 Doctor, dental, etc . . . . .  
 Prescription medicines . . . . .  
 Glasses & contacts . . . . .  
 Hearing aids . . . . .  
 Medical equipment & supplies . . . . .  
 Hospital services . . . . .  
 Laboratory services . . . . .  
 Nursing services . . . . .  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

## Charitable Contributions

Donations to charity	Cash	Noncash	Amount
Church . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
University . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Miles driven for charitable purposes . . . . .

## Taxes Paid

State and local income taxes . . . . .  
 General sales tax (vehicle, boat, home, etc.) . . . . .  
 Real estate taxes . . . . .  
 Personal property taxes . . . . .  
 Auto registration taxes not deductible for state\* . . . . .  
 Other taxes (list) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Other Miscellaneous Deductions

Amortizable bond premiums . . . . .  
 Federal estate tax . . . . .  
 Gambling losses . . . . .  
 Impairment-related work expenses . . . . .  
 Claim repayments . . . . .  
 Unrecovered pension investments . . . . .  
 Loss from other activities from Schedule K-1 . . . . .  
 Ordinary loss debt instrument . . . . .  
 Excess deduction on termination . . . . .

## Job Expenses &amp; Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer

Safety equipment, tools, & supplies . . . . .  
 Uniforms . . . . .  
 Protective clothing (shoes, hardhats, glasses, etc.) . . . . .  
 Dues to professional organizations . . . . .  
 Books & subscriptions . . . . .  
 Other \_\_\_\_\_  
 Union dues . . . . .  
 Tax preparation fees . . . . .

## Interest Paid

Home mortgage interest paid (attach Form 1098) . . . . .  
 Some of your home mortgage loan was not used to buy, build, or improve your home.  
 Home mortgage interest paid to an individual . . . . .  
 Paid to:  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 SSN or EIN \_\_\_\_\_  
 Points not reported on Form 1098 . . . . .  
 Investment interest . . . . .

Other nonpersonal expenses related to taxable income

Safe deposit box fees . . . . .  
 Investment expenses not entered elsewhere . . . . .  
 Other \_\_\_\_\_  
 Home equity interest . . . . .





## 2025 Tax Organizer Personal Information

### Personal Information

Name		SSN	Has IP PIN	Date of Birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
Occupation		Daytime Phone	Evening Phone	Cell Phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

#### Filing status at the end of 2025

Single    Married    Widowed - If widowed and your spouse died after December 31, 2023, enter the date of death \_\_\_\_\_

Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2025? \_\_\_\_\_

Yes   No

Are you or your spouse blind?  
  Are you or your spouse disabled?  
  Are you or your spouse a full-time student?  
  Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?  
  At any time during 2025 did you:  
    (a) receive (as a reward, award, or payment for property or service) a digital asset?  
    (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

### Identification Information

<p><b>Taxpayer's type of photo ID</b></p> <p><input type="checkbox"/> Driver's license   <input type="checkbox"/> State-issued photo ID</p> <p>Photo ID number _____</p> <p>State photo ID was issued _____</p> <p>Date photo ID was issued _____</p> <p>Date photo ID expires _____</p>	<p><b>Spouse's type of photo ID</b></p> <p><input type="checkbox"/> Driver's license   <input type="checkbox"/> State-issued photo ID</p> <p>Photo ID number _____</p> <p>State photo ID was issued _____</p> <p>Date photo ID was issued _____</p> <p>Date photo ID expires _____</p>
--	--

### Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use this Account for	
			Checking	Savings	Deposits	Withdrawals

### Appointment Information

Your 2025 appointment is scheduled for \_\_\_\_\_

## Dependent and Other Information

Name:

SSN:

### Dependent Information

First and Last Name SSN	Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses

List dependents required to file a return

### Child and Other Dependent Care Expenses

Name of Care Provider	Address	SSN or EIN	Amount Paid

### Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2024						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

## Income

Name:

SSN:

## Form 1099-MISC Income

Provide all copies of Form 1099-MISC

## Form 1099-NEC Income

Provide all copies of Form 1099-NEC