

TAXPAYER/SPOUSE: _____
EMAIL: _____
PHONE #: _____
BIRTHDATE: _____
ADDRESS: _____

LIST ALL DEPENDENTS

First Name	Last Name	Date of Birth	SS#	Relationship	Months lived in your Home	2025 College Student Y/N
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

CHILD AND DEPENDENT CARE EXPENSES

Provider Information: **Provider #1** **Provider #2 (if any)**

Name: _____

Address: _____

SS# or EIN#: _____

Amount Paid in 2025: _____

DIRECT DEPOSIT (IF YOU WOULD LIKE REFUND DIRECT DEPOSITED)

Bank Name: _____ Routing Number: _____

Account Number: _____ Type of Account (Checking-Savings): _____

ESTIMATED TAX PAYMENTS

	Federal		State #1		State #2	
	Date	Amount	Date	Amount	Date	Amount
1 st (4/15/25)	_____	_____	_____	_____	_____	_____
2 nd (6/15/25)	_____	_____	_____	_____	_____	_____
3 rd (9/15/25)	_____	_____	_____	_____	_____	_____
4 th (1/15/26)	_____	_____	_____	_____	_____	_____

- SALARY and WAGES:** Please provide all copies of Form W-2's
- PENSION, IRA, and ANNUITY DISTRIBUTIONS:** Please provide all copies of Form 1099-R's
- SCHEDULE K-1's:** Please provide all copies of Schedule K-1's
- GAMBLING INCOME:** Please provide all copies of Form W-2G's
- INTEREST INCOME:** Please provide all copies of Form 1099-1NT's

SELLER FINANCED MORTGAGE INTEREST

Payer's Name: _____ Payer's Address: _____

Payer's SS#: _____ Amount Received in 2025: _____

DIVIDEND INCOME

Please provide all copies of Form 1099-DIV's

BUSINESS INCOME/RENTAL INCOME

Please provide all income and expenses

SALES OF STOCKS, SECURITIES AND OTHER INVESTMENT PROPERTY

Please provide all copies of Form 1099-B, 1099-S and HUD Settlement Statements (sales & purchases)

Please provide selling price, cost, date of purchase, date of sale on each transaction **OR** provide end of year realized Gains/Loss Statement from investment accounts.**OTHER INCOME**

Please provide all copies of Form 1099-NEC, 1099-Misc., etc.

State and Local Income Tax Refunds – please provide Form 1099-G's

	Taxpayer	Spouse
Alimony Received and Date of Divorce:	_____	_____
Unemployment Compensation:	_____	_____
Other:	_____	_____

ADJUSTMENTS TO INCOME – IRA CONTRIBUTIONS

Please provide year end statements for each account and any Form 8606

	Taxpayer	Spouse
2025 Traditional IRA Contribution:	_____	_____
2025 Roth IRA Contribution:	_____	_____

HIGHER EDUCATION DEDUCTIONS AND/OR CREDITS

Complete this section if you paid interest on a qualified student loan in 2025 for qualified higher education expenses for you, your spouse or a person who was your dependent when you took out the loan.

Qualified student loan interest paid to:	2025 Amount paid
_____	_____
_____	_____

Please provide all copies of Form 1098-T's

Student Name _____ Qualified expenses _____ Amount _____

JOB RELATED MOVING EXPENSES

Total expense if job related _____

OTHER ADJUSTMENTS TO INCOME**Alimony Paid and Date of Divorce:**

Recipient Name _____ Recipient SS# _____ 2025 Amount paid _____

Address _____

	Taxpayer	Spouse
Teacher out-of-pocket expenses:	_____	_____
Adoption expenses:	_____	_____
Energy Efficient Home Improvements (please Provide invoice)	_____	_____

MEDICAL AND DENTAL EXPENSES

	Taxpayer	Spouse	Dependent	Total
Medical and dental expenses:	_____	_____	_____	_____
Medical insurance premiums	_____	_____	_____	_____
Long-term care premiums	_____	_____	_____	_____
Prescription medicines and drugs	_____	_____	_____	_____
Miles driven for medical purposes	_____	_____	_____	_____

TAX EXPENSES

	2025 Amount paid
Real estate taxes paid – Primary residence	_____
Real estate taxes paid – Additional properties	_____
Personal property taxes	_____
Rent paid (certain States allow deduction)	_____

INTEREST EXPENSES

	2025 Amount paid
Home mortgage interest: Please provide Form 1098	_____
Other, such as Home mortgage interest paid to individuals	_____
Name _____ SSN _____	2025 Amount paid _____
Address _____	

	2025 Amount paid
Investment interest expense (Please provide 1099's)	_____
Refinancing information (if applicable)	
Description	Refinance #1
Total Points Paid	Refinance #2
Date of refinance	
Total number of payments to be made	

CHARITABLE CONTRIBUTIONS

Contributions made by cash or check _____ Volunteer miles driven _____
 Non-cash items, such as: Goodwill, Salvation Army _____
 (Provide receipts if greater than \$500 in total)

MISCELLANEOUS DEDUCTIONS

	Taxpayer	Spouse
Unreimbursed business expenses (please break out)	_____	_____
Union dues	_____	_____
Tax preparation fees	_____	_____
Investment expenses, other than on K-1's	_____	_____
Gambling losses: (only if you have gambling income)	_____	_____