

**IMPORTANT
TAX QUESTIONNAIRE
ENCLOSED**

INCOME TAX GUIDE AND ORGANIZER 2025

PERSONAL DATA

TAXPAYER	SPOUSE	DEPENDENTS				
Last Name:	Last Name:	Name (First,Initial,Last)	D.O.B.	Soc. Sec. No.	Relationship	# Mos. In Home
First Name:	First Name:					
Occupation:	Occupation:					
Phone (Home):	Phone (Home):					
Phone (Work):	Phone (Work):					
Soc. Sec. Number:	Soc. Sec. Number:					
Date of Birth:	Date of Birth:	CHILD AND DEPENDENT CARE				
		Name/Address of Provider	I.D. Number	Amount Paid		
Address:						
City, State, & Zip:						
				TOTAL:		

E-MAIL ADDRESS	HEALTH INSURANCE			
TAXPAYER:		Did you have health insurance coverage through the market place at any point in the year?	YES	NO
SPOUSE:		IF YES, <u>MUST</u> PROVIDE FORMS 1095-A		

DIRECT DEPOSIT INFORMATION	
Routing Number:	
Account Number:	
<u>Checking</u> or <u>Savings</u> (Circle One)	

RETIREMENT CONTRIBUTIONS

	Date	Traditional IRA	SEP/SIMPLE	Roth IRA	Total Value
Single/Taxpayer					
Spouse					

HIGHER EDUCATION EXPENSES

*note if not a full time student	1st Student	2nd Student	3rd Student	4th Student
Taxpayer/Spouse/Dependent				
First 4 years of education? Y/N				
	Amount	Amount	Amount	Amount
Tuition				
Fees, Books, Supplies				
Scholarships or Grants				
Job Related Education				
	Miles Driven	Room and Board	Books and Supplies	Seminar Fees
Taxpayer				
Spouse				

****Please Provide Form 1098-T****

OTHER LOSSES AND DEDUCTIONS

	TAXPAYER (T)	SPOUSE (S)	NOTES
Alimony paid (Recipients name, Soc. Sec. Number, & Amount Paid) (Divorce prior to 12/31/18)			
Health savings account deduction (Form 8889)			
Educator expenses			

AUTOMOTIVE WORKSHEET (DOES NOT APPLY TO W-2 EARNINGS)

Vehicle Information	Date Placed in Service	Make	Year	Model	Cost or Basis	NOTES
Vehicle 1- (T)						
Vehicle -2 (S)						
Vehicle 3						
Mileage						
	Vehicle 1- (T)		Vehicle 2- (S)		Vehicle 3	
Beginning of Year						
End of Year						
Total Miles						
Business Miles						
Personal Miles						

Actual Expenses	Vehicle 1 - (T)	Vehicle 2 - (S)	Vehicle 3	
Gas & Oil				
Washing/Lube				
Repairs/Maint.				
Tires/Accessories				
Insurance				
Parking/Tolls				
Licenses				
Lease Payments				
Other				

Tax Payer must maintain log, including beginning and ending odometer readings, when claiming auto expense deductions.

SELF EMPLOYED EXPENSES ONLY

Is another vehicle available for personal use?	Yes	No
T= Taxpayer	S=Spouse	

INCOME

WAGES/SALARIES/W2 FORMS

T/S	Name of Employer	Taxable Wages	Fed. W/Held	Soc. Sec.	Medicare	State	Local

(Please provide a copy of ALL W2's claimed in this section)

INTEREST INCOME

DIVIDEND INCOME

T/S/J	Name of Payer	Amount	Name of Payer	Total Ord. Div.	Qualified Div.	Cap. Gains

Do you have an interest in a foreign bank account or trust? YES/NO

PENSIONS/ANNUITIES/IRA'S

T/S/J	Payer	Gross Distribution	Taxable Amount	Fed. W/Held

(Please attach ALL 1099's for the above sections)

CAPITAL GAINS AND LOSSES

T/S/J	Description	Date Acquired	Date Sold	Sales Price	Cost or Basis

(Please include ALL 1099's for the above section, including **SALES PRICE & BASIS**)

MISCELLANEOUS INCOME

SOCIAL SECURITY INCOME

Source of Income	Amount	SSA-1099	Benefits (box 5)	Medicare
Alimony (Divorce prior to 12/31 /18)		Taxpayer		
Jury Duty (Or other public service)				
Tips/Gratuities (Not reported on W2)		Spouse		
Contests/Awards (Attach 1099's)				
Commissions/Bonuses (Not reported on W2)				

SALE OF RESIDENCE

Pensions/Annuities (Attach 1099-R)		Date Acquired		
IRA/Keogh (Attach 1099's)		Date Sold		
Profit Sharing Distributions (Attach 1099's)		Cost or Basis		
Unemployment Compensation (Attach 1099-G)		Improvements		
Partnerships/Estates/Trusts (Provide K-1's)		Expense of Sale		
Small Business Corps/Sub Chapter S (Provide K-1's)		Selling Price		
Farm Income (Provide Details)		Was any part of home rented or used for business?		Yes/No
Forgiven Debt		Was home used as principal residence for 2 years?		Yes/No
Gambling winnings (Provide W2-G)		(Please provide closing Documents)		
Other (Explain)				

For Rental, Farm, or Small Business activities please contact us and we will provide a detail worksheet.

DEDUCTIONS

MEDICAL		CONTRIBUTIONS	
Include only un-reimbursed medical expenses		Receipts/cancelled checks are now required to deduct contributions	
Description	Amount	Description	Amount
Doctors, Dentists, Hospitals, Etc.		Church/Temple (Name)	
Prescriptions & Drugs		Cancer, Heart, Etc. (attach list)	
Eye Glasses/Contacts		Red Cross, United Way, Etc. (attach list)	
Hearing Aids & Supplies		Public TV/Radio	
X-Ray/Lab Fees		Veteran's Org. (Name)	
Ambulance/Paramedics		Schools (Name)	
Nurses		Other:	
Medical Aid Rental		Non-Cash Contributions (Food, Clothing, Etc.)	
Equipment (Prescribed)		Volunteer Work (Mileage & Parking)	
Nursing Home Care			
Smoking Cessation Program			
Other			

MISC. ITEMIZED DEDUCTIONS			
		Description	Amount
Medical Insurance		*Gambling Losses (Limited to winnings) - See Below	
Group Health Plans		Casualty / theft losses of income-producing property.	
Pre-Tax _____	After-Tax _____	Loss from other activities from Sch K-1	
Transportation (Miles or Actual Cost)		Federal estate tax on income in respect of decedent	
Lodging (While away from home)		Amortizable bond premium	
Other Insurance		Misc. other:	
Long Term Care: Taxpayer			
Long Term Care: Spouse			

TAXES		Casualty and Theft Losses	
Description	Amount		
Real Estate Taxes (Home)		Casualty and theft loss from a federally declared disaster. Attach Form 4684 line 18.	
Real Estate Taxes (Other)			
Property Tax Other			
Personal Property Tax			

INCOME TAXES PAID OR REFUNDED			
Estimated Taxes Paid			
	Date Paid	Federal	State
State or Local Income Taxes			
Sales Tax / Other / Excise			
	1st Qtr.		
	2nd Qtr.		
	3rd Qtr.		
	4th Qtr.		

INTEREST			
Mortgage interest Principal Residence	Paid to Institution (1098)		1st Qtr.
	Paid to Ind. (List name, address, & Soc. Sec. below)		2nd Qtr.
Mortgage Interest Second Home	Paid to Institution (1098)		3rd Qtr.
	Paid to Ind. (List name, address, & Soc. Sec. below)		4th Qtr.
Taxes Paid/Refunded			
		Federal	State
		Balance paid on last year's return	
		Refunds received from last year's return	
Points paid to acquire new mortgage			
Home Equity Loan Interest			
Home Improvement Loan Interest			
Student Loan Interest (Attach 1098-E)			
Mortgage Insurance Premiums			
Investment Interest			

VEHICLE INTEREST	
Include up to \$10,000 in interest on loans secured after 2024 of a new personal-use passenger vehicle, assembled in the U.S. and weighing under 14,000 pounds. Excludes family loans and non-personal vehicles like campers. Phases out for incomes \$100,000-\$150,000 (single) and \$200,000-\$250,000 (MFJ)	
Paid	
Vehicle ID Number (VIN):	