General: 1040

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) ___

Mark if you were married but living apart all year ___ Mark if your nonresident alien spouse does not have an ITIN ___

	Taxpayer	Spouse
Social security number		
First name		
Last name		
Occupation		
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)		
Mark if legally blind		
Mark if dependent of another taxpayer		
Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N)		
Date of birth		
Date of death		
Work/daytime telephone number/ext number		
Do you authorize us to discuss your return with the IRS (Y, N)		

General: 1040, Contact

Present Mailing Address

Address ___

Apartment number ___

City/State postal code/Zip code ___

Foreign country name ___

Foreign phone number ___

Home/evening telephone number ___

Taxpayer email address ___

Spouse email address ___

General: 1040

Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent

Credits: 2441

Child and Dependent Care Expenses

Provider information:

Business name ___

First and Last name ___

Street address ___

City, state, and zip code ___

Social security number OR Employer identification number ___

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) ___

Amount paid to care provider in 2025 ___

	Taxpayer	Spouse
Employer-provided dependent care benefits that were forfeited		

NOTES/QUESTIONS:

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number , and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _

Primary account:
- Financial institution routing transit number ____________
- Name of financial institution ____________
- Your account number ____________
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _
- Enter the maximum dollar amount, or percentage of total refund Dollar ____________ **or** Percent (xxx.xx) ____________

Secondary account #1:
- Financial institution routing transit number ____________
- Name of financial institution ____________
- Your account number ____________
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _
- Enter the maximum dollar amount, or percentage of total refund Dollar ____________ **or** Percent (xxx.xx) ____________

Secondary account #2:
- Financial institution routing transit number ____________
- Name of financial institution ____________
- Your account number ____________
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _
- Enter the maximum dollar amount, or percentage of total refund Dollar ____________ **or** Percent (xxx.xx) ____________

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -
- Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) ___
- Identification number ____________
- Issue date ____________
- Expiration date ____________
- Location of issuance ___
- Document number (New York only) ____________

Spouse -
- Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) ___
- Identification number ____________
- Issue date ____________
- Expiration date ____________
- Location of issuance ___
- Document number (New York only) ____________

NOTES/QUESTIONS:

Form ID: Est

Estimated Taxes

If you have an overpayment of 2025 taxes, do you want the excess:

Refunded ____[52]

Applied to 2025 estimated tax liability ____[53]

Do you expect a considerable change in your 2025 income? (Y, N) ____[54]

If yes, please explain any differences:

____[55]

____[56]

____[57]

____[58]

Do you expect a considerable change in your deductions for 2025? (Y, N) ____[59]

If yes, please explain any differences:

____[60]

____[61]

____[62]

____[63]

Do you expect a considerable change in the amount of your 2025 withholding? (Y, N) ____[64]

If yes, please explain any differences:

____[65]

____[66]

____[67]

____[68]

Do you expect a change in the number of dependents claimed for 2025? (Y, N) ____[69]

If yes, please explain any differences:

____[70]

____[71]

____[72]

____[73]

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) ____[74]

2025 Federal Estimated Tax Payments

2024 overpayment applied to 2025 estimates + ____[1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. ____[5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	04/15/24	____[6]	+ ____[7]		
2nd quarter payment	06/17/24	____[8]	+ ____[9]		
3rd quarter payment	09/16/24	____[10]	+ ____[11]		
4th quarter payment	01/15/25	____[12]	+ ____[13]		
Additional payment		____[14]	+ ____[15]		

***Method of payment indicated in prior year**

EFW = Electronic funds withdrawal **EFTPS = Electronic Federal Tax Payment System**

Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Upload files: **ShareFile - Where Companies Connect**, OR fax to 785-354-1442. (if do not get a receipt confirmation within 48 business hours call 785-357-7777) JBS@PlanLlc.org

Form ID: St Pmt

2025 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T, S, J) __[1]

State postal code ___[2]

Amount paid with 2024 return + ________________[3]

2024 overpayment applied to '24 estimates + ________________[4]

Treat calculated amounts as paid __[8]

	Date Paid		Amount Paid	Calculated Amount
1st quarter payment	____________[9]	+	________________[10]	________________
2nd quarter payment	____________[11]	+	________________[12]	________________
3rd quarter payment	____________[13]	+	________________[14]	________________
4th quarter payment	____________[15]	+	________________[16]	________________
Additional payment	____________[17]	+	________________[18]	

2025 City Estimated Tax Payments

City #1

City name ________________________________[28]

Amount paid with 2024 return + ________________[31]

2024 overpayment applied to '25 estimates + ________________[32]

Treat calculated amounts as paid __[36]

	Date Paid		Amount Paid
1st quarter payment	____________[37]	+	________________[38]
2nd quarter payment	____________[39]	+	________________[40]
3rd quarter payment	____________[41]	+	________________[42]
4th quarter payment	____________[43]	+	________________[44]

Calculated Amount

1st quarter payment	________________
2nd quarter payment	________________
3rd quarter payment	________________
4th quarter payment	

City #2

City name ________________________________[50]

Amount paid with 2024 return + ________________[53]

2024 overpayment applied to '25 estimates + ________________[54]

Treat calculated amounts as paid __[58]

	Date Paid		Amount Paid
1st quarter payment	____________[59]	+	________________[60]
2nd quarter payment	____________[61]	+	________________[62]
3rd quarter payment	____________[63]	+	________________[64]
4th quarter payment	____________[65]	+	________________[66]

Calculated Amount

1st quarter payment	________________
2nd quarter payment	________________
3rd quarter payment	________________
4th quarter payment	

City #3

City name ________________________________[72]

Amount paid with 2024 return + ________________[75]

2024 overpayment applied to '25 estimates + ________________[76]

Treat calculated amounts as paid __[80]

	Date Paid		Amount Paid
1st quarter payment	____________[81]	+	________________[82]
2nd quarter payment	____________[83]	+	________________[84]
3rd quarter payment	____________[85]	+	________________[86]
4th quarter payment	____________[87]	+	________________[88]

Calculated Amount

1st quarter payment	________________
2nd quarter payment	________________
3rd quarter payment	________________
4th quarter payment	

City #4

City name ________________________________[94]

Amount paid with 2024 return + ________________[97]

2024 overpayment applied to '25 estimates + ________________[98]

Treat calculated amounts as paid __[102]

	Date Paid		Amount Paid
1st quarter payment	____________[103]	+	________________[104]
2nd quarter payment	____________[105]	+	________________[106]
3rd quarter payment	____________[107]	+	________________[108]
4th quarter payment	____________[109]	+	________________[110]

Calculated Amount

1st quarter payment	________________
2nd quarter payment	________________
3rd quarter payment	________________
4th quarter payment	

Income: W2

Salary and Wages

Please provide all copies of Form W-2 that you receive.
Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable

Retirement: 1099R

Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.
Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable b

T/S	Description	Prior Year Information	Mark if no longer applicable

Income: K1, K1T

Schedules K-1

Please provide all copies of Schedule K-1 that you receive.
Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box

T/S/J	Description	Form	Mark if no longer applicable

Income: W2G

Gambling Income

Please provide all copies of Form W-2G that you receive.
Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box

T/S	Description	Prior Year Information	Mark if no longer applicable

Educate: 1099Q

Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.
Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable b

T/S	Description	Prior Year Information	Mark if no longer applicable

NOTES/QUESTIONS:

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

	Taxpayer	Spouse
Traditional IRA Contributions for 2025 -		
If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	___	___
Enter the total traditional IRA contributions made for use in 2025	________	________
Roth IRA Contributions for 2025 -		
Mark if you want to contribute the maximum Roth IRA contribution	___	___
Enter the total Roth IRA contributions made for use in 2025	________	________

Educate: Educate2

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.

T/S	Qualified student loan interest paid	2025 Information	Prior Year Information
___	________	________	________
___	________	________	________

Complete this section if you paid qualified education expenses for higher education costs in 2025.
Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.
Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
___	_	________	________	________	________	________
___	_	________	________	________	________	________
___	_	________	________	________	________	________
___	_	________	________	________	________	________

***Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction**
The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home due to service in the armed forces.

Description of move	________
Taxpayer/Spouse/Joint (T, S, J)	___
Mark if the move was due to service in the armed forces	_
Number of miles from old home to new workplace	________
Number of miles from old home to old workplace	________
Mark if move is outside United States or its possessions	_
Transportation and storage expenses	________
Travel and lodging (not including meals)	________
Total amount reimbursed for moving expenses	________

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2025 Information	Prior Year Information
___	________	________	________	________	________

Street address ________
City, State and Zip code ________ ___ ________

*Enter the divorce/separation agreement date

	Taxpayer	Spouse	Prior Year Information
Educator expenses:			
________	________	________	________
________	________	________	________
Other adjustments:			
________	________	________	________
________	________	________	________
________	________	________	________

Income: B1

Interest Income

Please provide all copies of Form 1099-INT or other statements reporting interest income.

T/S/J	Payer Name	Interest Income	Prior Year Information

Income: B3

Seller Financed Mortgage Interest

T, S, J ___ Payer's name ____________ Payer's social security number ____________

Payer's address, city, state, zip code ____________ ____________ ___ ____________

Amount received in 2025 ____________ Amount received in 2024 ____________

Income: B2

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information

Income: D

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis

Income: Income

Other Income

Please provide copies of all supporting documentation.

	2025 Information	Prior Year Information
State and local income tax refunds		

	T/S	Agreement Date	2025 Information	Prior Year Information
Alimony received				

	Taxpayer	Spouse	Prior Year Information
Unemployment compensation			
Unemployment compensation repaid			
Social security benefits			
Medicare premiums to be reported on Schedule A			
Railroad retirement benefits			

T/S/J	Other Income:	2025 Information	Prior Year Information

Form ID: C-1

Schedule C - General Information

Preparer use only

	2025 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	__[2]	
Employer identification number	[3]	
Business name	[5]	
Principal business/profession	[6]	
Business code	[12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	[15]	
City/State/Zip	[16] [17] [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	__[19]	
If other:	[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	__[22]	
If other enter explanation:	[24]	
Enter an explanation if there was a change in determining your inventory:	[25]	
Did you "materially participate" in this business? (Y, N)	__[26]	
If not, number of hours you did significantly participate	[28]	
Mark if you began or acquired this business in 2025	__[30]	
Did you make any payments in 2025 that require you to file Form(s) 1099? (Y, N)	__[31]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	__[33]	
Mark if this business is considered related to qualified services as a minister or religious worker	__[35]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	__[37]	
Medical insurance premiums paid by this activity	+ [40]	
Long-term care premiums paid by this activity	+ [44]	
Amount of wages received as a statutory employee	+ [47]	

Business Income

	2025 Information	Prior Year Information
Gross receipts and sales		
	+ [52]	
	+	
	+	
	+	
Returns and allowances	+ [55]	
Other income:		
	+ [57]	
	+	
	+	
	+	

Cost of Goods Sold

	2025 Information	Prior Year Information
Beginning inventory	+ [59]	
Purchases	+ [61]	
Labor:		
	+ [63]	
	+	
Materials	+ [65]	
Other costs:		
	+ [67]	
	+	
	+	
	+	
Ending inventory	+ [69]	

Upload files: **ShareFile - Where Companies Connect**, OR fax to 785-354-1442. (if do not get a receipt confirmation within 48 business hours call 785-357-7777) JBS@PlanLlc.org

Form ID: C-2

Schedule C - Expenses

☐ **Preparer use only**

Principal business or profession ____________________

		2025 Information		**Prior Year Information**
Advertising	+		[6]	
Car and truck expenses	+		[8]	
Commissions and fees	+		[10]	
Contract labor	+		[12]	
Depletion	+		[14]	
Depreciation	+		[16]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit):				
	+		[18]	
	+			
Insurance (Other than health):				
	+		[20]	
	+			
Interest:				
Mortgage (Paid to banks, etc.)				
	+		[22]	
	+			
	+			
Other:				
	+		[24]	
	+			
Legal and professional services	+		[26]	
Office expense	+		[29]	
Pension and profit sharing:				
	+		[31]	
	+			
Rent or lease:				
Vehicles, machinery, and equipment	+		[33]	
Other business property	+		[35]	
Repairs and maintenance	+		[37]	
Supplies	+		[39]	
Taxes and licenses:				
	+		[41]	
	+			
	+			
	+			
	+			
Travel and meals:				
Travel	+		[43]	
Meals (Enter 100% subject to 50% limitation)	+		[45]	
Meals (Enter 100% subject to DOT 80% limit)	+		[47]	
Meals (Fully deductible)	+		[49]	
Utilities	+		[51]	
Wages (Less employment credit):				
	+		[53]	
	+			
Other expenses:				
	+		[55]	
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			

Control Totals+

Upload files: **ShareFile - Where Companies Connect**, OR fax to 785-354-1442. (if do not get a receipt confirmation within 48 business hours call 785-357-7777) JBS@PlanLlc.org

Form ID: Auto

Auto Worksheet

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession ____________________ [3]

Vehicles

Vehicle 1 -	Date placed in service	______ [4]
	Description	______ [5]
	Comments	______
Vehicle 2 -	Date placed in service	______ [9]
	Description	______ [10]
	Comments	______
Vehicle 3 -	Date placed in service	______ [14]
	Description	______ [15]
	Comments	______
Vehicle 4 -	Date placed in service	______ [19]
	Description	______ [20]
	Comments	______

Vehicle Questions

If you used your automobile for work purposes, answer the following questions:

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
Was the vehicle available for off-duty personal use? (Y, N)	__[60]	__	__[62]	__	__[64]	__	__[66]	__
Was another vehicle available for personal use? (Y, N)	__[68]	__	__[70]	__	__[72]	__	__[74]	__
Do you have evidence to support your deduction? (Y, N)	__[76]	__	__[78]	__	__[80]	__	__[82]	__
Is this evidence written? (Y, N)	__[84]	__	__[86]	__	__[88]	__	__[90]	__

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	[32]		[34]		[36]		[38]	
Commuting miles	[40]		[42]		[44]		[46]	
Business miles	[48]		[50]		[52]		[54]	
Parking fees	+ [92]		+ [94]		+ [96]		+ [98]	
Tolls	+ [100]		+ [102]		+ [104]		+ [106]	
Gasoline	+ [108]		+ [110]		+ [112]		+ [114]	
Oil	+ [116]		+ [118]		+ [120]		+ [122]	
Repairs	+ [124]		+ [126]		+ [128]		+ [130]	
Maintenance	+ [132]		+ [134]		+ [136]		+ [138]	
Tires	+ [140]		+ [142]		+ [144]		+ [146]	
Car washes	+ [148]		+ [150]		+ [152]		+ [154]	
Insurance	+ [156]		+ [158]		+ [160]		+ [162]	
Interest	+ [164]		+ [166]		+ [168]		+ [170]	
Registration	+ [172]		+ [174]		+ [176]		+ [178]	
Licenses	+ [180]		+ [182]		+ [184]		+ [186]	
Property taxes	+ [188]		+ [190]		+ [192]		+ [194]	
Other vehicle expenses	+ [196]		+ [198]		+ [200]		+ [202]	
Vehicle rentals	+ [204]		+ [206]		+ [208]		+ [210]	
Inclusion amt **(Preparer only)**	+ [212]		+ [214]		+ [216]		+ [218]	
Depreciation	+ [220]		+ [222]		+ [224]		+ [226]	

Upload files: **ShareFile - Where Companies Connect**, OR fax to 785-354-1442. (if do not get a receipt confirmation within 48 business hours call 785-357-7777) JBS@PlanLlc.org

Form ID: Rent

Rent and Royalty Property - General Information

Preparer use only

	2025 Information		Prior Year Information
Description	______	[2]	
Taxpayer/Spouse/Joint (T, S, J) __[3] State postal code	___	[5]	
Physical address: Street	______	[6]	
City, state, zip code	______[7] ___[8]______	[9]	
Foreign country	______	[11]	
Foreign province/county	______	[12]	
Foreign postal code	______	[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty)		[14]	
Description of other type (Type code #8)	______	[15]	
Did you make any payments in 2025 that require you to file Form(s) 1099? (Y,N)	__	[16]	__
If "Yes", did you or will you file all required Forms 1099? (Y, N)	__	[18]	__
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)	______	[20]	
Percentage of ownership if not 100%	______	[22]	
Business use percentage, if not 100% (Not vacation home percentage)	______	[24]	

Rent and Royalty Income

Rents and royalties		2025 Information		Prior Year Information
______	+	______	[33]	______
______		______		______

Rent and Royalty Expenses

		2025 Information		Percent if not 100%		Prior Year Information
Advertising	+	______	[35]	______	[36]	______
Auto	+	______	[38]	______	[39]	______
Travel	+	______	[41]	______	[42]	______
Cleaning and maintenance	+	______	[44]	______	[45]	______
Commissions:						
______	+	______	[47]	______	[49]	______
______	+	______		______		______
Insurance:						
______	+	______	[50]	______	[52]	______
______	+	______		______		______
Legal and professional fees	+	______	[54]	______	[55]	______
Management fees:						
______	+	______	[57]	______	[59]	______
______	+	______		______		______
Mortgage interest paid to banks, etc (Form 1098)						
______	+	______	[60]	______	[62]	______
______	+	______				______
Other mortgage interest	+	______	[63]	______	[65]	______
Qualified mortgage insurance premiums	+	______	[66]	______	[67]	______
Other interest:						
______	+	______	[69]	______	[71]	______
______	+	______		______		______
Repairs	+	______	[72]	______	[73]	______
Supplies	+	______	[75]	______	[76]	______
Taxes:						
______	+	______	[78]	______	[80]	______
______	+	______		______		______
Utilities	+	______	[81]	______	[82]	______
Depreciation	+	______	[84]	______	[85]	______
Depletion	+	______	[87]	______	[88]	______
Other expenses:						
______	+	______	[90]	______		______
______	+	______		______		______
______	+	______		______		______
	+					

Itemized: A1

Medical and Dental Expenses

T/S/J		2025 Information	Prior Year Information
__	Medical and dental expenses		
__	Medical insurance premiums you paid***		
__	Long-term care premiums you paid***		
__	Prescription medicines and drugs		
__	Miles driven for medical items (21 cents)		

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1

Tax Expenses

T/S/J		2025 Information	Prior Year Information
__	State/local income taxes paid		
__	2024 state and local income taxes paid in 2025		
__	Sales tax paid on actual expenses		
__	Real estate taxes paid		
__	Personal property taxes		
__	Other taxes		

Itemized: A2

Interest Expenses

T/S/J		2025 Information	Prior Year Information
__	Home mortgage interest From Form 1098		

Other home mortgage interest paid to individuals:

T/S/J	Payee's Name	SSN or EIN	2025 Information	Prior Year Information
__				

Address	City	State	Zip Code

T/S/J		2025 Information	Prior Year Information
__	Investment interest expense, other than on Sch K-1s:		

Refinancing Information:	Refinance #1	Refinance #2
T/S/J	__	__
Recipient/Lender name		
Total points paid at time of refinance		
Date of refinance		
Term of new loan (in months)		
Reported on Form 1098 in 2025		

Itemized: A3

Charitable Contributions

T/S/J		2025 Information	Prior Year Information
__	Contributions made by cash or check		
__	Volunteer miles driven		
__	Noncash items, such as: Goodwill, Salvation Army		

Itemized: A3, A-St

Miscellaneous Deductions

T/S/J		2025 Information	Prior Year Information
__	Other expenses ______		
__	Gambling losses (enter only if you have gambling income)		

*****STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA**

T/S/J		2025 Information	Prior Year Information
__	Unreimbursed expenses***		
__	Union dues, other than amounts reported on Form W-2***		
__	Tax preparation fees***		
	Other expenses, subject to 2% AGI limitation***:		
__	______		
__	______		
__	Safe deposit box rental***		
__	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***		

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	☐	☐
If yes, explain: ____________		
Did you live separately from your spouse during the last six months of the year?	☐	☐
Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?	☐	☐
Did your address change from last year?	☐	☐
Can you be claimed as a dependent by another taxpayer?	☐	☐
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	☐	☐
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	☐	☐
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS notice for filing returns in 2025.	☐	☐
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires and other disaster situations.	☐	☐
Dependent Information		
Were there any changes in dependents from the prior year?	☐	☐
If yes, explain: ____________		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of $2,600?	☐	☐
Do you have dependents who must file a tax return?	☐	☐
Did you provide over half the support for any other person(s) other than your dependent children during the year?	☐	☐
Did you pay for child care while you worked, looked for work, or while a full-time student?	☐	☐
Is there any other person(s) who lived with you more than half the year but not claimed by you last year?	☐	☐
Did you pay any expenses related to the adoption of a child during the year?	☐	☐
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	☐	☐
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS notice for use during the 2025 filing season.	☐	☐
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	☐	☐
Did you have ownership interest in any type of business?	☐	☐
Did you sell, exchange, or purchase any assets used in your trade or business?	☐	☐
Did you acquire a new or additional interest in a partnership or S corporation?	☐	☐
Did you sell, exchange, or purchase any real estate during the year?	☐	☐
Did you purchase or sell a principal residence during the year?	☐	☐
Did you foreclose or abandon a principal residence or real property during the year?	☐	☐
Did you acquire or dispose of any stock during the year?	☐	☐
Did you take out a home equity loan this year?	☐	☐

Did you refinance a principal residence or second home this year?	☐	☐
Did you sell an existing business, rental, or other property this year?	☐	☐
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	☐	☐
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	☐	☐
Did you purchase a new or previously owned clean vehicle this year that is eligible for the new clean vehicle credit? If yes, attach the vehicle statement from the dealer even if you received the credit when purchased at the dealer.	☐	☐
Did you receive a Form 1099-K for the sale of personal property for a gain or loss?	☐	☐

Income Information

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	☐	☐
Did you receive any income from property sold prior to this year?	☐	☐
Did you receive any unemployment benefits during the year?	☐	☐
Did you receive any disability income during the year?	☐	☐
Did you receive any Medicaid waiver payments as difficulty of care during the year?	☐	☐
Did you receive tip income not reported to your employer this year?	☐	☐
Did any of your life insurance policies mature, or did you surrender any policies?	☐	☐
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	☐	☐
Did you receive any income considered to be nonemployee compensation?	☐	☐
Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for work done in what is commonly referred to as the "gig" economy?	☐	☐
Did you receive a Form 1099-K for a distribution payment from an online crowdfunding solicitation?	☐	☐
Did you receive a Form 1099-K that you believe is in error?	☐	☐
Do you expect a large fluctuation in income, deductions, or withholding next year?	☐	☐
Did you have any sales or other exchanges of digital assets (including from an airdrop or a hard fork, or used digital assets to pay for goods or services?	☐	☐

Retirement Information

Are you an active participant in a pension or retirement plan?	☐	☐
Did you receive any Social Security benefits during the year?	☐	☐
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	☐	☐
If yes, were any withdrawals due to a Federally declared disaster?	☐	☐
If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2025?	☐	☐
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	☐	☐
Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	☐	☐
Did you receive any qualified birth or adoption distributions, emergency personal expense distributions, domestic abuse distributions, or terminal illness distributions in 2025?	☐	☐
If yes, did you repay any of the distributions in 2025?	☐	☐
Did you make any qualified charitable distributions (QCD) during the year?	☐	☐

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	☐	☐
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?	☐	☐
Did anyone in your family receive a scholarship of any kind during the year?	☐	☐
If yes, were any of the scholarship funds used for expenses other than tuition,		

such as room and board? ☐ ☐
Did you make any withdrawals from an education savings or 529 Plan account? ☐ ☐
If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account? ☐ ☐
Did you make any contributions to an education savings or 529 Plan account? ☐ ☐
Did you pay any student loan interest this year? ☐ ☐
Did you cash any Series EE or I U.S. Savings bonds issued after 1989? ☐ ☐
Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education? ☐ ☐

Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. ☐ ☐
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? ☐ ☐
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family? ☐ ☐
Did you make any contributions to a Health savings account (HSA) or Archer MSA? ☐ ☐
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year? ☐ ☐
Did you pay long-term care premiums for yourself or your family? ☐ ☐
Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? ☐ ☐
Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? ☐ ☐
If you are a business owner, did you pay health insurance premiums for your employees this year? ☐ ☐

Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year? ☐ ☐
If yes, did the loss occur in a Federally declared disaster area? ☐ ☐
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)? ☐ ☐
Did you make any cash or other monetary charitable contributions? ☐ ☐
Did you make any noncash charitable contributions (clothes, furniture, etc.)? ☐ ☐
If yes to either of the above charitable contribution questions, please provide evidence such as a receipt from the donee organization, canceled check, or record of payment, to substantiate all contributions made.
Did you donate a vehicle or boat during the year? ☐ ☐
Did you pay real estate taxes for your primary home and/or second home? ☐ ☐
Did you pay any mortgage interest on an existing home loan? ☐ ☐
Did you incur interest expenses associated with any investment accounts you held? ☐ ☐
Did you make any major purchases during the year (cars, boats, etc.)? ☐ ☐
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax? ☐ ☐

Miscellaneous Information

Did you make gifts of more than $18,000 to any individual? ☐ ☐
Did you utilize an area of your home for business purposes? ☐ ☐
Did you engage in any bartering transactions? ☐ ☐
Did you retire or change jobs this year? ☐ ☐
Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty? ☐ ☐
Did you pay any individual as a household employee during the year? ☐ ☐

Did you make energy efficient improvements to your main home this year?	☐	☐
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	☐	☐
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	☐	☐
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	☐	☐
Are you an owner or do you control 25% of a company's ownership interest for a company registered with a secretary of state or similar office before January 1, 2025?	☐	☐
If yes, did you file its initial Beneficial Ownership Information Report (BOIR)?	☐	☐
If you were required to file a Beneficial Ownership Information Report (BOIR) with the Financial Crimes Enforcement Network (FinCEN), has any of the previously reported information changed (for either the reporting company or any of the beneficial owners)?	☐	☐
Did you receive correspondence from the State or the IRS?	☐	☐
If yes, explain: ______________________________		
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	☐	☐
Do you want to designate $3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	☐	☐