

Client and Tax Information: Tax Year 2025 (for taxes prepared in 2026)

Please be sure to update the Personal / Contact Information section below.

- Personal | Contact Information:

Client Information

Taxpayer Name (required):		Name of Spouse (required):	
Social Security Number:		Social Security Number:	
Birthdate:		Birthdate:	
Occupation:		Occupation:	
Email:		Email:	
Cell Phone (we use as primary contact):		Cell Phone (we use as secondary contact):	
Work Phone:		Work Phone:	
Home Phone:	Home Address:		

Dependent Information (all sections must be completed):

Full Name of Dependent	Son/Daughter	Social Security Number	Date of Birth

- Child Care (all sections must be completed):

Provider Name:	Address:
Social Security Number or FEIN (one must be provided):	Amount Paid (annually):
Provider Name:	Address:
Social Security Number or FEIN (one must be provided):	Amount Paid (annually):

- Tuition and Related Expenses:

For any household member incurring tuition and related expenses, submit Form 1098-T – Tuition Statement in addition to a summary of expenses paid for books, supplies, and equipment for post-secondary education.

Name of Student	Year in College (indicate 1 2 3 4)	Tuition (annual)

- Did you receive OVERTIME pay in 2025?

If so, you may qualify for a tax deduction. Please bring in a copy of your last paystub for the year.

- Charitable Donations:

Charitable donations – cash:

Charitable donations – non-cash:

- Itemized Deductions (you can only itemize if your deduction amounts listed below total MORE THAN your standard deduction amount):

Contributions:

Non-cash contributions:

Medical:

Medical insurance premiums:	Medicine and prescription drug expenses:
Hospital and clinic expenses:	Dental expenses:
Optician and eyeglass expenses:	All other medical expenses:
Miles driven to obtain medical care (annually):	

Taxes:

Sales tax on vehicles (cars, motorcycles, etc.): State income tax:

Real estate taxes:

Home Mortgage Interest:

Amount:

- IRA Contributions:

Did you make contribution(s) to an IRA: Yes No **If "yes",** please complete those areas that apply.

Taxpayer:	Spouse:
Roth IRA amount:	Roth IRA amount:
Traditional IRA amount:	Traditional IRA amount:
SEP, Keogh, or SIMPLE amount:	SEP, Keogh, or SIMPLE amount:

- Estimated Tax Payments for the upcoming Tax Year 2025 income tax return - did you make any?

No Yes (if "yes", indicate below)

(would have been made in 2025 and in Jan. 2026 – possibly quarterly, using vouchers)

When you would have made the payments:	FEDERAL PAYMENT \$ AMOUNT:	STATE PAYMENT \$ AMOUNT:
April 2025		
June 2025		
September 2025		
December 2025 (payment made BEFORE 12/31/2025)		
January 2026 (payment made AFTER 12/31/2025)		

- Did you (for any months during 2025) have health insurance coverage through the Marketplace (aka the Affordable Care Act)?

Yes No **If "yes",** you must provide us with your 1095-A form (you received in the mail). If you don't have it, log into your account at www.healthcare.gov (where you possibly purchased your coverage) or call the Marketplace at 1-800-318-2596 to request a copy of your form.

- Income other than W-2's, which you have provided us:

You must provide any other forms that show income amounts so we can accurately prepare your tax return.