

## 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

<b>Taxpayer Name (required):</b>		<b>Name of Spouse (required):</b>
Social Security Number:		Social Security Number:
Birthdate:		Birthdate:
Occupation:		Occupation:
Email:		Email:
Cell Phone ( <i>we use as primary contact</i> ):		Cell Phone ( <i>we use as secondary contact</i> ):
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 ( <i>one must be provided</i> ):	Amount Paid (annually):
Provider Name:	Address:
Social Security Number or FEIN ( <i>one must be provided</i> ):	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](http://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.