**FILING STATUS**
☐ Single ☐ Married Filing Joint
☐ Married Filing Separately
☐ Head of Household
☐ Qualifying Widower

**ADDRESS**
St Addr _____
City _____ St _____ Zip _____
County _____ School Code (if app) _____

**TAXPAYER** IRS PIN# (if applicable) _____
Social Security Number _____
First _____ MI _____ Last _____
Email _____
Work Ph _____ Cell/Other _____
Date of Birth _____ Date of Death _____
Preferred Method of Contact ☐ Email ☐ Phone ☐ Text
Occupation _____
☐ Yes ☐ No Legally Blind ☐ Yes ☐ No Dependent of Other

**SPOUSE** IRS PIN# (if applicable) _____
Social Security Number _____
First _____ MI _____ Last _____
Email _____
Work Ph _____ Cell/Other _____
Date of Birth _____ Date of Death _____
Preferred Method of Contact ☐ Email ☐ Phone ☐ Text
Occupation _____
☐ Yes ☐ No Legally Blind ☐ Yes ☐ No Dependent of Other

**Note:** If claiming child tax credits, you must provide one completed IRS Form 8867 for each child with tax documents

**DEPENDENTS (INCLUDING NON-CHILD DEPENDENTS) *NOTE: Student refers to tuition paying (college/private school)**

| First, Middle Initial, Last Name | Student?* | D.O.B. | Social Security # | Disabled? | Relationship | Months |
|---|---|---|---|---|---|---|
| _____ | ☐ Yes ☐ No | _____ | _____ | ☐ Yes ☐ No | _____ | _____ |
| _____ | ☐ Yes ☐ No | _____ | _____ | ☐ Yes ☐ No | _____ | _____ |
| _____ | ☐ Yes ☐ No | _____ | _____ | ☐ Yes ☐ No | _____ | _____ |

**Other Information**

1. ☐ Yes ☐ No - Did you have interest in or authority over a foreign account or trust during 2026?
2. ☐ Yes ☐ No - At any time during 2026, did you receive (as a reward, award or payment) or sell, exchange or otherwise dispose of a digital asset?
3. ☐ Yes ☐ No - Are you 73 or older, or turning 73 this year?
4. ☐ Yes ☐ No - Do you have an inherited IRA subject to the 10-year distribution rule?

**STATE & OTHER**

1. ☐ Yes ☐ No - Are you requesting state return(s)? If yes, what state(s): _____
2. ☐ Yes ☐ No - RITA/Other (If yes, must provide prior return(s)? Please Specify: _____

**E-FILE / FILING INFO** **Check ONE:** ☐ Original Return ☐ Superseded Return ☐ Amended return

1. How do you want any **refund** sent to you? **MUST CHECK ONE**

☐ Direct Deposit (few days) Routing #: _____ Acct #: _____

☐ Checking ☐ Savings Name of Bank: _____
☐ Applied to next year's return
☐ Paper check by mail (could take several weeks)

Any **taxes due** may be paid by check or online along with voucher provided by tax preparer or with extension form. *It is the taxpayer's responsibility to make payments before April due date. Filing an extension does NOT extend time to pay.

Please Note: The following worksheets are intended to assist the taxpayer in gathering the information necessary for the preparer to complete an accurate tax return. For each area the taxpayer has checked a box below, there should be corresponding back-up provided. It is very important that the taxpayer provide complete information upon the first submission of these documents. The below checklist provides basic information. There very well could be more information needed to be supplied. For situations that are beyond the information provided below, please make sure detailed notes are provided to assist the preparer in determining the proper way to account for the situation and avoid delays.

**BASIC QUESTIONS**

Please check the box to the left for any of the following that apply. If not, leave blank. If checked, please provide a brief explanation below if the information will assist the preparer in any way. (Note: Please check any that apply to you OR your spouse)

01. ☐ Did you change your address from last year?
02. ☐ Any change in your dependents from last year?
03. ☐ Did you have children under 19 (or 24 if a full-time student) who had more than $1,350 in total unearned income?
04. ☐ Are all your dependents either US residents or citizens?
05. ☐ Did you pay any adoption expenses?
06. ☐ Did you provide over half the support for someone you aren't claiming as a dependent?
07. ☐ Are you being claimed or eligible to be claimed as a dependent on someone else's return?
08. ☐ Were either you or your spouse in the military or National Guard?
09. ☐ Have you been notified by the IRS of changes to a previously submitted tax return, or received any other IRS or state notices?
10. ☐ Did you make any gifts over $19,000 to any individuals?
11. ☐ Did your marital status change from the prior year?
12. ☐ Did you purchase, sell or refinance your primary residence? Sale of residence requires:

Purchase date & price: _____ Sale date & price: _____
Include 1099s/Closing Statements

13. ☐ Did you have health insurance coverage at any time during the previous year?

**If yes**, check source: ☐ Marketplace (include form 1095-A under Scan Doc Coversheet) ☐ Employer Provided (include 1095 B/C)

☐ Other Source (describe: _____

**If no:** ☐ I understand that some states impose penalties for not having health insurance coverage

Other details: _____

**INCOME**

Please check any of the following that you and/or your spouse received:

01. ☐ W-2 Income
02. ☐ Tip income that was **not** separated on your W-2 (Amount $_____)
03. ☐ Worked overtime that was **not** segregated on your W-2 (If yes, bring in final pay stub)
04. ☐ Income from loans, grants or pandemic related programs
05. ☐ Interest and/or dividends ☐ Tax exempt interest and/or dividends
06. ☐ Taxable refunds, credits or offsets (including prior year state refunds)
07. ☐ Business income (self-employment Income)

*If "yes" please fill out Schedule C worksheet and provide financials

08. ☐ Stock sales (capital gains)- (**MAKE SURE ALL BASIS INFO IS PROVIDED**)

**Amount of any capital loss carryforward from 2025** $_____

09. ☐ Crypto currency activity (**IF YES INCLUDE 1099-B**)
10. ☐ Any other assets sold or any other gains or losses
11. ☐ Rental real estate income

* If "yes" please fill out Schedule E worksheet

**Amount of any passive activity loss carryforward from 2025** $_____

12. ☐ K-1s (1120S, 1065, 1041)
13. ☐ Unemployment
14. ☐ Social Security income
15. ☐ Foreign income
16. ☐ **Alimony received (Applies ONLY to divorce decrees effective prior to 1/1/19)**

Alimony received $_____ (rcvd from whom?)

Name/SS#_____

17. ☐ Other income (source and amount): _____

**ADJUSTMENTS TO INCOME**

Please check any that apply to you and/or your spouse and provide supporting documentation:

01.☐ Educator expenses (teaching expenses)
02.☐ Health Savings Account deductions
03.☐ Moving expenses (active military only, service related)
04.☐ Contributions to SEP, SIMPLE, and other qualified plans
05.☐ Self-Employed health insurance
06.☐ IRA contributions
07.☐ Student loan and/or tuition & fees deduction (you or your dependents)
08.☐ **Alimony paid (Applies ONLY to divorce decrees effective prior to 1/1/19)**

Alimony paid $_____ (paid to whom?)

Name/SS#_____

**TAX DEDUCTIONS AND CREDITS**

Please check any that apply and provide supporting documentation:

01.☐ Itemized deductions
*if "yes" please fill out a Schedule A worksheet
02.☐ Energy efficiency related upgrades/repairs

Product/ID# _____
03.☐ Oil & Gas investments credits
04.☐ Electric/Plug in Hybrid Car Purchase (**INCLUDE DETAILS FOR CREDIT**)
05.☐ Purchased **new U.S. assembled** vehicle in 2025

VIN _____
06.☐ Other tax shelters or credits
07.☐ Child care expenses paid to provider 1 $_____

Provider 1 name:_____

Address:_____

EIN:_____ Phone:_____

08.☐ Child care expenses paid to provider 2 $_____

Provider 2 name:_____

Address:_____

EIN:_____ Phone:_____

**ESTIMATED PAYMENTS MADE FOR 2025 RETURN (or refunds from a prior year applied to current)**

Fed: $_____ Date:_____ Qtr:_____

Fed: $_____ Date:_____ Qtr:_____

Fed: $_____ Date:_____ Qtr:_____

Fed: $_____ Date:_____ Qtr:_____

State: $_____ Date:_____ Qtr:_____

State: $_____ Date:_____ Qtr:_____

State: $_____ Date:_____ Qtr:_____

State: $_____ Date:_____ Qtr:_____

Local: $_____ Date:_____

$ _____ Total of online purchases made that no state sales tax has been paid (Use Tax Calculation)

**Photo ID is Required for ALL Returns!** Either place here and make a copy, or attach at the end of this document.

**PHOTO ID – REQUIRED**

**(NY LICENSE ALSO COPY BACK)**

**TAXPAYER**

**PHOTO ID – REQUIRED**

**(NY LICENSE ALSO COPY BACK)**

**SPOUSE**

**Fill out COMPLETELY or check ☐ "N/A". Include any applicable back-up documents**

**Medical Expenses - Current Year**

Medical & Dental Expenses $_____

Medical Insurance Premiums Paid $_____

Long Term Care Premiums $_____

☐ Yes ☐ No Fed Deductible? ☐ Yes ☐ No State Deductible? ☐ Yes ☐ No Not Qualified but Grandfathered Deductible?

Prescription Drugs and Medications $_____

Medical Miles Driven _____

**Tax Expenses* - Current Year** * Effective 2025, total tax deduction limited to $40,000 for MAGI up to $500k, 30% phase-out down to $10k at $600k+ MAGI

State/Local Income Taxes Paid (other than those included on W-2s, 1099s, etc.)

2025 State Income Taxes Paid in 2026 $_____

Real Estate Taxes $_____

Personal Property Taxes $_____

Qualified New Vehicle Taxes $_____

Additional State or Local/Taxes $_____

Utility/Use Tax $_____

Other Taxes: _____ $_____

**Interest Expense - Current Year**

Home Mortgage Interest reported on form 1098 $_____ Include Form under Scan Cover Sheet

Date Mortgage Contracted* _____ **(Only needed for jumbo mortgages over $750,000)**

Date Mortgage Closed* _____ **(Only needed for jumbo mortgages over $750,000)**

Home Mortgage Interest paid to others $_____

HELOC Interest Used for Home Improvement $_____

Refinancing Points Paid During Tax Year $_____

Investment Interest (other than K-1) $_____

**Contributions - Current Year**

Cash Contributions $_____ ☐ Y ☐ N **Includes GoFundMe $?**

If yes, how much of this amount $_____

Non-Cash Contributions $_____ **over $500 include documentation**

Volunteer Mileage Driven _____

**Casualty & Theft Losses – Related to Federally-declared Disaster ONLY**

If you had any casualty or theft losses during the year, please provide detail below: Including date, description, amount of casualty or loss, any insurance reimbursement and basis in the property.

_____

_____

## Schedule C or Other Business Structure - One Form Per Business

**Fill out COMPLETELY or check ☐ "N/A". Use a separate Worksheet for EACH business. ***Please Note: Trial Balance, P&L and Balance Sheet preferred. If available, "see next _____ pages" and stack under this page. If not available, please use the input sheet below.***

**Business Info: (Required for all) What Legal Tax Entity: ☐ S Corp ☐ C Corp ☐ Partnership ☐ Sole Prop ☐ Trust**

☐ Taxpayer or ☐ Spouse or ☐ Both (comm prop state) Address of Business: _____

_____

Name of Business: _____ Business Code: _____

EIN Number (If any): _____ Date Business Started: _____

☐ Cash Accounting Method

☐ Accrual ☐ Other (Specify): _____

☐ Yes ☐ No Claiming use of home office? *If yes, complete Page 6* ☐ ☐

☐ Yes ☐ No Do you do your own books/accounting? ☐ ☐

**Basic Questions: (Required for all)**

If S Corp or Partnership, basis reported on prior year's return (M-2, Line 8 or 9)? $_____

☐ Yes ☐ No Did you put any capital in cash into the company this year? If yes, amount: $_____

☐ Yes ☐ No Did you place any equip/other physical assets into company that you previously owned? If yes, enter basis when placed:

Asset 1: _____ $_____ Asset 2: _____ $_____ Asset 3: _____ $_____

Vehicle Information: Year/Make/Model: _____ Date Placed in Service: _____

Total miles driven: _____ Business miles: _____ Commuting miles: _____

**Income Questions: (Required if no P&L or Trial Balance Available)**

☐ Yes ☐ No If you received a 1099-K, is it included in this total? If not, you must file form 8949 Total Sales: $_____

☐ Yes ☐ No Other Income: $_____

☐ Yes ☐ No Were any proceeds received from SBA or other loans? ☐ Yes ☐ No If yes, included above? Amount: $_____

**Cost of Goods Sold: (Required with or without P&L and Trial Balance)**

☐ Yes ☐ No Do you have employees other than yourself? Beginning Inventory: $_____

☐ Yes ☐ No Do you use subcontractors? Purchases: $_____

☐ Yes ☐ No Did you pay over $2,000 (up from $600)? Cost of Labor: $_____

☐ Yes ☐ No If required to, did you issue 1099s to others? Materials and Supplies: $_____

☐ Yes ☐ No Do you do your own payroll? If yes, # of W-2s issued: _____ Ending Inventory: $_____

☐ Yes ☐ No Did you receive payments via third party processors that met or exceeded 200 transactions and $20,000?

**General Expenses: (Required if no P&L or Trial Balance Available)**

| | | | | | |
|---|---|---|---|---|---|
| Advertising: | $_____ | Depletion: | $_____ | Other Rent/Lease: | $_____ |
| Auto Expenses: | $_____ | Depreciation: | $_____ | Repairs & Maint: | $_____ |
| (Other than Mileage): | $_____ | Legal/Professional: | $_____ | Supplies: | $_____ |
| Commissions: | $_____ | Office Expense: | $_____ | Taxes & Licenses: | $_____ |
| Contract Labor: | $_____ | Wages to Self: | $_____ | Travel: | $_____ |
| Employee Ben Programs: | $_____ | Wages to Children: | $_____ | Meals (Client/Prospect): | $_____ |
| Insurance (NOT Health): | $_____ | Wages to Others: | $_____ | Utilities: | $_____ |
| Health Insurance: | $_____ | Pension/Prof Sharing: | $_____ | _____: | $_____ |
| Mortgage Interest: | $_____ | Vehicle Rent/Lease: | $_____ | _____: | $_____ |
| Other Interest: | $_____ | Machinery Rent/Lease: | $_____ | _____: | $_____ |

**New Assets Placed in Service:**

Description: _____ Date Placed in Service: _____ Purchase Amount: $_____

Description: _____ Date Placed in Service: _____ Purchase Amount: $_____

Description: _____ Date Placed in Service: _____ Purchase Amount: $_____

# Tax Client Home Office Deduction Info

**Note: Effective 2018, Home Office Deduction is not available to W-2 wage earners.**
**Fill out COMPLETELY or check ☐ "N/A".**

**General**

Date home was first used for business: _____

Square Footage of Area Used for Home Business: _____

Total Square Footage of the Home: _____

**Simplified Option**

*The IRS now allows an optional standard $5 per square foot deduction (maximum 300 square ft)*
*If you would like to choose this option rather than Standard Option, enter the necessary info below, otherwise, skip this section and complete the Standard Option section below.*

☐ Yes ☐ No I would like to use the "Simplified Option" to claim my Home Office Deduction

Total square feet claimed for Home Office (cannot exceed 300 sq ft): _____

See: https://www.irs.gov/businesses/small-businesses-self-employed/simplified-option-for-home-office-deduction for further information regarding Home Office Deduction

**--OR--**

| **Standard Option – Deduction Expenses** | **Current Year** |
|---|---|
| Casualty Losses: | $_____ |
| Deductible Mortgage Interest: | $_____ |
| Real Estate Taxes: | $_____ |
| Insurance: | $_____ |
| Rent: | $_____ |
| Repairs and Maintenance: | $_____ |
| Utilities: | $_____ |
| Other: _____ | $_____ |
| Other: _____ | $_____ |
| Other: _____ | $_____ |
| Other: _____ | $_____ |

**Depreciation:**

☐ Yes ☐ No Do you have depreciable assets?

If yes, describe: _____

**Additional Questions/Information**

☐ Yes ☐ No Are you being forced to work from home by your employer for pandemic related reasons?

Describe anything unique that the tax preparer should know about your situation: _____

_____

_____

_____

## Tax Client Schedule E info-One Page Per Property



**Fill out COMPLETELY or check ☐ "N/A". Use a separate worksheet for EACH property**

**General: (Required for all)**

Property Description: _____ ☐ Taxpayer ☐ Spouse ☐ Joint - Owner of Property

Address: _____

City: _____ State: _____ Zip: _____

General Questions:

1.☐ Yes – Check for Active Participant

2.☐ Yes – Check if property was used for personal use by you or your family for more than 14 days or 10% of the total rented days

If checked, enter the number of days for personal use: _____

If checked, enter the number of days rented: _____

Questions Related to Rental of Your Personal Dwelling (**Airbnb, VRBO, etc.)**

If only a portion of the dwelling is rented out:

1a. Enter number of rooms, OR square footage of area rented: _____ ☐ Rooms ☐ Sq Ft (Check one)

1b. Enter total number of rooms OR total square footage of dwelling: _____ ☐ Rooms ☐ Sq Ft (Check one)

2. Repairs/Supplies* related directly to area being rented (can deduct all): $ _____

*Do NOT include these again in Repairs/Supplies below

3. Rent you paid (if you rent rather than own the dwelling you're renting out): $_____

| **Income:** | **Current Year** |
|---|---|
| Rents Received | $ _____ |
| Royalties | $ _____ |
| Income received from SBA type loans | $ _____ ☐ Yes ☐ No Included Above? |

| **Property Expense:** | **Current Year** |
|---|---|
| *Note: IF printed material is received from client which CLEARLY indicates all info needed, fill in address above, stack printed material below this page and write "See next xx pages" in large print below.* | |
| Advertising | $ _____ |
| Cleaning/Maintenance | $ _____ |
| Commissions | $ _____ |
| Insurance | $ _____ |
| Legal and Other Professional | $ _____ |
| Management Fees | $ _____ |
| Qualified Mortgage Interest | $ _____ |
| Other Interest | $ _____ |
| Repairs | $ _____ |
| Supplies | $ _____ |
| Real Estate Taxes | $ _____ |
| Other Taxes | $ _____ |
| Utilities | $ _____ |
| Depreciation Carry-forward | $ _____ |
| New Depreciation Start | $ _____ |
| Other:_____ | $ _____ |
| Other:_____ | $ _____ |

**New Assets Placed in Service:**

Description: _____ Date Placed in Service: _____ Purchase Amount: $_____

Description: _____ Date Placed in Service: _____ Purchase Amount: $_____

Description: _____ Date Placed in Service: _____ Purchase Amount: $_____

Description: _____ Date Placed in Service: _____ Purchase Amount: $_____