

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	expenses paid for dependent	Care

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:

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T/S	Description	Prior Year Information	Mark if no longer applicable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

T/S	Description	Prior Year Information	Mark if no longer applicable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T/S/J	Description	Form	Mark if no longer applicable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 box.**

T/S	Description	Prior Year Information	Mark if no longer applicable

NOTES/QUESTIONS:

Income Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

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			
Alimony received	T/S	Agreement Date	2025 Information
			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		2025 Information	Prior Year Information
Other Income:			

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 _____

Educator expenses:

Taxpayer	Spouse	Prior Year Information
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other adjustments:

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	_____	_____
T/S/J	Other home mortgage interest paid to individuals: 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***	_____	_____

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. In accordance with Executive Order 14247, the IRS has phased out paper checks for refunds and payments as of September 30, 2025. Failure to provide bank information will delay IRS processing of refunds.

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:

Preparer use only

Activity name

HOW TO REPORT DISPOSALS: Use the blank line directly below the asset information to indicate any asset disposals. Enter the date of the disposal and/or sale proceeds, if applicable. Enter additional information regarding the asset disposal in the comments section, such as if the asset was sold on installment, traded for other asset(s), disposed of due to casualty, or sold to a related party. See the EXAMPLE asset below.