

Client Checklist for 2025
All clients are required to complete and sign this form.

Name: _____ Spouse: _____
SS#: _____ SS#: _____
Birth Date: _____ Birth Date: _____
Address: _____ Occupation: _____
Occupation: _____ Cell Phone: _____
Cell Phone: _____ School District _____
Email Address _____ County of Residence _____

Filing Status as of 12/31/2025 Single _____ Married Filing Joint _____ Head of Household _____

Married Filing Separate _____ Qualifying Surviving Spouse _____

Dependents Name	Birth Date	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide Social Security Card for children born in 2025

Please provide all 1099's or W2-G's that you receive.

Social Security Income: **BRING FORM WITH PINK BOX**

Did you have additional income from rent, business or farm? Yes / No Please fill out appropriate worksheets

Did you make a contribution to your IRA plan (not through work) Roth or Traditional amount \$ _____

CHILD DAY CARE:

Name: _____ Address _____ SS# _____ Amt: _____

You must have name, address, and social security number. (EIN number if it is a business.)

K-12

School Supplies _____ This is the amount paid for textbooks, tuition and extracurricular activities for child K-12

COLLEGE Did you have children attend college in 2025? Yes No **Bring 1098-T and itemizations from school**

Interest paid on student loans -Yes / No **Bring 1098-E**

Did you contribute to or withdraw money from a 529 plan to pay school expenses? _____

Itemized deductions on page 2

PERSONAL DEDUCTIONS

We will take the higher of the standard deduction or your itemized deductions.

MEDICAL

Health Ins (**Do not include Medicare or Employer pretax ins**) _____

Long Term Care Ins (h) _____ (w) _____

Drugs _____

Doctors/Dentist _____

Other Medical _____

Medical Mileage _____

Mortgage Interest _____ (**Bring 1098**)

Property Taxes _____

Auto License _____

You must have a receipt for your contribution to be a qualified charitable contribution. **Bring statement from the charity with you.**

Contributions by check _____

Contributions of goods _____

Signature _____ Date _____

SSN _____

		1	Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
		2	Did you rollover a retirement plan distribution into another plan?
		3	Did you convert a traditional IRA to a Roth IRA?
		4	Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		5	Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
		6	Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA? (Include form(s) 1099-SA)
		7	Did you make any contributions to an HSA (Health Savings Account) in 2025?
		8	Did you receive a distribution as a domestic abuse victim, due to terminal illness or a qualified disaster in 2025?

☐ ☐ 9 Did you receive an early distribution for a qualified birth or adoption distribution?

Yes No **Purchases, Sales, Gains and Losses**

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you exchange any securities or investments for something other than cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Do you have any short sales, commodity sales, or straddles? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you receive Form 2439? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you buy or sell any bonds? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you receive stock from a stock bonus plan with your employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you sell any other personal assets at a gain? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you sell any real estate (other than your home) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you sell any assets using the installment method? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you receive proceeds from a prior year installment sale? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase a rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you exchange any property for other property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you purchase a new vehicle, aircraft or boat? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did any security become worthless during 2025? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did any debts become uncollectible during 2025? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you purchase any items acquired out of state, online or by mail order that did not include sales tax? |

Yes No **Business and Rental Property Income & Deductions**

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you start or acquire a new business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you sell any part of an existing business, or sell business assets? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you cease operating any business or rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you remove any of your business assets for personal use? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you use part of your home for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you make any contributions to a Keogh or a self-employed SEP plan for 2025? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Do you pay for any health or long term care insurance through your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase any furniture or equipment for your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make any improvements to your rental properties? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you receive income from raising animals or crops? |

Yes No **Other Deductions**

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you incur any travel and entertainment expenses for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you pay expenses for the care of your child or other dependent so you could work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2025? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2025? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you contribute less than an entire interest in any property to charity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you refinance a mortgage or take out a home equity loan during 2025? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you incur moving expenses during the year due to a military order and incident to a permanent change in station? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you or your spouse pay any educational expenses for yourselves? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you pay any student loan interest? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you make any federal or state estimated payments? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you pay alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you donate non-cash donations or a vehicle? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you incur medical or dental expenses? |

Yes No **Miscellaneous**

- | | | | |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make gifts of more than \$19,000 to any one person? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you engage the service of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did your bank account information change within the last twelve months? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Do you want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2025? |