

If any of the following items pertain to you or your spouse for 2025, please check the appropriate box and provide additional information if necessary.

YES

NO

**PERSONAL INFORMATION**

Did your marital status change during the year?

Did your address change during the year?

In 2025, could you be claimed as a dependent on another person's tax return?

**DEPENDENTS**

Were there any changes in dependents?

Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2025?

Did you have any children under age 19 or full-time students under age 24 at the end of 2025, with interest and dividend income in excess of \$1,350, or total investment income in excess of \$2,700?

**HEALTH CARE COVERAGE**

Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach.

**INCOME**

Did you receive unreported tip income of \$20 or more in any month?

Did you receive any overtime pay in 2025?

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse or your dependents?

Did you receive any disability income?

Did you have any foreign income or pay any foreign taxes?

**PURCHASES, SALES AND DEBT**

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

In 2025, did you buy or sell any stocks, bonds or other investment property?

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

Did you have any debts cancelled or forgiven?

Does anyone owe you money which has become uncollectible?

If any of the following items pertain to you or your spouse for 2025, please check the appropriate box and provide additional information if necessary.

YES

NO

### RETIREMENT PLANS

Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

Did you transfer or rollover any amount from one retirement plan to another retirement plan?

### EDUCATION

Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

### ITEMIZED DEDUCTIONS

Did you incur a loss because of damaged or stolen property?

Did you work out of town for part of the year?

Did you purchase a new or used vehicle in 2025?

### ESTIMATED TAXES

Did you apply an overpayment of 2024 taxes to your 2025 estimated tax (instead of being refunded)?

If you have an overpayment of 2025 taxes, do you want the excess applied to your 2026 estimated tax (instead of being refunded)?

Do you expect your 2026 taxable income and withholdings to be different from 2025?

### MISCELLANEOUS

Do you want to allocate \$3 to the Presidential Election Campaign Fund?

Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?

May the IRS discuss your tax return with your preparer?

Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

If any of the following items pertain to you or your spouse for 2025, please check the appropriate box and provide additional information if necessary.

YES	NO	<b>MISCELLANEOUS (continued)</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station or an employee/appointee of the intelligence community who were required to relocate due to a change in assignment?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$19,000 or any gifts to a trust?
<input type="checkbox"/>	<input type="checkbox"/>	Did your bank account information change within the last twelve months?
<input type="checkbox"/>	<input type="checkbox"/>	At any time during 2025, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?
<input type="checkbox"/>	<input type="checkbox"/>	In 2025, did you finance the purchase of a new personal use vehicle which was assembled in the U.S.?

## **WAGES (W-2)**

T = Taxpayer

S = Spouse

Memo: Total number of W-2

Please attach W-2's. Thank you.



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**SCH B**

## Accountant's Use Only

## Memo: Pension Box to Review

## INTEREST INCOME (1099 INT)

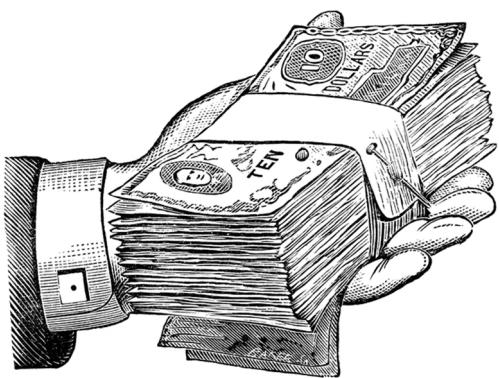
Payer

Amount



## DIVIDEND INCOME

(1099 DIV)



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**SCH B**

Accountant's Use Only

## OTHER INCOME

1. State tax refund \* (1099G)..... \$ \_\_\_\_\_
2. Alimony received ..... \$ \_\_\_\_\_



3. Gambling income (W-2G)..... \$ \_\_\_\_\_  
Memo: Gambling losses ..... \$ \_\_\_\_\_

	<u>Taxpayer</u>	<u>Spouse</u>
4. Unemployment compensation * (1099G) .....	\$ _____	\$ _____
5. Social Security benefits * (SSA1099-Box 5) .....	\$ _____	\$ _____
5a. Federal Withholding (SSA1099-Box 4) .....	\$ _____	\$ _____
5b. State Withholding (SSA1099-Box 3 Description) ....	\$ _____	\$ _____
5c. Medicare (SSA1099-Box 3 Description) .....	\$ _____	\$ _____
6. Other income: give description .....	\$ _____	\$ _____
7. Partnerships, Estates & Trusts * (K-1) .....	\$ _____	\$ _____
8. Installment sale collection .....	\$ _____	\$ _____

\*Please attach all supporting documents. Thank you.

## Federal State

Memo: withholding on any of the above items 69 69

Accountant's Use Only



## **RETIREMENT ACCOUNTS (1099-R)**

T = Taxpayer, S = Spouse

\*Please attach 1099 R's. Thank you.

## Memo: Total number of 1099-R

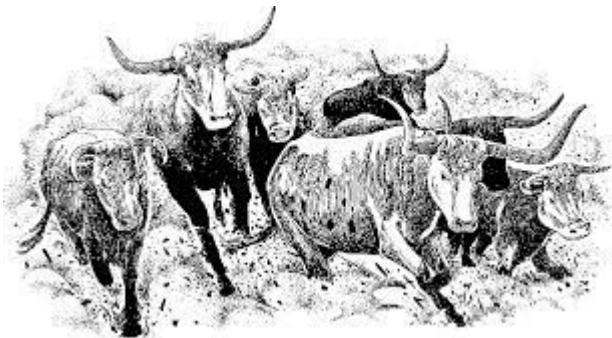
SCH D/4797

## Accountant's Use Only

F

S

## Capital Loss C/O



## **CAPITAL GAINS & LOSSES**

**(1099-B and/or 1099-S Brokerage Statement)**

Were any of the above business assets?

Yes       No



SCH D/4797

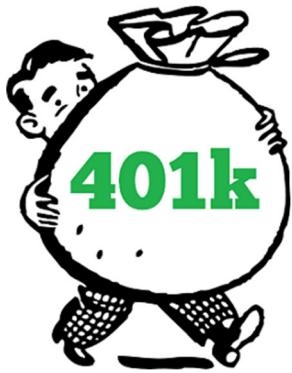
## Accountant's Use Only

F

5

## Capital Loss C/O

## ADJUSTMENTS TO INCOME



### 1. Individual Retirement Account contributions

<u>Taxpayer</u>	<u>Spouse</u>
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Were you an active participant in an employer or self-employed pension, profit sharing or stock bonus plan, or a tax sheltered annuity at any time during the year?

Would you like to make an IRA contribution?       Yes     No       Yes     No

### 2. Would you like to make a Roth IRA contribution?

Yes     No       Yes     No

3. FOR MILITARY ONLY: Moving expenses for permanent change of station ..... \$ \_\_\_\_\_

a. Moving miles for new deployment @ 0.21 per mile ..... \$ \_\_\_\_\_  
b. Other ..... \$ \_\_\_\_\_

4. Penalty on early withdrawal of savings ..... \$ \_\_\_\_\_

5. Alimony paid ..... \$ \_\_\_\_\_

6. If self-employed,      

<u>Taxpayer</u>	<u>Spouse</u>
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a. Health insurance ..... \$ \_\_\_\_\_    \$ \_\_\_\_\_  
b. Retirement contributions, KEOGH, ROTH or SEP IRA ..... \$ \_\_\_\_\_    \$ \_\_\_\_\_

7. Student interest expenses (1098-E) ..... \$ \_\_\_\_\_    \$ \_\_\_\_\_

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ADJ TO INC

Accountant's Use Only

## ITEMIZED DEDUCTIONS

### Medical:

Doctors: Medical & Dental \$ \_\_\_\_\_

Prescriptions, hospital, etc. \$ \_\_\_\_\_

Medical miles \_\_\_\_\_ @ 0.21 per mile



### Mortgage Interest:

(1098)

#### 1st Home

#### 2nd Home

1st	\$ _____	\$ _____
2nd	\$ _____	\$ _____
3rd	\$ _____	\$ _____
Property Taxes	\$ _____	\$ _____

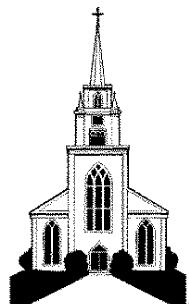
### Charitable Deductions:

Cash/checks \$ \_\_\_\_\_

Non Cash\* \$ \_\_\_\_\_

Charitable Miles \_\_\_\_\_ @ 0.14 per mile

\*If non cash over \$500, more details are necessary (i.e.: what was donated, when, etc.)



### Miscellaneous Deductions

Unreimbursed employee expenses \$ \_\_\_\_\_

Investment advisory fee \$ \_\_\_\_\_

Union dues \$ \_\_\_\_\_

Safety deposit box \$ \_\_\_\_\_

Tax preparation fee \$ \_\_\_\_\_

Job Hunting Expense \$ \_\_\_\_\_

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SCH A

Accountant's Use Only

## AUTOMOBILE DEDUCTION



Please make a copy and fill out for each auto used for business.

Make and year of auto \_\_\_\_\_ When purchased or placed into business use \_\_\_\_\_

DMV fees \$ \_\_\_\_\_

- Did you use your automobile for business or do you have unreimbursed employee travel?  Yes  No  
If yes, continue...
- Do you have written evidence to support your deduction?  Yes  No
- Is this a leased car?  Yes  No Memo: \_\_\_\_\_

For mileage incurred between January thru December, the rate is .70 cents per mile:

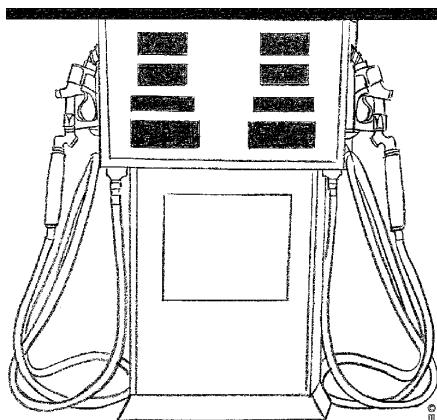
- Total Miles: January - December \_\_\_\_\_

### DETAIL

Mileage / Percentage Used: Business \_\_\_\_\_: miles \_\_\_\_\_ %

Mileage / Percentage Used: Personal \_\_\_\_\_: miles \_\_\_\_\_ %

Mileage / Percentage Used: Commuting \_\_\_\_\_: miles \_\_\_\_\_ %



Auto Club	\$ _____
Car washes	\$ _____
Gasoline, lube, oil	\$ _____
Repairs	\$ _____
Tires	\$ _____
Insurance	\$ _____
Interest	\$ _____
Parking Fee	\$ _____
Miscellaneous	\$ _____

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Sch A 2106/Sch. C Auto

Accountant's Use Only

## CREDITS

Credit for foreign taxes paid ..... \$ \_\_\_\_\_

Low income housing credit ..... \$ \_\_\_\_\_

Credits - other ..... \$ \_\_\_\_\_

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Credit for child and dependent care expenses

### AFTER SCHOOL



Person or organization providing care:

1. Name \_\_\_\_\_

Street \_\_\_\_\_

City, St, Zip \_\_\_\_\_

SS./Tax ID# \_\_\_\_\_

Telephone # \_\_\_\_\_

Amt. Paid \$ \_\_\_\_\_

3. Name \_\_\_\_\_

Street \_\_\_\_\_

City, St, Zip \_\_\_\_\_

SS./Tax ID# \_\_\_\_\_

Telephone # \_\_\_\_\_

Amt. Paid \$ \_\_\_\_\_

2. Name \_\_\_\_\_

Street \_\_\_\_\_

City, St, Zip \_\_\_\_\_

SS./Tax ID# \_\_\_\_\_

Telephone # \_\_\_\_\_

Amt. Paid \$ \_\_\_\_\_

4. Name \_\_\_\_\_

Street \_\_\_\_\_

City, St, Zip \_\_\_\_\_

SS./Tax ID# \_\_\_\_\_

Telephone # \_\_\_\_\_

Amt. Paid \$ \_\_\_\_\_

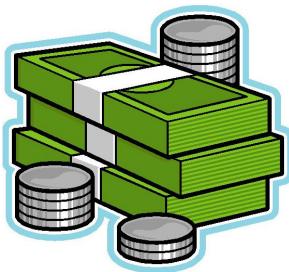
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Foreign Tax CR-1116

Accountant's Use Only

# TAX PAYMENTS & ESTIMATES 2025

## QUARTERLY ESTIMATES



Due Date	Description	Date Paid	Federal Amt. IRS	State Amt. CA-FTB	City Amt.
4/15/2025	1 <sup>st</sup> Estimate				
6/17/2025	2 <sup>nd</sup> Estimate				
9/16/2025	3 <sup>rd</sup> Estimate				
12/31/2025	4 <sup>th</sup> State, if Early		N/A		
1/15/2026	4 <sup>th</sup> Estimate				

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Estimates

Accountant's Use Only

Sch A Est. Tax

**The following schedules  
are for those  
who have  
Business or Rental  
Property**

**One business or property per form  
Make as many copies as necessary**

# BUSINESS INCOME

## (One business per form)

### **GENERAL INFORMATION:**

Principal business/profession: \_\_\_\_\_

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

Business city, state, zip: \_\_\_\_\_

Taxpayer     Spouse

Sales (1099 Misc)

\$ \_\_\_\_\_

Cost of goods sold (if applicable)

\$ \_\_\_\_\_

Inventory at end of year

\$ \_\_\_\_\_

Gross profit

\$ \_\_\_\_\_

### **EXPENSES**

Advertising

\$ \_\_\_\_\_

Bad debts

\$ \_\_\_\_\_

Car and truck expenses

\$ \_\_\_\_\_

Commissions

\$ \_\_\_\_\_

Continuing education

\$ \_\_\_\_\_

Dues and subscriptions

\$ \_\_\_\_\_

Insurance (other than health)

\$ \_\_\_\_\_

Other interest

\$ \_\_\_\_\_

Legal and professional

\$ \_\_\_\_\_

Office expense

\$ \_\_\_\_\_

Internet

\$ \_\_\_\_\_

Rent - Vehicles, Machinery & Equipment

\$ \_\_\_\_\_

Rent - other business property

\$ \_\_\_\_\_

Repairs

\$ \_\_\_\_\_

Supplies

\$ \_\_\_\_\_

Taxes - Real Estate

\$ \_\_\_\_\_

Taxes - other

\$ \_\_\_\_\_

Telephone

\$ \_\_\_\_\_

Travel

\$ \_\_\_\_\_

Total Entertainment

\$ \_\_\_\_\_

Total Meals

\$ \_\_\_\_\_

Reduction if other than 50% of above

\$ \_\_\_\_\_

Utilities

\$ \_\_\_\_\_

Wages

\$ \_\_\_\_\_

Other expenses:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Total Expenses**

\$ \_\_\_\_\_

**Net Income (loss)**

\$ \_\_\_\_\_

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SCH C

Accountant's Use Only

Net Income (loss)

\_\_\_\_\_

Depreciation

\_\_\_\_\_

\_\_\_\_\_

Taxable Net Income (loss)

\_\_\_\_\_

## BUSINESS INCOME (Continued)

Do you use your office at home, as your "office" for tax deduction purposes?  Yes  No  
*(If we have the proration from last year, write: "see last year").*

To be further discussed:

Total Square Feet .....	%
Business Square Feet.....	%
Other .....	%
 Total .....	 100%

Home office expenses

Rent.....	\$.....
Repairs.....	\$.....
Utilities.....	\$.....
Other .....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....

## RENTAL & ROYALTY INCOME

(One property per form)

### GENERAL INFORMATION:

Kind of property: \_\_\_\_\_  
Location of property: \_\_\_\_\_

### INCOME

Rents received ..... \$.  
Royalties received ..... \$.

### EXPENSES

Advertising ..... \$  
Association dues ..... \$  
Auto and travel ..... \$  
Cleaning and maintenance ..... \$  
Commissions ..... \$  
Dues and subscriptions ..... \$  
Gardening ..... \$  
Insurance ..... \$  
Legal and Professional fees ..... \$  
Licenses and permits ..... \$  
Management fees ..... \$  
Meals ..... \$  
Miscellaneous ..... \$  
Mortgage Interest (paid to banks, etc.) ..... \$  
Other interest ..... \$  
Painting and decorating ..... \$  
Pest control ..... \$  
Plumbing and electrical ..... \$  
Repairs ..... \$  
Supplies ..... \$  
Taxes - Real estate ..... \$  
Taxes - Other ..... \$  
Telephone ..... \$  
Utilities ..... \$  
Wages and salaries ..... \$  
Other expenses:  
\_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
  
**Total Expenses** ..... \$ \_\_\_\_\_  
**Net Income (loss)** ..... \$ \_\_\_\_\_

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SCH E

Accountant's Use Only

Net Income (loss) \_\_\_\_\_  
Depreciation \_\_\_\_\_  
\_\_\_\_\_

Taxable Net Income (loss) \_\_\_\_\_

## ASSET ACQUISITION

If you bought any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any assets to business use in 2025, please enter all pertinent information below.

Prop. No.	Description of Property	Related Business or activity	Date Placed in Service	Cost or Basis
			/ / 25	
			/ / 25	
			/ / 25	
			/ / 25	
			/ / 25	
			/ / 25	
			/ / 25	
			/ / 25	

## ASSET DISPOSITION

If you disposed of or sold any business assets in 2025, please enter all pertinent information below.

Prop. No.	Description of Property	Date Sold	Sales Price	Expenses of Sale
		/ / 25		
		/ / 25		
		/ / 25		
		/ / 25		
		/ / 25		
		/ / 25		
		/ / 25		
		/ / 25		