

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	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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 _____

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.

T/S	Description
---	_____
---	_____
---	_____
---	_____
---	_____

Retirement: 1099R

Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.

T/S	Description
---	_____
---	_____
---	_____
---	_____

Income: K1, K1T

Schedules K-1

Please provide all copies of Schedule K-1 that you receive.

T/S/J	Description	Form
---	_____	_____
---	_____	_____
---	_____	_____
---	_____	_____

Income: W2G

Gambling Income

Please provide all copies of Form W-2G that you receive.

T/S	Description
---	_____
---	_____

Educate: 1099Q

Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.

T/S	Description
---	_____
---	_____

NOTES/QUESTIONS:

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 _____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

State and local income tax refunds			2025 Information	_____	_____
Alimony received	T/S	Agreement Date	2025 Information	_____	_____
		Taxpayer	Spouse	_____	_____
Unemployment compensation		_____	_____	_____	_____
Unemployment compensation repaid		_____	_____	_____	_____
Social security benefits		_____	_____	_____	_____
Medicare premiums to be reported on Schedule A		_____	_____	_____	_____
Railroad retirement benefits		_____	_____	_____	_____
T/S/J			2025 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.

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

Taxpayer

Spouse

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	
_____	_____	_____	_____
_____	_____	_____	_____

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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*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: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2025 Information
_____	_____	_____	_____	_____

Street address

City, State and Zip code

*Enter the divorce/separation agreement date

Taxpayer

Spouse

Educator expenses:

_____	_____	_____	_____
_____	_____	_____	_____

Other adjustments:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Itemized: A1

Medical and Dental Expenses

T/S/J		2025 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	
—	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	
—	Home mortgage interest From Form 1098	_____	_____
T/S/J	Other home mortgage interest paid to individuals:		
	Payee's Name	SSN or EIN	2025 Information
—	_____	_____	_____
	Address	City	State Zip Code
	_____	_____	_____
T/S/J		2025 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	
—	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	
—	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	
—	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:

If you have an overpayment of 2025 taxes, do you want the excess:

Refunded _____ [53]

Applied to 2026 estimated tax liability _____ [54]

Do you expect a considerable change in your 2026 income? (Y, N) _____ [55]

If yes, please explain any differences: _____ [56]

_____ [57]

_____ [58]

_____ [59]

Do you expect a considerable change in your deductions for 2026? (Y, N) _____ [60]

If yes, please explain any differences: _____ [61]

_____ [62]

_____ [63]

_____ [64]

Do you expect a considerable change in the amount of your 2026 withholding? (Y, N) _____ [65]

If yes, please explain any differences: _____ [66]

_____ [67]

_____ [68]

_____ [69]

Do you expect a change in the number of dependents claimed for 2026? (Y, N) _____ [70]

If yes, please explain any differences: _____ [71]

_____ [72]

_____ [73]

_____ [74]

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) _____ [75]

2025 Federal Estimated Tax Payments

2024 overpayment applied to 2025 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	04/15/25	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	06/16/25	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	09/15/25	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	01/15/26	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]	_____	_____

***Method of payment indicated in prior year**

EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System
 Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J)

__ [1]

State postal code

__ [2]

Amount paid with 2024 return

+ _____ [3]

2024 overpayment applied to '25 estimates

+ _____ [4]

Treat calculated amounts as paid

__ [8]

	Date Paid		Amount Paid	Calculated Amount
1st quarter payment	_____ [9]	+	_____ [10]	<div style="border: 1px solid black; padding: 5px;"> _____ _____ _____ _____ _____ </div>
2nd quarter payment	_____ [11]	+	_____ [12]	
3rd quarter payment	_____ [13]	+	_____ [14]	
4th quarter payment	_____ [15]	+	_____ [16]	
Additional payment	_____ [17]	+	_____ [18]	

2025 City Estimated Tax Payments

City #1

City name _____ [28]

Amount paid with 2024 return + _____ [31]

2024 overpayment applied to '25 estimates + _____ [32]

Treat calculated amounts as paid _____ [36]

	Date Paid		Amount Paid
1st quarter payment	_____ [37]	+	_____ [38]
2nd quarter payment	_____ [39]	+	_____ [40]
3rd quarter payment	_____ [41]	+	_____ [42]
4th quarter payment	_____ [43]	+	_____ [44]

Description _____

Taxpayer/Spouse/Joint (T, S, J) _____

State postal code _____

Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) _____

Date former residence was acquired _____

Date former residence was sold _____

Selling price of former residence _____

Expenses related to the sale of your old home _____

Original cost of home sold including capital improvements _____

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) _____

Reduced exclusion days: (Enter only days within 5-year period ending on sale date)

Number of days each person used property as main home

Number of days each person owned property used as main home

Number of days between date of sale of the other home and date of sale of this home

Taxpayer

Spouse

NOTES/QUESTIONS:

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____

Donated property description _____

Name of donee organization _____

Address of donee organization _____

City _____

State postal code _____

Zip code _____

Date contributed _____

Date acquired by donor _____

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____

Donor's cost or basis _____

Fair market value _____

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____

If other: _____

Control Totals

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____

Donated property description _____

Name of donee organization _____

Address of donee organization _____

City _____

State postal code _____

Zip code _____

Date contributed _____

Date acquired by donor _____

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____

Donor's cost or basis _____

Fair market value _____

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____

If other: _____

Control Totals

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____

Donated property description _____

Name of donee organization _____

Address of donee organization _____

City _____

State postal code _____

Zip code _____

Date contributed _____

Date acquired by donor _____

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____

Donor's cost or basis _____

Fair market value _____

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____

If other: _____

Control Totals

The Inflation Reduction Act of 2022 provides credits for clean energy and energy efficient improvements made to personal residences.

Taxpayer/Spouse/Joint (T, S, J)			_ [1]
Enter the total amount of costs for qualified solar electric property	+	_____	[3]
Enter the total amount of costs for qualified solar water heating property	+	_____	[4]
Enter the total amount of costs for qualified small wind energy property	+	_____	[5]
Enter the total amount of costs for qualified geothermal heat pump property	+	_____	[6]
Enter the total amount of costs for qualified battery technology costs with capacity of at least 3 kilowatt hours	+	_____	[7]
Were the costs incurred made to your main home located in the United States? (Y, N)			_ [8]
Enter the total amount of costs for qualified fuel cell property	+	_____	[9]
Enter the total amount of kilowatt capacity of the qualified fuel cell property			_____ [10]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)			_ [16]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+	_____	[17]

	QMID		Cost
Enter the cost and QMID for each exterior door bought	_____	+	_____ [20]
	_____	+	_____
	_____	+	_____
	_____	+	_____
Enter the cost and QMID for each window/ skylight	_____	+	_____ [22]
	_____	+	_____
	_____	+	_____
	_____	+	_____
Enter the QMID cost for each central air conditioner	_____	+	_____ [25]
	_____	+	_____
Enter the QMID and cost for each natural gas, propane or oil hot water heater	_____	+	_____ [27]
	_____	+	_____
Enter the QMID and cost for each natural gas, propane, or oil furnace or hot water boilers	_____	+	_____ [29]
	_____	+	_____
Enter the QMID and cost for panelboards, subpanelboards, branch circuits or feeders	_____	+	_____ [31]
	_____	+	_____
Enter the total amount of costs for qualified home energy audit costs		+	_____ [39]
Enter the QMID and cost for each electric or natural gas heat pump	_____	+	_____ [41]
	_____	+	_____
Enter the QMID and cost for each electric or natural gas heat pump water heater	_____	+	_____ [43]
	_____	+	_____
Enter the QMID and costs for each biomass stoves and biomass boiler	_____	+	_____ [45]
	_____	+	_____

NOTES/QUESTIONS:

Notes to Preparer

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s)
