

0
0

January 22, 2026

,

Dear ,

Thank you for choosing our firm to prepare your income tax returns for tax year 2025. This letter confirms the services we will provide.

We will prepare your federal and state returns for tax year 2025 based on information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2025, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

Our fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. Our invoices are due and payable upon presentation.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign the enclosed copy in the space indicated and return it to us.

Thank you again for choosing our firm to prepare your 2025 tax return. We appreciate your business.

Sincerely,

Accepted by:

Date _____

Date _____

Yes	No	<u>Purchases, Sales, Gains and Losses</u>	
<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	<u>Business and Rental Property Income & Deductions</u>	
<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	<u>Other Deductions</u>	
<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	<u>Miscellaneous</u>	
<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?

Yes	No	<u>Return preparation and filing</u>	
<input type="checkbox"/>	<input type="checkbox"/>	1	Do you want to e-file your return?
		2	If you are due a refund, how do you want to receive it?

Check sent to you in the mail

Other quick refund via a bank product

Apply to next year's estimates

Direct deposit (please provide voided blank check)

Type of account: Checking Savings

If you owe taxes, how do you want to pay them?

Paper check sent with my return Credit card

Installment Agreement

Direct debit (please provide a voided blank check)

Type of account: Checking Savings

3

Do you want to allow your tax preparer to discuss this year's return with the IRS?

If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's name _____

Phone Number _____

Personal identification Number (5 digit PIN) _____

Name _____

SSN _____

Wages

W-2 Information

"X" if spouse	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
<input type="checkbox"/>	14				
<input type="checkbox"/>	15				
<input type="checkbox"/>	16				
<input type="checkbox"/>	17				
<input type="checkbox"/>	18				
<input type="checkbox"/>	19				
<input type="checkbox"/>	20				
<input type="checkbox"/>	21				
<input type="checkbox"/>	22				
<input type="checkbox"/>	23				
<input type="checkbox"/>	24				
<input type="checkbox"/>	25				
<input type="checkbox"/>	26				
<input type="checkbox"/>	27				
<input type="checkbox"/>	28				
<input type="checkbox"/>	29				
<input type="checkbox"/>	30				
<input type="checkbox"/>	31				
<input type="checkbox"/>	32				
<input type="checkbox"/>	33				
<input type="checkbox"/>	34				
<input type="checkbox"/>	35				
<input type="checkbox"/>	36				
<input type="checkbox"/>	37				
<input type="checkbox"/>	38				
<input type="checkbox"/>	39				
<input type="checkbox"/>	40				
<input type="checkbox"/>	41				
<input type="checkbox"/>	42				
<input type="checkbox"/>	43				

Name _____

SSN _____

Retirement Income

1099-R Information

"X" if spouse		Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 16 State Distribution	Box 14 State Income Tax Withheld
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
<input type="checkbox"/>	11					
<input type="checkbox"/>	12					
<input type="checkbox"/>	13					
<input type="checkbox"/>	14					
<input type="checkbox"/>	15					
<input type="checkbox"/>	16					
<input type="checkbox"/>	17					
<input type="checkbox"/>	18					
<input type="checkbox"/>	19					
<input type="checkbox"/>	20					
<input type="checkbox"/>	21					
<input type="checkbox"/>	22					
<input type="checkbox"/>	23					
<input type="checkbox"/>	24					
<input type="checkbox"/>	25					
<input type="checkbox"/>	26					
<input type="checkbox"/>	27					
<input type="checkbox"/>	28					
<input type="checkbox"/>	29					
<input type="checkbox"/>	30					
<input type="checkbox"/>	31					
<input type="checkbox"/>	32					
<input type="checkbox"/>	33					
<input type="checkbox"/>	34					
<input type="checkbox"/>	35					
<input type="checkbox"/>	36					
<input type="checkbox"/>	37					
<input type="checkbox"/>	38					
<input type="checkbox"/>	39					
<input type="checkbox"/>	40					
<input type="checkbox"/>	41					
<input type="checkbox"/>	42					
<input type="checkbox"/>	43					

Name _____

SSN _____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income Current Year Amount	Prior Year Amount	Tax Exempt Interest Current Year Amount	Prior Year Amount	Specified Priv Act Interest Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends Current Year Amount	Prior Year Amount	Qualified Dividends Current Year Amount	Prior Year Amount	Capital Gains Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

Schedule C

Name _____

SSN _____

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: Filer Spouse

General Information

Employer Identification Number _____ (do not enter Social Security Number)
Principal business or profession _____
Business name _____
Business address _____
City _____ State _____ Zip _____
Foreign Country _____
Foreign Province/State _____ Postal Code _____

General Check Boxes (Enter "X" where applicable)

- 1 Accounting Method Cash Accrual Other - (Specify) _____
2 Did you "materially participate" in this business? Yes No
3 Check ('X') if you started or acquired this business in 2025.
4 Did you make any payments in 2025 that would require you to file Form(s) 1099? Yes No

Business Income

* Report statutory income as W-2 income.

Gross receipts or sales not reported on Form 1099 or Form W-2

- 5 _____ 5
6 _____ 6
7 _____ 7
8 _____ 8
9 _____ 9
10 _____ 10
11 _____ 11
12 _____ 12
13 _____ 13
14 _____ 14
15 Income reported on 1099 MISC 15
16 Gross amount of payment card/third party network transactions from Form 1099-K . 16
17 Professional gambler winnings from Form W2-G 17
18 Gross installment sales less cost of goods sold 18
19 Returns and allowances 19
20 Other income 20

Table with 2 columns: Current Year Amount, Prior Year Amount. Rows 5-20.

Inventory (Enter "X" where applicable)

- 21 Method(s) used to value closing inventory Cost Lower of cost or market Other
22 Any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No

- 23 Inventory at the beginning of year 23
24 Purchases less cost of items withdrawn for personal use 24
25 Cost of labor 25
26 Materials and supplies 26
27 Other Costs 27
28 Inventory at end of year 28

Table with 2 columns: Current Year Amount, Prior Year Amount. Rows 23-28.

Assets Placed in Service This Year

Description:

- A _____ A
B _____ B
C _____ C
D _____ D
E _____ E
F _____ F
G _____ G

Table with 2 columns: Date Placed In Service, Purchase Amount. Rows A-G.

Schedule C

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

		Current Year Amount	Prior Year Amount
Expenses			
29 Advertising	29		
30 Contract labor	30		
31 Commissions and fees	31		
32 Depletion	32		
33 Employee benefit programs (other than on line 39)	33		
34 Insurance (other than health)	34		
Interest:			
35 Mortgage (paid to banks, etc.)	35		
36 Other	36		
37 Legal and professional services	37		
38 Office expense	38		
39 Pension and profit-sharing plans	39		
Rent or Lease:			
40 Machinery rental or lease	40		
41 Equipment rental or lease	41		
42 _____	42		
43 _____	43		
44 _____	44		
Other business property rental or lease			
45 _____	45		
46 _____	46		
47 _____	47		
48 Repairs and maintenance	48		
49 Supplies (not included in inventory cost of goods sold)	49		
50 Taxes and licenses	50		
Travel and Meals:			
Travel			
51 _____	51		
52 _____	52		
53 _____	53		
54 _____	54		
Meals			
55 Enter "X" in the box if subject to DOT hours of service limits	55	<input type="checkbox"/>	<input type="checkbox"/>
56 Meals subject to the Standard meal allowance that are 100% deductible after the federal M&IE rate is applied	56		
Meals subject to percentage limitation			
57 _____	57		
58 _____	58		
59 _____	59		
60 _____	60		
61 _____	61		
Meals not subject to percentage limitation (100% allowed)			
62 _____	62		
63 _____	63		
64 _____	64		
65 _____	65		
66 Utilities	66		
67 Wages	67		
Other Expenses:			
68 _____	68		
69 _____	69		
70 _____	70		
71 _____	71		
72 _____	72		
73 _____	73		
74 _____	74		
75 _____	75		
76 _____	76		

Schedule C

Name _____

SSN _____

Business Assets Placed in Service in Prior Years

Activity	Description	Date Placed In Service	Cost	Explain any assets no longer used by the business
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				

Schedule C

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

Home Office for Schedule C

Name _____ SSN _____

Home Office Number _____

Description of Home Office _____

Address _____

City _____ State _____ Zip _____

Check ("X") box: Daycare

Home Office Expenses

Area of Home

- 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples 1
- 2 Total area of home 2

Daycare only - Part of Home Used Nonexclusively for Daycare

- 3 Multiply days used for daycare during year by hours used per day 3
- 4 Enter total hours home was available for daycare during year 4

Expenses related to entire home including business portion (Indirect)

- 5 Casualty losses 5
- 6 Excess mortgage interest 6
- 7 Excess real estate taxes 7
- 8 Insurance 8
- 9 Rent 9
- 10 Repairs and maintenance 10
- 11 Utilities 11
- 12 Other Expenses:

Current Year Amount	Prior Year Amount

- a _____ 12a
- b _____ 12b
- c _____ 12c
- d _____ 12d
- e _____ 12e

Business Allocation:

- Business 1: _____
- Business 2: _____
- Business 3: _____
- Business 4: _____

Current Year Allocation %	Prior Year Allocation %

Business:

Additional expenses related to business portion only (Direct)

- 13 Casualty losses 13
- 14 Excess mortgage interest 14
- 15 Excess real estate taxes 15
- 16 Insurance 16
- 17 Rent 17
- 18 Repairs and maintenance 18
- 19 Utilities 19
- 20 Other Expenses:

- a _____ 20a
- b _____ 20b
- c _____ 20c
- d _____ 20d
- e _____ 20e

Current Year Amount	Prior Year Amount

Schedule E - Rental Property - please complete 1 for each property

Name _____

SSN _____

Real Estate Rentals and Royalties

Property Description _____

Address _____

City _____ State _____ Zip _____

Foreign Country _____

Foreign Province/State _____ Postal Code _____

	Current Year Info	Prior Year Info
1a Owner of property (Enter Filer, Spouse, or Joint)	<input type="checkbox"/>	<input type="checkbox"/>
1b Enter property type number (1 to 8) (1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other	<input type="text"/>	<input type="text"/>
2 Enter "X" if you actively participated?	<input type="checkbox"/>	<input type="checkbox"/>
3 Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented?	<input type="checkbox"/>	<input type="checkbox"/>
3a If entered ("X"), enter the number of days of personal use?	<input type="text"/>	<input type="text"/>
3b If entered ("X"), enter the number of days rented?	<input type="text"/>	<input type="text"/>

Income	Current Year Amounts	Prior Year Amounts
4 Royalty received	<input type="text"/>	<input type="text"/>
5 Rent received	<input type="text"/>	<input type="text"/>
5a If rental real estate, enter the percent of ownership if less than 100%	<input type="text"/>	<input type="text"/>
5b Rental use percentage for property used partially for personal use only	<input type="text"/>	<input type="text"/>
6 Other Income	<input type="text"/>	<input type="text"/>

Property Expense	Current Year Amounts	Prior Year Amounts
7 Advertising	<input type="text"/>	<input type="text"/>
8 Cleaning and maintenance	<input type="text"/>	<input type="text"/>
9 Commissions	<input type="text"/>	<input type="text"/>
10 Insurance	<input type="text"/>	<input type="text"/>
11 Legal and other professional fees	<input type="text"/>	<input type="text"/>
12 Management fees	<input type="text"/>	<input type="text"/>
13a Qualified mortgage interest paid to banks, etc.	<input type="text"/>	<input type="text"/>
13b Other mortgage interest paid to banks, etc.	<input type="text"/>	<input type="text"/>
14 Other interest	<input type="text"/>	<input type="text"/>
15 Repairs	<input type="text"/>	<input type="text"/>
16 Supplies	<input type="text"/>	<input type="text"/>
17a Real estate taxes	<input type="text"/>	<input type="text"/>
17b Other Taxes	<input type="text"/>	<input type="text"/>
18 Utilities	<input type="text"/>	<input type="text"/>

Assets Placed in Service This Year	Date Placed In Service	Purchase Amount
A Description: _____	<input type="text"/>	<input type="text"/>
B _____	<input type="text"/>	<input type="text"/>
C _____	<input type="text"/>	<input type="text"/>
D _____	<input type="text"/>	<input type="text"/>
E _____	<input type="text"/>	<input type="text"/>
F _____	<input type="text"/>	<input type="text"/>
G _____	<input type="text"/>	<input type="text"/>

Schedule E - Rental Property - please complete 1 for each property

Name _____

SSN _____

Property _____

Other Expenses (Schedule E)

Other Expenses:

19 _____

20 _____

21 _____

22 _____

23 _____

24 _____

25 _____

26 _____

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

Travel Expenses:

27 _____

28 _____

29 _____

30 _____

31 _____

32 _____

33 _____

34 _____

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

Meals Expenses:

35 _____

36 _____

37 _____

38 _____

39 _____

40 _____

41 _____

42 _____

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		

Schedule E - Rental Property - vehicle expenses - please complete 1 for each property

Name _____

SSN _____

Property _____

Vehicle Information (Schedule E)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

Name _____

SSN _____

K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J Entity Name

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	_____
16	_____
17	_____
18	_____
19	_____
20	_____
21	_____
22	_____
23	_____
24	_____
25	_____
26	_____
27	_____
28	_____
29	_____
30	_____
31	_____
32	_____
33	_____
34	_____
35	_____
36	_____
37	_____
38	_____
39	_____
40	_____
41	_____
42	_____
43	_____

Enter "S" if K1 (1120S)
Enter "P" if K1 (1065)
Enter "E" if K1 (1041)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43

Unreimbursed
Partnership Exp.
Current Year

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43

Name _____

SSN _____

Social Security and Railroad Retirement

Filer

- 1 Enter the total amount from box 5 of all your Forms SSA-1099 1
- 2 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 2
- 3 Enter the total amount from box 5 of all your Forms RRB-1099 3
- 4 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 4
- 5 Enter the total amount of Medicare B Premiums withheld. 5
- 6 Enter the total amount of Medicare D Premiums withheld. 6

Current Year Amount	Prior Year Amount

Spouse

- 7 Enter the total amount from box 5 of all your Forms SSA-1099 7
- 8 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 8
- 9 Enter the total amount from box 5 of all your Forms RRB-1099 9
- 10 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 10
- 11 Enter the total amount of Medicare B Premiums withheld. 11
- 12 Enter the total amount of Medicare D Premiums withheld. 12

Name _____

SSN _____

IRA and Other Contribution Information

Traditional IRA Contributions

Filer

- 1 Enter total traditional IRA contributions made for 2025 1
- 2 Enter contributions, on line 1, made after 12/31/2025 and before 04/15/2026 2
- 3 Enter value of all traditional IRAs on 12/31/2025 3
- 4 Enter amount of any outstanding traditional rollovers as of 1/1/2026 4

Current Year Amount	Prior Year Amount

Spouse

- 5 Enter total traditional IRA contributions made for 2025 5
- 6 Enter contributions, on line 5, made after 12/31/2025 and before 04/15/2026 6
- 7 Enter value of all traditional IRAs on 12/31/2025 7
- 8 Enter amount of any outstanding traditional rollovers as of 1/1/2026 8

Roth IRA Contributions

Filer

- 1 Enter 2025 Roth IRA contributions 1
- 2 Enter value of all Roth IRAs on 12/31/2025 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2025 Roth IRA contributions 3
- 4 Enter value of all Roth IRAs on 12/31/2025 4

SIMPLE IRA

Filer

- 1 Enter value of all SIMPLE IRAs on 12/31/2025 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Enter value of all SIMPLE IRAs on 12/31/2025 2

--	--

Education (Coverdell ESA)

Filer

- 1 Enter 2025 Coverdell ESA contributions 1
- 2 Enter value of the Coverdell ESA on 12/31/2025 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2025 Coverdell ESA contributions 3
- 4 Enter value of the Coverdell ESA on 12/31/2025 4

Other

Filer

- 1 Repayment of qualified reservist distributions 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Repayment of qualified reservist distributions 2

--	--

