

General Information

First Name

Middle Initial

Last Name

Suffix

Social Security Number

Date of Birth

Date of Death

Identity Protection PIN

Taxpayer

Spouse

Home Phone

Work Phone

Cell Phone

Fax Number

Legally Blind

Totally Disabled

Claimed as a Dependent

Presidential Election Fund (\$3)

Occupation

E-mail address

State of Residence as of 12/31

County of Residence as of 12/31

School District as of 12/31

Sales tax rate of locality in 2025

If Part Year, Period of Residency

Check ("X") which phone number to list on return.

%

to

%

to

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type

ID number

ID issuing state

ID issue date

ID expiration date

Driver's license OR

State Issued ID

Driver's license OR

State Issued ID

Filing Status

Status on 2024 return

Status as of 12/31/2025

Enter ("X") in the box

1 Single

2 Married filing joint

3 Married filing separately

4 Head of Household

5 Qualifying surviving spouse (QSS)

Non-dependent name

Non-dependent SSN

Year spouse died

If treating a nonresident alien or dual-status alien spouse as a U.S. resident for

the entire year, enter their name

Taxpayer's Address

Street

P.O.Box

City

In Care Of:

In Care Of Social Security Number

If address is in a foreign country, enter that country

Foreign province/country

If a bona fide resident of a U.S. territory, enter territory

Apt/Suite/Unit

Private Mailbox Number

State

Zip Code

First Name

M.I.

Last Name

Suffix

Non-dependent name

Non-dependent SSN

Year spouse died

Foreign postal code

Preparer's Information

Preparer's name

Firm's name

Street

City

State

Zip Code

Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign here

Date

Date

SSN _____

Retirement & Other Plans

- 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		<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) _____

This image shows a full page of blank, lined paper. It features approximately 30 horizontal blue or grey lines spaced evenly apart, typical of notebook paper. The lines extend across the entire width of the page, leaving small margins at the top and bottom. There are no vertical lines, text, or other markings on the page.