

From:

To:

SHERMAN, KELLY & ASSOCIATES, P.C.
P.O. BOX 1455
SOUTH DENNIS, MA 02660
||.....||.....||.....||.....||

This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature _____ Date _____

Spouse signature _____ Date _____

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 in 2025

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.

Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Retirement: 1099R

Pension, IRA, and Annuity Distributions

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

Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: K1, K1T

Schedules K-1

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

Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: W2G

Gambling Income

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

Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____

Educate: 1099Q

Qualified Education Plan Distributions

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

Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____

NOTES/QUESTIONS:

1 = Attached
2 = N/A

[illegible]

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	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 _____ Amount received in 2024 _____

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	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

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

T/S/J

2025 Information

Prior Year 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.

Taxpayer

Spouse

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

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	Prior Year 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	Prior Year Information
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*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: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home due to service in the armed forces.

Description of move

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

Mark if the move was due to service in the armed forces

Number of miles from old home to new workplace

Number of miles from old home to old workplace

Mark if move is outside United States or its possessions

Transportation and storage expenses

Travel and lodging (not including meals)

Total amount reimbursed for moving expenses

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

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

Street address

City, State and Zip code

*Enter the divorce/separation agreement date

Taxpayer

Spouse

Prior Year Information

Educator expenses:

_____	_____	_____	_____
_____	_____	_____	_____

Other adjustments:

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

Itemized: A1

Medical and Dental Expenses

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

T/S/J		2025 Information	Prior Year 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	Prior Year 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	Prior Year 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	Prior Year 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:

Massachusetts General Information

Name has changed since last year _____ [1]
 Noncustodial parent _____ [2]
 In care of address or address of legal residence or domicile:
 Street _____ [3]
 City, state, zip code _____ [4] _____ [5] _____ [6]
 Foreign country name _____ [8]
 Foreign province or county _____ [9]
 Foreign postal code _____ [10]

Use Tax

Estimate use tax for out of state purchases less than \$1,000 _____ [11]
 Out of state purchases _____ [12] Sales tax paid to other state _____ [13]

Contributions

Amount of political and charitable contributions you wish to make to:

	Taxpayer	Spouse
	_____ [14]	_____ [15]
Contribute to the State Election Campaign Fund		
Organ Transplant Fund _____ [16]	United States Olympic Fund _____ [19]	
Endangered Wildlife Conservation _____ [17]	Military Family Relief Fund _____ [20]	
Public Health HIV and Hepatitis Fund _____ [18]	Homeless Animal Prevention and Care Fund _____ [21]	

Adjustments and Deductions

Rental Deduction

Residence #1 rented address _____ [22]	
Landlord's name and address _____	
Date from _____ Date to _____	Rent paid _____
Residence #2 rented address _____	
Landlord's name and address _____	
Date from _____ Date to _____	Rent paid _____

Health Insurance Information

	Taxpayer	Spouse
Enrolled in Minimum Creditable Coverage (MCC) health insurance plan for entire year _____ [23]		_____ [24]
Insurance information has changed from last year Yes _____ [25] No _____ [26]		Yes _____ [27] No _____ [28]
Subscriber number _____ [29]		_____ [30]
Name of insurance company (Taxpayer) _____		_____ [31]
Name of insurance company (Spouse) _____		_____ [32]

Commuter Deduction

	Tolls paid through Fastlane	MBTA Transit/commuter passes
Taxpayer _____ [33]		_____
Spouse _____ [34]		_____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Massachusetts

Part-year residency dates:
 From _____ [35]
 To _____ [36]