

We need physical copies of all forms with withholdings.

**NOTE: IF YOU HAVE OVERTIME, YOU MUST FILL OUT THAT QUESTION ON THE BACK TO GET THE TAX DEDUCTION.**

Personal Information						
	First & Last Name	SSN	Date of Birth	Phone Number	Email Address	
Taxpayer						
Spouse						
Street Address, City, State & Zip:				Legal Marital Filing Status as of December 31		
				<input type="checkbox"/> Single <input type="checkbox"/> Married filing separate (MFS) lived with spouse <input type="checkbox"/> Married filing joint <input type="checkbox"/> MFS Did not live with spouse		
				Would either the taxpayer or spouse like \$3 to go to the presidential election fund? Mark if yes <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse		
Did you live in the above county the entire year? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Dependents to be claimed (Please note any changes to custodial status of each child):						
				# Months in Home for 2025	If over 18, Full-Time Student or Disable?	ALL school, medical, & social service records show them living with you for the months indicated?
First & Last Name	SSN if not claimed here last year	Legal Relationship please indicate if adopted	Date of Birth			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Yes Have a child born in 2025? Check to claim the \$1,000 federal pilot program contribution to a Trump Account.						
Income				Deductions		
•How many places did you work in the filing year? _____ •How many retirement plans did you pull from in the filing year? _____ • <input type="checkbox"/> Mark here if at any time during the year the taxpayer/spouse received, sold, exchanged, or otherwise disposed of any financial interest in virtual currencies? If yes, provide your 1099-DA. • <input type="checkbox"/> Mark here if the taxpayer or spouse had any interest in or authority over a foreign account or trust? • <input type="checkbox"/> Mark here if not all your income is accounted for and included Note: We need the 1099s for all unemployment/retirement distributions.				•Property taxes, amount paid (not including interest and penalties) \$ _____ •Did you Rent? Months rented 2025 # _____ Base rent paid per month \$ _____ Landlord name and address _____ _____ _____		
				•If anyone on this form had healthcare coverage through the Marketplace (ObamaCare), we will need the 1095-A for the filing year. You can call 800-318-2596 for help obtaining this.		
Banking & Refund						
*** Verify your direct deposit information Carefully! We are unable to change the numbers once you sign your return. *** If you have a refund, would you like it direct deposited? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Checking</span> Name of Bank: _____ Routing Number: _____ Account Number: _____ <span style="float: right;"><input type="checkbox"/> Savings</span> <span style="float: right;"><input type="checkbox"/> Same As Last Year</span>						

**NOT COMPLETING ALL QUESTIONS (front and back) AND not signing the back of this form will delay your return.**

For Key Tax Law Changes see the back.

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Regulatory	NEW for THIS YEAR
Does the social security card for the Taxpayer, Spouse, or Dependent(s) have ANYTHING additional printed beyond the person's name, SSN, and signature line printed on the front? If yes, we need to see it. (Including, but not limited to "VALID FOR WORK ONLY" or "NOT VALID FOR EMPLOYMENT")	<p>• <b>Did you receive OVERTIME PAY?</b></p> <p><input type="checkbox"/> <b>I received overtime at work and it's reported on my W-2.</b></p> <p><input type="checkbox"/> <b>No. I did not get paid overtime.</b></p> <p><b><u>If you received overtime pay NOT reported on Form W-2 or a statement provided by your employer, ask for the overtime page from our front office staff.</u></b></p>
<p><b>Helpful</b></p> <p>Our calls may appear as "Spam" - please answer so we can assist you. SECURITY ALERT: We will never ask for your SSN unless you initiate the call to us. Do not provide sensitive information to unsolicited callers.</p> <p><input type="checkbox"/> Yes, send me a pre-filled Tax Organizer next year. By checking this box, you would like to receive a digital organizer at the email address provided for the primary taxpayer. Please make sure your email address is written clearly on the reverse of this form.</p>	<p>• Did you receive <b>tips</b> reported not provided on Form W-2? If "Yes" statement provided by your employer provide the amount below. NOTE: To qualify, the tip must be voluntary. Mandatory service charges or automatic "large party" gratuities do not qualify for this deduction per IRS rules. Amount: \$ _____</p> <p>• Did you purchase a <b>new passenger vehicle</b> for personal use during 2025? If "Yes" <b>ALL</b> the following <b>MUST</b> be true for the interest deduction (subject to income limits):</p> <p>Did you purchase a new (not used) vehicle in 2025 for personal use? Was the final assembly was in the U.S.? Is the gross vehicle weight under 14,000 pounds? Does your VIN number begin with a 1,4,5 or 7?</p> <p>If you answered YES to ALL, please provide the total interest paid in 2025 and the VIN below: VIN: _____ 2025 Interest \$ _____</p>
<p><b>Updates Effective Jan 1, 2026</b></p> <p>Cash Donation Benefit: Starting Jan 1, 2026, you can deduct cash donations even if you do not itemize. Save all receipts for cash, check, or credit card donations. Limit \$1,000 Single or \$2,000 Married Filing Jointly.</p> <p>Gambling Loss Limitation: Starting Jan 1, 2026, you can only itemize 90% of your losses against your winnings. Please plan for this extra tax liability.</p>	

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

We will prepare your federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All Accounts not paid upon receipt are subject to interest charges to the extent permitted by state law, collection fees, and/or attorney fees.

**Both sides need to be filled out**  
**Be sure to sign and date above or your return will not be processed.**