ONLY LIST NUMBERS / AMOUNTS ONCE IN THIS SUMMARY

PERSONAL DATA

CHANGED FROM PY

	S/MFJ/MFS/HH/QW	
FILING STATUS		
FIRST NAME	LAST NAME	
SPOUSE FIRST NAME	SPOUSE LAST NAME	
ADDRESS		
CITY	STATE ZIP	
EMAIL ADDRESS	MOBILE PHONE	

PAYMENT DETAILS

We will settle your fees upon completion of your return and prior to a scheduled Review. Accordingly, please complete the following:

As a reminder. payment is required in FULL before we release your returns. Our fees can be settled in one of two ways:

CREDIT / DEBIT CARD ** CONV FEE MAY APPLY

CARD NUMBER	CSV	EXPIRATION	BILLING ZIP

CHECK- NO FEE

ROUTING NUMBER	ACCOUNT NUMBER	TELEPHONE # BANK HAS

SIGN AND DATE

IMPORTANT MUST ANSWER QUESTIONS

	Y	N
DID YOU BUY OR SELL CRYPTO CURRENCY DURING THE TAX YEAR		
DO YOU HAVE A FOREIGN BANK ACCOUNT OR TRUST		
DID YOU RECEIVE PREMIUM ASSISTANCE FOR MEDICAL INSURANCE		

IF YES PLEASE PROVIDE 1095A

PEOPLE YOU SUPPORT

NAME	SOCIAL SECURITY NUMBER / DOB	DAYCARE COST
NAME	SOCIAL SECURITY NUMBER / DOB	DAYCARE COST
NAME	SOCIAL SECURITY NUMBER / DOB	DAYCARE COST
NAME	SOCIAL SECURITY NUMBER / DOB	DAYCARE COST

INCOME

PLEASE INDICATE IF THE FOLLOWING APPLIES AND HOW MANY FORMS OF EACH ARE INCLUDED WITH YOUR SUBMISSION

		Y	QTY
STOCK SALES	FORMS 1099 B-- PROVIDING IN CSV APPRECIATED		
DEBT CANCELLATION	FORMS 1099 C		
DIVIDENDS	FORMS 1099 DIV		
INTEREST	FORMS 1099 INT		
MISC	FORMS 1099 MISC		
NON EMPLOYEE COMPENSATION	FORMS 1099 NEC		
INVESTMENTS IN PASS THROUGH ENTITIES	FORMS K1		
SALARIES / WAGES	FORMS W2		

NEW- PLEASE MAKE SURE OVERTIME IS LISTED ON YOUR W2 OR YOU HAVE A SEPARATE FORM LISTING QUALIFIED OVERTIME IF APPLICABLE

RETIREMENT	FORMS 1099R		
SOCIAL SECURITY	FORMS SSA1099		
REAL ESTATE SALES	1099S		
GAMBLING	W2G		

DEDUCTIONS		AMOUNT
MEDICAL		
MEDICAL / DENTAL INSURANCE PAID WITH AFTER TAX $ (DO NOT INCLUDE MEDICARE PREMUIMS)		
MEDICARE SUPPLEMENT		
DENTISTS		
DOCTORS		
RX		
EMERGENCY ROOMS		
THERAPY		
DME		
HEARING AIDS		
GLASSES		
OTHER		
	Total Medical	$ -
MEDICAL MILES		
NEW- TAXES INCREASE IN SALT CAP HAS INCREASED TO $40,000 SO PLEASE INCLUDE THESE		
REAL ESTATE TAXES PRIMARY		$ -
REAL ESTATE TAXES VACATION HOME (NOT INVESTMENT PROPERTIES)		$ -
LOCAL PROPERTY EXCISE TAXES		$ -
INTEREST		
MORTAGE INTEREST [ATTACH FORM 1098]		$ -
INVESTMENT INTEREST		$ -
DONATIONS		
CASH DONATIONS		$ -
NON CASH DONATIONS		$ -
VOLUNTEER MILES		-
DAY CARE		
DAY CARE EXPENSES		
NAME OF PROVIDER		$ -
EIN / TIN OF SAME		
COLLEGE		
COLLEGE COST	***** MUST PROVIDE FORM 1098T******	
NAME OF COLLEGE		$ -
EIN / TIN OF SAME		
NAME OF STUDENT		
HSA		
HSA CONTRIBUTION	AMT CONTRIBUTED FOR TAX YEAR	$ -
HSA WITHDRAWAL	AMT WITHDRAWN AND USED FOR MEDICAL	$ -
	ATTACH FM 8889	
IRA		
IRA CONTRIBUTIONS - TAXPAYER	[ ] REGULAR [ ] ROTH	$ -
IRA CONTRIBUTIONS - SPOUSE	[ ] REGULAR [ ] ROTH	$ -
ALIMONY PAID		
		$ -
NAME / SOCIAL	DATE OF DIVORCE	

NEW- **CAR LOAN INTEREST ON NEW (NOT USED) AUTO BOUGHT IN 2025** _____ Limited to $10,000

Year _____**Make**_____**Model**_____**VIN #**_____

Car must have been assembled in the USA

ESTIMATES PAID

	FEDERAL	STATE
APRIL		
JUN		
SEP		
DEC/JAN		

NON INCORPORATED BUSINESS INCOME AND EXPENSE

NAME	ADDRESS
EIN	OWNED BY TAXPAYER (T) / SPOUSE (S) ?

	Y	N
Are the amounts listed on a cash basis?		
Did you start this business this year?		
Did you MAKE payments that would require a FM 1099 If YES, did you issue FM 1099		
Did you buy ANY Fixed Assets (car, furniture equipment)		
Did you SELL any Fixed Assets (car, furniture equipment)		
Did you pay part of employees medical ins premiums?		

PROVIDE QB PORTABLE FILE W/ USER NAME AND PASSWORD OR COMPLETE BELOW -DO NOT DO BOTH

PROFIT LOSS

SALES - DO NOT INCLUDE INCOME FROM TIPS

GROSS SALES AS REPORTED ON FMS 1099		$ -
GROSS SALES NOT REPORTED ON FMS 1099		$ -
NEW- TIPS INCOME		$
	TOTAL SALES	$ -
RETURNS / ALLOWANCES		$ -
	NET SALES	$ -

COST OF SALES

INVENTORY BEGINNING OF YEAR		$ -
PURCHASES		$ -
LABOR		$ -
OTHER SUPPLIES		$ -
INVENTORY AT YEAR END		$ -
	COST OF SALES	$ -
	GROSS PROFIT	**$** -

OPERATING EXPENSES		
ADVERTISING	$	-
CAR AND TRUCK GAS AND REPAIRS	$	-
COMMISSIONS	$	-
CONTRACT LABOR	$	-
EMPLOYEE BENEFITS SUCH AS MED INSURANCE	$	-
BUSINESS INSURANCE	$	-
INTEREST PAID	$	-
MORTAGE INTEREST ON BUSINESS PREMISES	$	-
LEGAL AND PROPFESSIONAL	$	-
OFFICE EXPENSES	$	-
RETIREMENT CONTRIBUTIONS FOR EMPLOYEES	$	-
RENT	$	-
EQUIPMENT LEASES	$	-
SUPPLIES	$	-
PAYROLL TAXES	$	-
OTHER STATE / LOCAL TAXES	$	-
MEALS	$	-
TRAVEL	$	-
UTILITIES	$	-
WAGES	$	-
.....	$	-
.....	$	-
.....	$	-
.....	$	-
.....	$	-
.....	$	-
.....	$	-
.....	$	-
.....	$	-
.....	$	-
.....	$	-
.....	$	-
.....	$	-
TOTAL OPERATING EXPENSES	$	-
NET PROFIT	$	-

HOME OFFICE

SIZE OF HOME OFFICE	
SIZE OF HOME OFFICE	

UTILITIES FOR HOME	
REAL ESTATE TAXES	$ -
MORTAGE INTEREST	$ -
REPAIRS	
INSURANCE	

FIXED ASSET CHANGES - INCLUDE BILL OF SALE FOR ALL VEHICLES PURCHASED

PURCHASED

.....	$ -
.....	$ -
.....	$ -

SOLD

.....	$ -
.....	$ -
.....	$ -

MILEAGE REPORTING

VEHICLE	
BUSINESS MILES	
PERSONAL / COMMUTING MILES	

RENTALS - PLEASE DUPLICATE IF MORE THAN ONE PROPERTY

PROPERTY ADDRESS	
NUMBER DAYS RENTED	

RENTAL INCOME	$	-
ADVERTISING	$	-
AUTO / TRAVEL	$	-
CLEANING	$	-
COMMISSIONS	$	-
INSURANCE	$	-
LEGAL AND PROFESSIONAL	$	-
MANAGEMENT FEES	$	-
MORTAGE INTEREST	$	-
REPAIRS	$	-
SUPPLIES	$	-
TAXES	$	-
UTILITIES	$	-
ASSOC DUES	$	-
OTHER.....	$	-
OTHER.....	$	-
OTHER.....	$	-
OTHER.....	$	-
	$	-
	$	-

ANYTHING ELSE WE SHOULD KNOW?