

PERSONAL TAX RETURN - 2025 CHECKLIST

This list is **not** inclusive. Some items may not apply. It is a guide to assist you in gathering information for preparation of your personal tax return. Backup documentation for all deductions will be required in the event of an audit. **Please complete, sign, and date the back page. THANK YOU!**

YES	NO			
<input type="checkbox"/>	<input type="checkbox"/>	Filing status change (i.e. married, single, etc.)		
<input type="checkbox"/>	<input type="checkbox"/>	Address change		
<input type="checkbox"/>	<input type="checkbox"/>	New dependents (birth date, social sec card) / No longer eligible- (is child claiming self??)		
		Name	Birthdate	SS#
		Name	Birthdate	SS#
		Name	Birthdate	SS#
<input type="checkbox"/>	<input type="checkbox"/>	Proof of estimated taxes paid: please provide check #s or copies showing dates and amounts		
<input type="checkbox"/>	<input type="checkbox"/>	At any time during 2025, did you receive, sell, send, exchange, or otherwise acquire any financial interest in virtual currency?		
<input type="checkbox"/>	<input type="checkbox"/>	FOREIGN bank accounts (do you have any?)		
		MUST HAVE DIRECT DEPOSIT: bank _____		CIRCLE chk or sav
		Rt# _____	Acct # _____	
<input type="checkbox"/>	<input type="checkbox"/>	Wages FORM W-2		
<input type="checkbox"/>	<input type="checkbox"/>	Qualified overtime amount available for deduction/need information from employer (NEW)		
<input type="checkbox"/>	<input type="checkbox"/>	Qualified tip income available for deduction/need information (NEW)		
<input type="checkbox"/>	<input type="checkbox"/>	Interest and/or Dividend Income - FORM 1099-INT and/or FORM 1099-DIV		
<input type="checkbox"/>	<input type="checkbox"/>	Alimony received OR paid (Date of divorce)		
<input type="checkbox"/>	<input type="checkbox"/>	Pension/Annuity/IRA withdrawal/rollover - FORM 1099-R		
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment received - FORM 1099-G		
<input type="checkbox"/>	<input type="checkbox"/>	Social Security received - FORM 1099-SSA		
<input type="checkbox"/>	<input type="checkbox"/>	Gambling winnings FORM W-2G /Gambling Losses		
Stock/Mutual Funds sales transactions - FORM 1099-B				
<input type="checkbox"/>	<input type="checkbox"/>	Need BASIS information (purchase date, purchase price, and number of shares)		
Itemized Deductions:				
<input type="checkbox"/>	<input type="checkbox"/>	Medical expenses paid out of pocket AFTER insurance or FSA reimbursement: (mileage _____)		
		Drs, Copays, Chiro, vision, dentist _____ RX _____		
		Health/dental/vision ins (only if paid out of pocket, not through paycheck) _____		
<input type="checkbox"/>	<input type="checkbox"/>	Long Term Care Insurance		
		Policy # _____	Premium _____	Holder _____ Carrier _____
		Policy # _____	Premium _____	Holder _____ Carrier _____
<input type="checkbox"/>	<input type="checkbox"/>	FORM 1095-A Health Ins Marketplace Statement (may include premium tax credit)(REQUIRED)		
<input type="checkbox"/>	<input type="checkbox"/>	Real estate taxes on all personal homes		
<input type="checkbox"/>	<input type="checkbox"/>	License tabs for vehicles		
<input type="checkbox"/>	<input type="checkbox"/>	Mortgage interest statements - FORM 1098 (principal residence and/or 2nd home)		
<input type="checkbox"/>	<input type="checkbox"/>	If refinanced: loan origination fees, date, length of mortgage (closing statement is preferable)		
<input type="checkbox"/>	<input type="checkbox"/>	Charitable Contributions-must have receipts mileage _____		
		(cash/check) _____	noncash _____	(need receipts if over \$500)

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YES	NO	
Subject to 2% of adjusted gross income for States only (suspended by Federal)		
<input type="checkbox"/>	<input type="checkbox"/>	Non-reimbursed employee business expenses: amts by categories & amt reimbursed
<input type="checkbox"/>	<input type="checkbox"/>	Mileage - _____
<input type="checkbox"/>	<input type="checkbox"/>	Job hunting expenses (provide amounts by detailed categories)
<input type="checkbox"/>	<input type="checkbox"/>	Tax preparation fees _____ safe deposit box _____
<input type="checkbox"/>	<input type="checkbox"/>	Advisory/investment fees _____
<input type="checkbox"/>	<input type="checkbox"/>	New car loan interest/new as of 1/1/25/final assembly in USA/need VIN# (NEW)
<input type="checkbox"/>	<input type="checkbox"/>	K-1s from Partnerships, S Corporations, Trusts, Estates
<input type="checkbox"/>	<input type="checkbox"/>	Rental property income and expenses (expenses must be itemized) must have complete address
<input type="checkbox"/>	<input type="checkbox"/>	Sale or purchase of real estate - include closing stmts for each
<i>Education:</i>		
<input type="checkbox"/>	<input type="checkbox"/>	Tuition Statement - FORM 1098 T
<input type="checkbox"/>	<input type="checkbox"/>	Student Loan Interest - FORM 1098 E
<input type="checkbox"/>	<input type="checkbox"/>	Education Savings Withdrawals - FORM 1099 Q
<input type="checkbox"/>	<input type="checkbox"/>	Section 529 Education Savings Plans CONTRIBUTIONS - need details (States only)
12/31/25 statement for each child or		
account number, name on account, beneficiary, basis as of 1/1/25, amount contributed		
basis as of 12/31/25		
<input type="checkbox"/>	<input type="checkbox"/>	Kindergarten thru 12th grade school expenses PER CHILD (must have receipts) - MN ONLY
<input type="checkbox"/>	<input type="checkbox"/>	HSA (health savings account): \$ contributed - FORM 5498-SA
<input type="checkbox"/>	<input type="checkbox"/>	HSA (health savings account): \$ distributed - FORM 1099-SA
<input type="checkbox"/>	<input type="checkbox"/>	IRA contributions (per individual) - Traditional _____ or Roth _____
<input type="checkbox"/>	<input type="checkbox"/>	Moving Expenses (new job more than 50 miles; other rules may disallow) States only
<input type="checkbox"/>	<input type="checkbox"/>	Daycare provider information (AMTS MUST BE BY CHILD):
Federal ID #		
Name		
Address		
Amount pd PER CHILD		
<input type="checkbox"/>	<input type="checkbox"/>	Residential Energy credits on principal residence--Qualified--windows, exterior doors, insulation
new furnace, a/c, water heater, (invoice required) Ends 12/31/2025		

TAXPAYER SIGNATURE	PRINTED NAME	DATE
SPOUSE SIGNATURE	PRINTED NAME	DATE