

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 <i>FORM W-2</i>
<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 - <i>FORM 1099-INT</i> and/or <i>FORM 1099-DIV</i>
<input type="checkbox"/>	<input type="checkbox"/>	Alimony received OR paid (Date of divorce)
<input type="checkbox"/>	<input type="checkbox"/>	Pension/Annuity/IRA withdrawal/rollover - <i>FORM 1099-R</i>
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment received - <i>FORM 1099-G</i>
<input type="checkbox"/>	<input type="checkbox"/>	Social Security received - <i>FORM 1099-SSA</i>
<input type="checkbox"/>	<input type="checkbox"/>	Gambling winnings <i>FORM W-2G</i> /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 - <i>FORM 1098</i> (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
		Education:
<input type="checkbox"/>	<input type="checkbox"/>	Tuition Statement - <i>FORM 1098 T</i>
<input type="checkbox"/>	<input type="checkbox"/>	Student Loan Interest - <i>FORM 1098 E</i>
<input type="checkbox"/>	<input type="checkbox"/>	Education Savings Withdrawals - <i>FORM 1099 Q</i>
<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 - <i>FORM 5498-SA</i>
<input type="checkbox"/>	<input type="checkbox"/>	HSA (health savings account): \$ distributed - <i>FORM 1099-SA</i>
<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