

Checklist

Name:

SSN:

Checklist

This checklist is provided to help you gather necessary information for us to prepare your 2025 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2024 tax year.

General Information and Prior Year Documentation

- Proof of identity for those claimed on the return (driver's license or state issued ID, Social Security card, birth certificates for children, etc.)
- Income tax returns from the prior two years
 - If there were losses from business activities in prior years, include prior five years of returns instead of two
- Depreciation schedules from prior years for businesses, rentals, etc.

Current Year Income Documentation

- Wage and tax statements (Form W-2)
- Gambling income (Form W2-G)
- IRA distributions, pensions, and annuities (Form 1099-R)
- Dividend income (Form 1099-DIV)
- Interest income (Form 1099-INT)
- Miscellaneous income (Form 1099-MISC)
- Nonemployee compensation (Form 1099-NEC)
- Unemployment compensation and other government payments (Form 1099-G)
- Credit card, debit card, and third-party network transactions (Form 1099-K)
- Reportable payment transactions
- Social Security benefits (Form SSA-1099)
- Railroad retirement benefits (Form RRB-1099)
- Income from partnerships, S corporations, estates, and trusts (Schedule K-1)
 - Basis information for any partnerships and S corporations
- Documentation of brokerage transactions and disposition of capital assets (Form 1099-B)
- Digital asset proceeds from brokerage transactions (Form 1099-DA)
- Proceeds from real estate transactions (Form 1099-S)
- Self-employed business income (Schedule C)
- Farm income (Schedule F)
- Farm rental income (Form 4835)
- Income from rental real estates and royalties (Schedule E)

Other Income (provide supporting documentation for income received for the following items)

- Sale of assets or property
- Cancellation of debt
- Other income _____

Payments (provide supporting documentation for payments made for the following items)

- Educator classroom expenses
- Employee business expenses
- Contributions to a Health Savings Account
- Expenses related to work relocation with the military
- Alimony
- Student loan interest
- Refunded student loan interest payments
- Student loan forgiveness
- Tuition and fees for higher education
- Expenses related to child or dependent care
- Contributions to a Retirement Savings Account
- Medical and dental expenses
- Real estate taxes

Checklist

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Checklist

- Other state and local taxes
- Mortgage interest
- Investment interest
- Cash contributions
- Noncash contributions (provide organization name)
- Unreimbursed employee expenses
- Investment expenses
- Gambling losses
- Other payments _____

Questionnaire

Name:

SSN:

Questionnaire

Personal Information

Yes No

Did your marital status change during the year?
If "Yes," explain. _____

Did your name change during the tax year?
If "Yes," explain. _____

If your filing status is married, but you are filing separately from your spouse, did you and your spouse live apart for the last six months of 2025?

Can you or your spouse be claimed as a dependent by someone else?

Did your address change during the year?

Were you, your spouse, or any dependents a victim of identity theft?
If "Yes," explain. _____

Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?
If "Yes," provide Notice CP01A from the IRS.

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

Yes No

Did you have any changes in dependents during the year?
If "Yes," explain. _____

Can another person qualify to claim any of your dependents?

Did you have any child or dependent care expenses during the year?

Did you have any adoption expenses during the year?

Did you have any children under age 18 or a full-time student under age 24 with more than \$2,700 of unearned income?

Provide documentation for proof of dependent credits (school records, medical records, daycare records, etc.)

Health Care Information

Yes No

Did any member of your household have healthcare coverage through the Marketplace (Obamacare)?
If "Yes," provide copies of Form 1095-A.

Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

Yes No

Did you receive any tips not reported to your employer?

Did you receive any disability income during the year?

Did you cash in any U.S. savings bonds during the year?

Did you start a new business or purchase any rental property during the year?

Did you sell an existing business, rental property, or other property during the year?

Did you purchase any business assets or convert any assets to business use?
If "Yes," provide the cost of the asset, the date it was placed in service, and the business use percentage.

Did you purchase any gasoline, diesel, or special fuels for off-road business use?

Did you buy or sell any stocks, bonds, or other investments during the year?

Did you sell a principal residence during the year?
If "Yes," provide closing documentation for the purchase and sale of the home.

Did you have a principal residence or a piece of real property foreclosed on during the year?

Did you abandon a principal residence or a piece of real property during the year?

Did you refinance your principal home or second home or take out a home equity loan during the year?
If "Yes," provide all escrow, closing, and other pertinent documentation and information.

Did you receive any principal or interest during this year from property sold in prior years?

Questionnaire

Name:

SSN:

Questionnaire

[] Did you rent out your home or use it for business?
 [] Did you sell, exchange, or purchase any real estate during the year?
 [] Did you acquire a new or additional interest in a partnership or S corporation?
 [] Did you have any debts canceled or forgiven this year?
 [] Does anyone owe you money that has become uncollectible?
 [] Did you purchase a new or previously owned clean vehicle (electric vehicle, plug-in hybrid, fuel-cell vehicle, qualified commercial clean vehicle) during the year?
 If "Yes," provide the report the dealer or seller is required to provide to you and the vehicle identification number (VIN).

[] Did you receive income or incur expenses associated with a fantasy sports league?
 If "Yes," provide documentation.

[] Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
 If "Yes," attach Form 1099-MISC, Form 1099-NEC, or Form 1099-K.

[] Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
 If "Yes," attach Form 1099-K or Form W-2.

[] Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
 If "Yes," provide documentation.

[] Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
 If "Yes," attach Form 1099-K.

[] Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb, VRBO or HomeAway)?
 If "Yes," provide documentation.

[] Did you receive income or incur expenses as an independent contractor (e.g., Shipt, Instacart, DoorDash)?
 If "Yes," provide documentation.

[] Did you receive any other income you have not provided information for with this organizer?
 If "Yes," explain. _____

Itemized Deduction Information

Yes **No**

[] Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
 [] Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
 [] Did you receive any state or local income tax refunds from prior years?
 [] Did you make any major purchases (vehicle, boat, etc.) during the year?
 [] Did you pay any real estate property taxes or personal taxes during the year?
 [] Did you pay mortgage interest during the year?
 [] Did you make cash donations to charity during the year?
 [] Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
 [] Did you donate a boat or vehicle during the year?
 If "Yes," attach Form 1098-C.

[] Did you have gambling winnings or losses during the year?
 [] Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
 [] Did you use your vehicle on the job other than for commuting to work?
 [] Did you work out of town at any time during the year?

Retirement Information

Yes **No**

[] Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
 [] Did you make any withdrawals or receive distributions from a pension or profit-sharing plan, IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
 [] Did you execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?

Questionnaire

Name:

SSN:

Questionnaire

[] Did you receive any Social Security benefits during the year?

Education Information

Yes **No**

[] Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?

[] Did anyone in your household attend a post-secondary school during the year?

[] Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?

[] Did you pay student loan interest for yourself, your spouse, or your dependents during the year?
If "Yes," provide the amount of interest that was refunded.

[] Did you receive forgiveness on a qualifying federal student loan?

Foreign Tax Information

Yes **No**

[] Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?

[] Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?

[] Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?

[] Did you have any income from, or pay taxes to, a foreign country?

[] Did you receive a Schedule K-3 from a partnership or S corporation?

[] Did you have ownership in a foreign corporation at any time during the year?

[] Did you own property in a foreign country?

Refund, Withholding, and Estimated Tax Information

Yes **No**

[] If you have an overpayment of 2025 taxes, do you want the refund applied to your 2026 estimated taxes?

[] Did you make any estimated payments toward your 2025 taxes?

[] Did you apply an overpayment of your 2024 taxes to your 2025 estimated taxes?

[] Do you want to have any refund or balance due directly deposited or withdrawn? NOTE: Due to Executive Order 14247, Modernizing Payments to and from America's Banking Account, refunds received by check will be delayed at least six weeks. Direct deposit of refunds is recommended.

If "Yes," provide a canceled checking or savings slip.

[] Do you anticipate your income or withholdings to be different for 2026?

One Big Beautiful Bill Implications

Yes **No**

[] Did you receive qualified tips reported on Form W-2 or a statement provided by your employer?
If "Yes," provide documentation or amount.

[] Did you receive overtime pay reported on Form W-2 or a statement provided by your employer?
If "Yes," provide documentation or amount.

[] Did you purchase a new passenger vehicle for personal use during 2025?
If "Yes," are the following true:

Yes **No**

[] The final assembly was in the U.S.?

[] The gross vehicle weight is under 14,000 pounds?

[] The vehicle was not purchased with a lease?

[] The vehicle was used to secure the loan?

[] If you have a dependent born during 2025, do you want to establish a Trump Account?

Yes **No**

[] If "Yes," do you want to receive a \$1,000 pilot program contribution?

Miscellaneous Information

Questionnaire

Name:

SSN:

Questionnaire**Yes No**

[] Did you receive, sell, exchange, gift, or otherwise dispose of any digital asset or financial interest in any digital asset? If "Yes," provide any Forms 1099-DA received.

[] Did you incur a gain or loss due to damaged or stolen property, while living in a federally declared disaster area?

If "Yes," provide the incident date, value of the property, amount of insurance reimbursements, and the declaration number assigned by FEMA.

[] Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?

[] Did you make gifts to any one person in excess of \$19,000 during the year?

Yes No

[] If "Yes," are you splitting the gift with your spouse?

[] Did you incur moving expenses with the military during the year?

[] Did you make any energy-efficient improvements to your main home during the year?

[] Are you a business owner who paid health insurance premiums for your employees during the year?

[] Did you receive a cash payment or digital asset of more than \$10,000 in one transaction or two or more related transactions during the year?

Yes No

[] If "Yes," was Form 8300, Report of Cash Payment over \$10,000 Received in Trade or Business, filed?

[] Do you own interest or shares in or did you dispose of a Qualified Opportunity Fund during the year?

[] Did you make any purchases subject to use tax during the year?

If "Yes," provide details.

[] Did you receive any notices from the IRS or state taxing authority?

If "Yes," explain. _____

[] May the IRS discuss your tax return with your preparer?

[] Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?

Preparer Notes

2025 Tax Organizer Personal Information

Personal Information

Name		SSN	Has IP PIN	Date of Birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
Occupation		Daytime Phone	Evening Phone	Cell Phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Filing status at the end of 2025

Single Married Widowed - If widowed and your spouse died after December 31, 2023, enter the date of death _____

Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2025? _____

Yes No

Are you or your spouse blind?

Are you or your spouse disabled?

Are you or your spouse a full-time student?

Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?

At any time during 2025 did you:
 (a) receive (as a reward, award, or payment for property or service) a digital asset?
 (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

Identification Information

<p>Taxpayer's type of photo ID</p> <p><input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued photo ID</p> <p>Photo ID number _____</p> <p>State photo ID was issued _____</p> <p>Date photo ID was issued _____</p> <p>Date photo ID expires _____</p>	<p>Spouse's type of photo ID</p> <p><input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued photo ID</p> <p>Photo ID number _____</p> <p>State photo ID was issued _____</p> <p>Date photo ID was issued _____</p> <p>Date photo ID expires _____</p>
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Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use this Account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2025 appointment is scheduled for _____

Dependent and Other Information

Name:

SSN:

Dependent Information

First and Last Name SSN	Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses

List dependents required to file a return _____

Child and Other Dependent Care Expenses

Name of Care Provider	Address	SSN or EIN	Amount Paid

Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2024	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Income

Name:

SSN:

Wages & Salaries

Provide all copies of Form W-2

2025 Federal Wages

Retirement

Provide all copies of Form 1099-R

2025 Distribution

Yes No Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?
 Yes No Did you use any of the distributions for disaster relief?

Income

Name:

SSN:

Dividend Income

Provide all copies of Form 1099-DIV and other statements that report dividend income.

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income.

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Sale of Capital Assets

Name:

SSN:

Sale of Capital Assets (including items not reported on Form 1099-B)

Provide all brokerage statements

Installment Sale Income

TSJ _____ Description of property: _____

Date acquired **Date sold** **2025** **Prior Years**

Selling price 100

Mortgages assumed

Cost of property sold 1,200,000

Depreciation allowed

Commissions and expense of sale

Gross profit percentage

Interest received

Principal payments received

Property was sold to a related party

Other Income and Adjustments

Name:

SSN:

Other Income

	2025 Taxpayer	2025 Spouse
Social Security Benefits (attach Forms 1099-SSA)	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB)	_____	_____
State income tax refund (attach Forms 1099-G)	_____	_____
Alimony received		
Divorce or separation date _____	Amount	_____
Unemployment compensation (attach Forms 1099-G)	_____	_____
Unemployment compensation repaid in 2025	_____	_____
Gambling winnings (attach Forms W2-G)	_____	_____
Alaska Permanent Fund	_____	_____
Jury duty pay	_____	_____
ABLE distributions	_____	_____
Scholarships or grants not reported on Form W-2	_____	_____
Other income: _____	_____	_____
	_____	_____

Adjustments

	2025 Taxpayer	2025 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	_____	_____
Contributions made to a Health Savings Account (HSA)	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents	_____	_____
Alimony paid		
Name _____	_____	_____
SSN _____	Divorce or separation date _____	_____
Name _____	_____	_____
SSN _____	Divorce or separation date _____	_____
Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____
Contributions made to a Roth IRA	_____	_____
Interest paid on a student loan	_____	_____
Other adjustments: _____	_____	_____

Additional Deductions

Name:

SSN:

Additional Deductions

	2025 Taxpayer	2024 Taxpayer	2025 Spouse	2024 Spouse
Enter any income from Puerto Rico that you excluded
Enter the amount from Form 4563, Line 15
If Form W-2, Box 5, is \$176,100 or less, enter qualified tips included in				
Form W-2, Box 7.
Qualified Tips included on Form 4137, line 1(c)
If you received qualified tips from one employer.
Qualified tips received in the course of a trade or business
Qualified overtime compensation included on Form W-2, Box 1
Qualified overtime compensation included on Form 1099-NEC, Box 1 or				
Form 1099-MISC, Box 3

Passenger Vehicle Loan Interest

TS	_____
Loan origination date	.....
Outstanding principal	.....
Year	.....
Make	_____
Model	_____
Vehicle identification number (VIN)	_____
Business interest	.....
Personal Interest	.....

TS	_____
Loan orinination date	.....
Outstanding principal	.....
Year	.....
Make	_____
Model	_____
Vehicle identification number (VIN)	_____
Business interest	.....
Personal Interest	.....

TS	_____
Loan origination date	.....
Outstanding principal	.....
Year	.....
Make	_____
Model	_____
Vehicle identification number (VIN)	_____
Business interest	.....
Personal Interest	.....

TS	_____
Loan origination date	.....
Outstanding principal	.....
Year	.....
Make	_____
Model	_____
Vehicle identification number (VIN)	_____
Business interest	.....
Personal Interest	.....

Schedule C - Profit or Loss from Business

Name:

SSN:

General Business Information

TS _____ Professional product or service _____ Employer ID number _____

Business name _____

Business address, city, state, ZIP _____

Accounting Method: Cash Accrual Other (specify) _____ This business started or was acquired during 2025. This business was disposed of during 2025.

Select if this business is for:

<input type="checkbox"/> Professional gambler	<input type="checkbox"/> Newspaper delivery and you are under 18 years of age
<input type="checkbox"/> Exempt Notary income	<input type="checkbox"/> A clergy

Yes No

 Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business. If "Yes," did you file Forms 1099 for the individuals? Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021? If "Yes," was any portion of the loan forgiven in 2025?**Income**

	2025	2025
Gross receipts or sales	_____	Other income
Returns & allowances	_____	_____

Expenses

	2025	2025
Advertising	_____	Repairs & maintenance
Car & truck expenses	_____	Supplies
Commissions & fees	_____	Taxes & licenses
Contract labor	_____	Travel
Depletion	_____	Total meals
Employee benefit programs	_____	Utilities
Insurance (other than health)	_____	Wages
Interest - mortgage	_____	Family health coverage payments for taxpayer, spouse or dependents
Interest - other	_____	Other expenses (list)
Legal & professional services	_____	_____
Office expenses	_____	_____
Pension & profit-sharing plans	_____	_____
Rent or lease (vehicles, machinery, & equipment)	_____	_____
Rent (other business property)	_____	_____

Cost of Goods Sold

	2025	2025
Inventory at beginning of year	_____	Materials & supplies
Purchases	_____	Other costs
Cost of personal use items	_____	Inventory at end of year
Cost of labor	_____	<input type="checkbox"/> There was a change in inventory method.

Income or Loss from Investments in Partnerships, S Corporations, and Fiduciaries

Name:

SSN:

Schedule K-1 from Partnerships, S Corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

Expenses Related to Business

Name:

SSN:

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

Yes No

Was this vehicle available for use during off-duty hours?
 Was another vehicle available for personal use?

Yes No

Do you have evidence to support your deduction?
 If "Yes," is the evidence written?

Mileage

Number of miles the vehicle was driven during 2025

Business Other

Commuting

Expenses

Garage rent Repairs

Gas Tires

Insurance Tolls

Licenses Lease addback

Oil Other expenses

Parking fees _____

Rental fees _____

Interest _____

Property tax _____

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business? _____

What is the total square footage of your home? _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? _____

How many hours per day was the area used? _____

 The daycare facility was in operation for the entire year

Expenses

Office expenses

Home expenses

Mortgage interest _____

Real estate taxes _____

Excess mortgage interest _____

Excess real estate taxes _____

Insurance _____

Rent _____

Repairs & maintenance _____

Utilities _____

Other expenses _____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Health insurance premiums (paid by you, not through work)
 Amount above that is for Medicare premiums
 Long-term care premiums (you)
 Long-term care premiums (your spouse)
 Long-term care premiums (dependents)
 Mileage driven for medical purposes
 Out of pocket medical & dental expenses
 Doctor, dental, etc
 Prescription medicines
 Glasses & contacts
 Hearing aids
 Medical equipment & supplies
 Hospital services
 Laboratory services
 Nursing services
 Other _____
 Other _____

Charitable Contributions

Donations to charity	Cash	Noncash	Amount
Church	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	_____
University	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Miles driven for charitable purposes

Other Miscellaneous Deductions

Amortizable bond premiums
 Federal estate tax
 Gambling losses
 Impairment-related work expenses
 Claim repayments
 Unrecovered pension investments
 Loss from other activities from Schedule K-1
 Ordinary loss debt instrument
 Excess deduction on termination
 Safety equipment, tools, & supplies
 Uniforms
 Protective clothing (shoes, hardhats, glasses, etc.)
 Dues to professional organizations
 Books & subscriptions
 Other _____
 Union dues
 Tax preparation fees
 Other nonpersonal expenses related to taxable income
 Safe deposit box fees
 Investment expenses not entered elsewhere
 Other _____
 Home equity interest

Interest Paid

Home mortgage interest paid (attach Form 1098)
 Some of your home mortgage loan was not used to buy, build, or improve your home.
 Home mortgage interest paid to an individual
 Paid to:
 Name _____
 Address _____
 City, State, ZIP _____
 SSN or EIN _____
 Points not reported on Form 1098
 Investment interest

Home equity interest

Other Information

Name:

SSN:

Mortgage Interest Provide all copies of Form 1098

TSJ	Lender's Name	Mortgage Interest Received	Mortgage Insurance Premiums	Real Estate Taxes Paid

Employee Business Expenses

TS _____

Select if you are:

- A qualified performing artist
- A fee-based state or local government official
- A disabled employee with impairment-related work expenses
- An Armed Forces reservist
- You are a member of the clergy

Select if you:

- Used your personal vehicle for your job during 2025

Parking fees, tolls, local transportation

NOT reimbursed
by your employerReimbursed by your employer
not included in box 1 of your W-2

Meals

Overnight business travel expenses

(Do not include meals & entertainment)

Other business expenses

Casualties and Thefts

TSJ _____ FEMA code _____

TSJ _____ FEMA code _____

Property description _____

Property description _____

Property location _____

Property location _____

Date property was acquired _____

Date property was acquired _____

Date property was damaged or stolen _____

Date property was damaged or stolen _____

Cost of property damaged or stolen _____

Cost of property damaged or stolen _____

Fair market value before incident _____

Fair market value before incident _____

Fair market value after incident _____

Fair market value after incident _____

Insurance reimbursement _____

Insurance reimbursement _____

Income

Name:

SSN:

Form 1099-MISC Income

Form 1099-MISC Income

Form 1099-NEC Income

Provide all copies of Form 1099-NEC