

Please answer all questions

Taxpayer Name _____
 Preferred Email _____
 Preferred Phone _____

Personal Information

Yes No N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you reviewed, signed, and returned your engagement letter to Allison Hooks, CPA, Inc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you provided Allison Hooks, CPA, Inc. with a copy of your prior year tax return?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you provided Allison Hooks, CPA, Inc. with a list of legal names, birthdays, and Social Security Numbers for all taxpayers and dependents listed on your return?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did your address change from the one used on your 2024 tax return?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you enrolling in our optional audit defense service?

Dependent Information

Yes No N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you have any dependents born or adopted during the year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did any dependents move out of your home or become financially independent?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can another person qualify to claim any of your dependents?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did your dependent live with you for more than half the year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you provide at least half of the dependent's support (shelter, food, clothing, education, medical)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay for any child care expenses so you could work or attend school?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did your dependent have unearned income of at least \$1,350 or earned income of any amount?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you make contributions to any ABLE accounts?

Health Care Information

Yes No N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did any member in your household have healthcare coverage through "The Marketplace Exchange?" If yes, provide copies of Form 1095-A from healthcare.gov
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any distributions from or pay medical expenses with a Health Savings Account (HSA)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you make any direct contributions to a Health Savings Account (HSA) outside of your paycheck?

Income, Purchase, Sales, and Debt Information

Yes No N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a W2 from employment?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any tips or overtime pay as compensation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you a teacher with out-of-pocket classroom expenses?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you sell any investments?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any investments in Publicly Traded Partnerships?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive principle or interest this year from a property sold in a prior year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any unemployment benefits during the year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income during the year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you buy, sell, refinance, or take a line of credit on your primary or second home?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you rent out your primary home for more than 14 days?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you acquire a new or additional interest in a S Corporation or Partnership?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any income from an estate or trust?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any state or local refunds from prior years?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does anyone owe you money that has become uncollectible?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you take out new auto loan for a car with final assembly in the US?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new or previously owned clean motor vehicle? This includes electric, plug-in hybrid, fuel-cell, and qualified commercial clean vehicles. If yes, provide the report the dealer or seller is required to provide to you.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you have any gambling winnings during the year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any income associated with a fantasy sports league?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any income associated with crowdfunding, car sharing, or fashion sharing?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any other income not previously noted? If yes, explain _____

Self-Employed Individuals

Yes No N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any self-employment earnings?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any income associated with freelancing or independent contract work?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you use your primary house for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are your business bank account and personal bank accounts kept separate?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any unincorporated vendors \$600 or more in 2025?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or dispose of any fixed assets?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you keep a mileage log to track business mileage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have inventory?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you or your business pay for health insurance premiums?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you interested in a retirement savings plan, if one is not already established?

Rental Property Owners

Yes No N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance any rental properties?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you make any major improvements to your property?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any unincorporated vendors \$600 or more in 2025?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you keep a mileage log to track business mileage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you actively participate in the management of the rental?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is your property also used by you, family, or friends (such as a vacation property)?

Ministers

Yes No N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you a minister who has elected out of self-employment taxes?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a housing allowance or parsonage usage?

Retirement Information

Yes No N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any payments from a pension or retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you make any contributions to a retirement plan (401k, 403b, IRA, SEP, SIMPLE, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you make any withdrawals from a retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you rollover any retirement account?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you give directly to a charity from your required minimum distribution?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any Social Security benefits during the year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you a retired public safety officer?

Itemized Deduction Information

Yes No N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay out-of-pocket medical expenses?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any long-term care premiums?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you make any major purchases (boat, vehicle, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any property taxes or ad valorem taxes?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay mortgage interest during the year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you make any cash donations to qualifying charities (cash, check, credit card)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you make noncash donations to charity (clothes, furniture, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you utilize a Donor Advised Fund for charitable giving?

Education Information

Yes No N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did anyone in your household attend college, university, or vocational school during the year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to an Education Savings Account or Qualified Tuition Program (529 account)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you use a Qualified Tuition Program (529 account) to pay for higher education expenses?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you use a Qualified Tuition Program (529 account) to pay for private school tuition?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any student loan interest?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive forgiveness of a qualifying federal student loan?

Foreign Tax Information

Yes No N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you have a direct financial interest in or signature authority over a financial account or asset located in a foreign country? This is not for investments held within brokerage accounts.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from or were you the grantor of a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you have any income from or pay taxes to a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you have ownership in a foreign corporation at any time during the year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you own property in a foreign country?

Miscellaneous Information

Yes No N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive, sell, exchange, or otherwise dispose of any digital assets or virtual currencies?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you make any estimated tax payments during 2025?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay wages to a household employee?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you make gifts to any one person in 2025 in excess of \$19,000?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you make any energy-efficient improvements to your primary home (excluding appliances)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you own interest or shares of a Qualified Opportunity Zone?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a gain or loss due to property while living in a federally- or state-declared disaster area?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you make any purchases subject to Use Tax?

Georgia Specific Information

Yes No N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you utilize any state tax credit programs for 2025?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you have an unborn child with a detectable heartbeat in 2025?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you an active member of the Georgia National Guard or Georgia Air National Guard?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you retired from the US military?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any qualifying caregiving expenses for an adult family member in 2025?

Tax Return Information

Yes No N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment from your 2024 return to 2025?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment on your 2025 return, do you want it to apply to 2026?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate your income or withholdings to be significantly different in 2026?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you received any notices from IRS or state taxing authority?

Please share any other information that you would like to discuss or believe will be helpful for us to prepare your return.

I affirm that I have reviewed all items in this questionnaire and have answered all applicable questions to the best of my knowledge and belief. I affirm that I have provided all relevant information for the preparation of my 2025 income tax return.

Signed _____

Date _____



Allison Hooks, CPA, Inc.

General Tax Information Checklist

Employment Income

- Income from Employer (W-2)

Retirement Income

- Pension/IRA/Annuity Income (1099-R)
- Social Security Income (1099-SSA)
- Railroad Benefits (RRB-1099-R)

Children

- Information on childcare if paid for a dependent under age 13 - Name, ID Number, and Address

Investments

- Stock sales (1099-B)
- Interest / Dividend income (1099-INT, 1099-OID, 1099-DIV)
- Retirement Account Contributions

Digital Assets

- Cryptocurrencies
- Stablecoins
- NFTs

Other Income/Deductions

- Unemployment (1099-G)
- Gambling income (W2-G)
- Marketplace Health Insurance (1095-A)
- Tuition Expenses (1098-T)
- Student Loan interest (1098-E)
- HSA Contributions (5498-SA)
- HSA Distributions (1099-SA)
- K-1 from Partnerships, S Corporations, Trusts and/or Estates
- Amount and Date of all estimated tax payments made

Self Employed or Freelance Work

- Form 1099-NEC, 1099-MISC, and/or 1099-K
- Total of all income
- Record of all expenses
- New asset cost and date placed in service
- Business mileage log
- Year-End inventory cost
- Home office information

Rental Property Owner

- Record of all income and expenses
- Cost and In-Service Date of all rental assets such as buildings, land, and improvements
- Business Mileage
- Number of days of personal use

Itemized Deductions

- Cash amount donated to charity
- Fair Market Value of noncash donations
- Amounts paid for medical expenses
- Mortgage Interest (1098)
- Real estate and Ad Valorem taxes

Energy Efficient Credits

- Costs for some energy efficient improvements to your primary home
- Electric vehicle purchases

Miscellaneous Tax Topics

- Gift Tax
- Foreign Accounts
- Household Employees

Georgia Specific

- State Tax Credits
- Unborn Child with Detectable Heartbeat
- 529 Contributions

This is not a comprehensive list of all tax topics, income, expenses, deductions, or credits to consider. This is intended as a general list of information which may lead to further discussion and information requests.

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

Taxpayer's type of photo ID

- Driver's license
 State-issued photo ID

Spouse's type of photo ID

- Driver's license
 State-issued photo ID

Photo ID number _____

Photo ID number _____

State photo ID was issued _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Date photo ID expires _____

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	_____	_____	_____	_____	_____	_____

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: _____	_____	_____

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:

Professional gambler Newspaper delivery and you are under 18 years of age
Exempt Notary income 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

Table with 2 columns for 2025. Rows: Gross receipts or sales, Returns & allowances, Other income.

Expenses

Table with 2 columns for 2025. Rows: Advertising, Car & truck expenses, Commissions & fees, Contract labor, Depletion, Employee benefit programs, Insurance (other than health), Interest - mortgage, Interest - other, Legal & professional services, Office expenses, Pension & profit-sharing plans, Rent or lease (vehicles, machinery, & equipment), Rent (other business property), Repairs & maintenance, Supplies, Taxes & licenses, Travel, Total meals, Utilities, Wages, Family health coverage payments for taxpayer, spouse or dependents, Other expenses (list).

Cost of Goods Sold

Table with 2 columns for 2025. Rows: Inventory at beginning of year, Purchases, Cost of personal use items, Cost of labor, Materials & supplies, Other costs, Inventory at end of year. Includes checkbox: There was a change in inventory method.

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

Charitable Contributions

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

Donations to charity
Cash Noncash Amount
Church
Boy or Girl Scouts
Goodwill
Red Cross
Salvation Army
United Way
Veterans
Hospital
University
Other
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

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer
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

Taxes Paid

State and local income taxes
General sales tax (vehicle, boat, home, etc.)
Real estate taxes
Personal property taxes
Auto registration taxes not deductible for state
Other taxes (list)

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

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 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 _____

TS _____

Loan origination date _____

Outstanding principal _____

Year _____

Make _____

Model _____

Vehicle identification number (VIN)

Business interest _____

Personal Interest _____

Adjustments

Name: _____

SSN: _____

Moving Expenses

TSJ _____

Select this box and complete the fields below only if you are a member of the armed forces on active duty, and moved due to a military order for a permanent change of station.

	2025	2024
Enter the number of miles from your OLD home to your NEW workplace	_____	_____
Enter the number of miles from your OLD home to your OLD workplace	_____	_____
Enter the amount you paid for transportation and storage of household goods and personal effects . . .	_____	_____
Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals)	_____	_____
Enter the amount of moving expenses reimbursed to you by your employer	_____	_____

Self-Employed Health Insurance

TSJ _____

	2025	2024
Enter the qualified long-term care amount	_____	_____
Enter your Medicare wages from an S corporation	_____	_____

Self-Employed Pensions

TSJ _____

	2025	2024
Enter your plan contribution rate as a decimal	_____	_____
Enter your allowable elective deferrals made during 2025	_____	_____
Enter your catch-up contributions	_____	_____
Enter the amount of designated ROTH contributions included above	_____	_____

Nondeductible IRAs

TS _____

This person is covered by a retirement plan at work or through self-employment.

	2025	2024
Total traditional IRA contributions made for 2025	_____	_____
Amount included above that was contributed between 1/1/2026 and 4/15/2026	_____	_____
Total basis of traditional IRAs as of 12/31/2025	_____	_____
Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers.)	_____	_____
<input type="checkbox"/> Distributions received were used for disaster relief		
Amount of traditional IRAs converted to ROTH IRAs	_____	_____
IRA basis before conversion	_____	_____
Total ROTH IRA contributions made for 2025	_____	_____

Health Savings Account

TS _____

	2025	2024
The taxpayer's coverage is under a high-deductible health plan for:		
<input type="checkbox"/> Taxpayer only <input type="checkbox"/> Family		
HSA contributions made for 2025	_____	_____
Total distributions from all HSAs during 2025	_____	_____
Distributions included above that were rolled over into another HSA account	_____	_____
Qualified medical expenses paid using HSA distributions	_____	_____

Education Credits

Name: _____

SSN: _____

Provide all Forms 1098-T

Student's first and last name: _____ SSN: _____

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? Yes

Was the student enrolled at least half-time for at least one academic period that began in 2025 at an eligible educational institution pursuing a post-secondary degree, certificate, or other recognized post-secondary education credential?

Did the student complete the first four years of post-secondary education before 2025?

Was the student convicted, before the end of 2025, of a felony for possession or distribution of a controlled substance?

Is the student pursuing a degree?

Number of years the American Opportunity Credit has been claimed for this student _____

Total qualified educational expenses (including the cost of tuition, required enrollment fees, books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution **2025** **2024**

ADDITIONAL qualified educational expenses that were NOT required to be paid directly to the educational institution _____

Tax-free educational assistance received in 2025 allocable to the academic period _____

Tax-free educational assistance received in 2026 (and before 2025 return is filed) allocable to the academic period _____

Refunds of qualified education expenses paid in 2025 if the refund is received before the 2025 return is filed _____

Did the student receive Form 1098-T from this institution for 2025? Yes No

Did the student receive Form 1098-T from this institution for 2024 with box 7 checked?

EIN _____
Educational Institution Name _____
Street address, city, state, and ZIP _____

Student's first and last name: _____ SSN: _____

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? Yes

Was the student enrolled at least half-time for at least one academic period that began in 2025 at an eligible educational institution pursuing a post-secondary degree, certificate, or other recognized post-secondary education credential?

Did the student complete the first four years of post-secondary education before 2025?

Was the student convicted, before the end of 2025, of a felony for possession or distribution of a controlled substance?

Is the student pursuing a degree?

Number of years the American Opportunity Credit has been claimed for this student _____

Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution **2025** **2024**

ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution _____

Tax-free educational assistance received in 2025 allocable to the academic period _____

Tax-free educational assistance received in 2026 (and before 2025 return is filed) allocable to the academic period _____

Refunds of qualified education expenses paid in 2025 if the refund is received before the 2025 return is filed _____

Did the student receive Form 1098-T from this institution for 2025? Yes No

Did the student receive Form 1098-T from this institution for 2024 with box 7 checked?

EIN _____
Educational Institution Name _____
Street address, city, state, and ZIP _____

Residential Energy Credits

Name:

SSN:

TSJ _____

Part I - Residential Energy Efficient Property Credit

Qualified solar electric property costs
Qualified solar water heating property costs
Qualified small wind energy property costs
Qualified geothermal heat pump property costs
Qualified battery storage technology - Does the qualified battery storage technology have a capacity of at least 3 kilowatt hours?
Qualified battery storage costs
Was a qualified fuel cell property installed on or in your main home in U.S.?
Address of main home
City, state, and ZIP
Qualified fuel cell property costs
Kilowatt capacity of qualified fuel cell property entered above
Amount of unused credit from 2024 Form 5695, line 16

Part II - Energy Efficient Home Improvement Credit

Qualified Energy Efficient Improvements

Were improvements or costs made to your main home located in the US?
Were you the original user of the qualified energy efficiency improvements?
Are the components reasonably expected to remain in use for at least five years?
Were improvements or costs related to the construction of this main home?
Address of main home
City, state, and ZIP
Were improvements or costs related to the construction of this home?
Cost of insulation or air sealing material or system
Cost of the exterior doors: Most expensive exterior door All other qualifying exterior doors
Cost of exterior windows and skylights

Residential Energy Property Costs

Did you incur costs for qualified energy property installed on or in connection with a U.S. home?
Was the qualified energy property originally placed into service by you or your spouse?
Address of home that you installed qualified energy property (if more than one list separately)
Street address
City, state, and ZIP
Cost of central air conditioners
Cost of natural gas, propane: Water heaters Furnace or hot water boilers
Cost of improvements to or replacement of panelboards, subpanelboards, branch circuits, or feeders
Did you incur costs for a home energy audit that included an inspection of your main home located in the U.S. and a written report prepared by a certified home energy auditor?
Cost of electric or natural gas: Heat pumps Heat pump water heaters
Cost of biomass stoves and boilers