

PLEASE COMPLETE THIS ENTIRE FORM - FRONT AND BACK

PLEASE SELECT FILING STATUS FOR YOUR 2025 TAX RETURN

- SINGLE
 MARRIED FILING JOINTLY
 MARRIED FILING SEPARATELY (Enter Spouse Info Below)
 HEAD OF HOUSEHOLD SINGLE
 HEAD OF HOUSEHOLD LEGALLY MARRIED
 QUALIFYING WIDOW(ER) Date Deceased _____

PERSONAL INFORMATION

TAXPAYERS NAME ON SS CARD (FIRST,MIDDLE,LAST)	IP PIN (Y/N)	SPOUSES NAME (Required info for filing jointly or separately)	IP PIN (Y/N)
TAXPAYERS SOCIAL SECURITY NUMBER	DATE OF BIRTH	SPOUSES SOCIAL SECURITY NUMBER	DATE OF BIRTH
- - / /		- - / /	
CELL PHONE	WORK PHONE	HOME PHONE	CELL PHONE
TAXPAYERS EMAIL ADDRESS (PLEASE WRITE CLEARLY)		SPOUSES EMAIL ADDRESS (PLEASE WRITE CLEARLY)	
COMPLETE PERMANENT MAILING ADDRESS, CITY, STATE, AND ZIP CODE		COMPLETE PERMANENT MAILING ADDRESS ,CITY, STATE, AND ZIP CODE	
COMPLETE PERMANENT PHYSICAL ADDRESS (IF DIFFERENT)		COMPLETE PERMANENT PHYSICAL ADDRESS (IF DIFFERENT)	
TAXPAYERS EMPLOYER/COMPANY NAME AND CURRENT OCCUPATION		SPOUSES EMPLOYER/COMPANY NAME AND CURRENT OCCUPATION	
NAME OF CLOSEST RELATIVE RELATIONSHIP PHONE NUMBER		NAME OF CLOSEST RELATIVE RELATIONSHIP PHONE NUMBER	
HOW DID YOU HEAR ABOUT US WHERE DID YOU FILE LAST YEAR AND HOW		HOW DID YOU HEAR ABOUT US WHERE DID YOU FILE LAST YEAR AND HOW	
DO YOU WANT \$3 TO THE PRESIDENTIAL ELECTION FUND?		DO YOU WANT \$3 TO THE PRESIDENTIAL ELECTION FUND?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

DEPENDENT INFORMATION - THIS SECTION AND ALL FIELDS MUST BE COMPLETED AND MATCH THE RECORDS OF SSA

NAME OF DEPENDENT (FIRST, M.I., LAST)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO THE TAXPAYER *	NUMBER OF MONTHS LIVED IN YOUR HOME IN 2025	DID YOU PROVIDE OVER HALF OF THEIR SUPPORT	COLLEGE STUDENT OR DISABLED IN 2025

*RELATIONSHIP DESCRIPTIONS - SON, DAUGHTER, STEPCHILD, FOSTER CHILD, BROTHER, SISTER, PARENT, DESCENDENT OF ANY OF THESE, OR OTHER

IMPORTANT QUESTIONS - PLEASE ANSWER ALL QUESTIONS ACCURATELY

- TOTAL NUMBER OF W-2 FORMS THAT YOU WILL RECEIVE FOR THE 2025 TAX YEAR? TAXPAYER _____ SPOUSE _____
- DID ANYONE LISTED ABOVE HAVE SUBSIDIZED HEALTH INSURANCE WITH MARKETPLACE OR OBAMACARE? YES NO
- DID YOU BUY/SELL A BUSINESS, PERSONAL PROPERTY, REAL ESTATE OR STOCKS OR CRYPTO IN 2025? YES NO
- DID YOU MAKE ANY ENERGY EFFICIENT IMPROVEMENTS TO YOUR MAIN HOME IN 2025? YES NO
- DID YOU PAY ESTIMATED TAX PAYMENTS FOR 2025 TAX YEAR? IF YES HOW MUCH? _____ YES NO
- DID YOU RECEIVE GOVERNMENT ASSISTANCE/SUPPORT IN 2025, SOCIAL SECURITY, SSI, VETERANS PAY, ETC? YES NO
- CAN YOU BE CLAIMED AS A DEPENDENT ON ANOTHER PERSON'S TAX RETURN? YES NO
- DOES ANYONE ELSE USE YOUR MAILING ADDRESS TO FILE A RETURN? YES NO

SOURCES OF INCOME - PLEASE ANSWER ALL THAT APPLY

- W-2 EMPLOYER INCOME
 UNEMPLOYMENT COMPENSATION 1099G
 SOCIAL SECURITY 1099SSA OR DISABILITY INCOME SSI
 PENSION OR RETIREMENT INCOME 1099R
 SELF EMPLOYMENT INCOME (CASH, CHECK OR CREDIT) PD ON 1099'S
 K-1 FORM
 INTEREST OR DIVIDEND INCOME
 RENTAL PROPERTY
 ALIMONY INCOME
 FORM 1099C CANCELLATION OF DEBT
 CAPITAL GAIN FROM SALE OF STOCKS, HOME, OTHER
 W-2G GAMBLING INCOME
 FARM INCOME
 SIDE GIG/FREELANCE

DEDUCTIONS AND OTHER INFORMATION

- ITEMIZED DEDUCTIONS
 IRA, 401K, RETIREMENT CONTRIBUTIONS
 ALIMONY PAYMENTS
 BLIND TAXPAYER/SPOUSE
 PUBLIC SAFETY OFFICER
 PROPERTY TAX
 STATE RETURN
 EDUCATION FORMS 1098T, 1098E, 1099Q
 DONATIONS

↓ PLEASE TURN FORM OVER, COMPLETE, AND SIGN THE APPLICABLE AREAS ON THE BACK OF THIS FORM ↓

