

2025 CHECKLIST

FILING STATUS (CIRCLE ONE): SINGLE MARRIED FILING JOINT MARRIED FILING SEPERATE HEAD OF HOUSEHOLD QUIL. WIDOW DEPENDENT UNSURE

TAXPAYER NAME: _____ SSN _____ DOB _____ OCCUPATION _____

SPOUSE NAME: _____ SSN _____ DOB _____ OCCUPATION _____

ADDRESS: _____

PHONE NUMBER(S): _____

EMAIL(S): _____

DEPENDENT NAME:	DOB	RELATIONSHIP TO YOU	LIVED WITH YOU LAST YR	SSN	IOWA K-12 EDUCATION EXP tuition/textbooks including extra-curricular activities such as drivers ed., activity fees, uniforms, rent on instruments, etc
_____	_____	_____	MTHS	_____	_____
_____	_____	_____	MTHS	_____	_____
_____	_____	_____	MTHS	_____	_____
_____	_____	_____	MTHS	_____	_____

DID ANYONE ELSE LIVE WITH YOU LAST YEAR? Y/N If so list names, DOB, relationship to you, and number of months lived with you last year:

INCOME

NUMBER OF W-2'S ATTACHED _____

NUMBER OF 1099R'S ATTACHED _____

OTHER INCOME: ATTACH DOCUMENTATION
(GAMBLING, STOCK SALES, JURY DUTY, INTEREST,
DIVIDENDS, SOCIAL SECURITY, ALIMONY, 1099-K,
UNEMPLOYMENT, CANCELLATION OF DEBT, ETC.)

OVERTIME (LAST 2025 CHECK STUB) _____

TIPS (STATEMENT FROM EMPLOYER?) _____

ADJUSTMENTS & CREDITS

IRA CONTRIBUTIONS TP \$ _____ (ROTH/ REGULAR) SP \$ _____ (ROTH/ REGULAR)

529 PLAN CONTRIBUTIONS TP \$ _____ SP \$ _____

STUDENT LOAN INTEREST PAID (1098-E ENCLOSED) \$ _____

TEACHER CLASSROOM EXP \$ _____

ENERGY HOME IMPROVEMENTS _____

CLEAN VEHICLE PURCHASED (PLUG-IN VEHICLE) _____

HEALTH INSURANCE PAID (not through payroll deduction) \$ _____

SUPPLEMENTAL \$ _____ MEDICARE \$ _____

HEALTH SAVINGS ACCOUNT DISTRIBUTIONS: TP \$ _____ SP \$ _____

NEW VEHICLE INTEREST PAID _____ VIN # _____

NEW CLIENTS ONLY

COPY OF RETURN ATTACHED Y/N OR

PRIOR YEAR FEDERAL REFUND/DUE \$ _____

PRIOR YEAR STATE ____ REFUND/DUE \$ _____

ITEMIZED DEDUCTIONS

MORTGAGE INTEREST (1098 ENCLOSED) \$ _____

REAL ESTATE TAX (1098 OR PAID STMT) \$ _____

LICENSE PLATES \$ _____ \$ _____ \$ _____

SALES TAX ON MAJOR PURCHASE (car/boat/camper) \$ _____

DONATIONS: CASH \$ _____ NONCASH \$ _____

CHARITY MILES _____ MEDICAL MILES _____

CHILD CARE CREDIT

BABYSITTERS/DAYCARE NAME _____

ADDRESS _____

SSN/FED ID NUMBER _____

AMOUNT PAID

\$ _____

DID YOU HAVE HEALTH INSURANCE THROUGH MARKETPLACE? Y/N (1095-A REQUIRED)

DID YOU: A) RECEIVE AS A REWARD, AWARD, OR PAYMENT FOR PROPERTY OR SERVICES OR B) SELL, EXCHANGE, GIFT, OR OTHERWISE DISPOSE OF A DIGITAL ASSET? Y/N

POST SECONDARY EDUCATION CREDIT (1098-T REQUIRED)

STUDENT _____ BOOKS W/RECEIPTS _____ REQUIRED SUPPLIES W/RECEIPTS _____ FRESH/SOPH/JR/SR

ELECTRONIC FILING

REFUND: DIRECT DEPOSIT NOW REQUIRED

BALANCE DUE: DIRECT WITHDRAWAL/MAIL

BANK _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

CHECKING OR SAVINGS _____

STATE INFORMATION

SCHOOL DISTRICT AS OF 12/31 _____

COUNTY AS OF 12/31 _____

LIVED IN THIS STATE ALL 12 MONTHS? Y/N

SIGNATURE _____

DATE _____