

2025 CHECKLIST

FILING STATUS (CIRCLE ONE): SINGLE MARRIED FILING JOINT MARRIED FILING SEPERATE HEAD OF HOUSEHOLD QUAL. 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
_____	_____	_____	_____ MTHS	_____	tuition/textbooks including extra-curricular activities such as drivers ed., activity fees, uniforms, rent on instruments, etc
_____	_____	_____	_____ 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	ADJUSTMENTS & CREDITS
NUMBER OF W-2'S ATTACHED _____	IRA CONTRIBUTIONS TP \$ _____ (ROTH/ REGULAR) SP \$ _____ (ROTH/ REGULAR)
NUMBER OF 1099R'S ATTACHED _____	529 PLAN CONTRIBUTIONS TP \$ _____ SP \$ _____
OTHER INCOME: ATTACH DOCUMENTATION (GAMBLING, STOCK SALES, JURY DUTY, INTEREST, DIVIDENDS, SOCIAL SECURITY, ALIMONY, 1099-K, UNEMPLOYMENT, CANCELLATION OF DEBT, ETC.)	STUDENT LOAN INTEREST PAID (1098-E ENCLOSED) \$ _____
OVERTIME (LAST 2025 CHECK STUB) _____	TEACHER CLASSROOM EXP \$ _____
TIPS (STATEMENT FROM EMPLOYER?) _____	ENERGY HOME IMPROVEMENTS _____
	CLEAN VEHICLE PUCHASED (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	ITEMIZED DEDUCTIONS
COPY OF RETURN ATTACHED Y/N OR	MORTGAGE INTEREST (1098 ENCLOSED) \$ _____
PRIOR YEAR FEDERAL REFUND/DUE \$ _____	REAL ESTATE TAX (1098 OR PAID STMT) \$ _____
PRIOR YEAR STATE _____ REFUND/DUE \$ _____	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 EDUCATON CREDIT (1098-T REQUIRED)
STUDENT _____ BOOKS W/RECEIPTS _____ REQUIRED SUPPLIES W/RECEIPTS _____ FRESH/SOPH/JR/SR

ELECTRONIC FILING	STATE INFORMATION
REFUND: DIRECT DEPOSIT/MAIL	SCHOOL DISTRICT AS OF 12/31 _____
BALANCE DUE: DIRECT WITHDRAWAL/MAIL	COUNTY AS OF 12/31 _____
BANK _____	LIVED IN THIS STATE ALL 12 MONTHS? Y/N _____
ROUTING NUMBER _____	_____
ACCOUNT NUMBER _____	_____
CHECKING OR SAVINGS	

SIGNATURE _____ **DATE** _____