

2025 Tax Checklist & Organizer

Preferred email: _____

Phone number: _____

- _____ Did you receive unemployment? If so, please bring the 1099 from IDES.
- _____ Did you purchase insurance on the Exchange? If so, please provide form 1095-A.
- _____ Did you receive a distribution from or make a contribution to an HSA? Provide the 1099-SA.
- _____ Did you contribute into Bright Start or Bright Directions? Provide account numbers and amounts.
- _____ Did you sell, purchase, or refinance a home this year? Please bring your closing papers.
- _____ Did you have an account overseas that exceeded \$10,000 at any time last year?
- _____ Did any births, adoptions, marriages, divorces, or deaths occur in your family this year?
- _____ Did you have a change in residence or job location during the year?
- _____ Did you participate in an employer's day care assistance plan-- FSA?
- _____ Did you receive any notification from the IRS or state? Please bring in correspondence.
- _____ Did you convert to a Roth or rollover retirement/529 plans?
- _____ Do you anticipate significant changes in your financial situation next year?
- _____ Teachers, did you spend up to \$300 in teaching expenses?
- _____ Did you own any stock that became worthless this year?
- _____ Did you have energy efficient improvements this year or buy an EV? Please bring documents.
- _____ Do you want your refund to be directly deposited into the same account as last year?

New clients, please provide a copy of last year's tax return

INFORMATION FOR NEW CLIENTS OR NEW DEPENDENTS*			
Name _____		Spouse's Name _____	
<u>Dependent Name*</u>	<u>SS#</u>	<u>Relationship</u>	<u>Birth date</u>
1			
2			
3			
* Please attach a copy of a social security card for new dependents			

Income Sources (please enclose documents)

- | | | | | | |
|-------|-------|---|-------|-------|---------------------------------|
| Yes | No | | Yes | No | |
| _____ | _____ | W2 | _____ | _____ | Rental |
| _____ | _____ | Capital gains (need cost basis) | _____ | _____ | Roth Conversion |
| _____ | _____ | 1099 self employed | _____ | _____ | Unemployment |
| _____ | _____ | Interest | _____ | _____ | Social Security |
| _____ | _____ | Dividend | _____ | _____ | Gambling winnings (need losses) |
| _____ | _____ | Investment property sales (need cost basis) | _____ | _____ | Partnership, S corps K1's |
| _____ | _____ | Pension distribution | _____ | _____ | Alimony |
| _____ | _____ | IRA / 401(k) distribution | _____ | _____ | Other income |
| _____ | _____ | Tips (need amount) | _____ | _____ | Overtime (need amount) |

Driver's license information for e-filing (each spouse if married)

Date issued/ expires (him) _____ license # _____

Date issued/ expires (her) _____ license # _____

Estimated Tax	Federal		State	
	amount	date	amount	date
Q1	_____	_____	_____	_____
Q2	_____	_____	_____	_____
Q3	_____	_____	_____	_____
Q4	_____	_____	_____	_____

Unreimbursed Medical Expenses

Hospital & MD	_____	Long term care premiums	_____
DDS	_____	Nursing care	_____
Prescriptions	_____	Medical travel miles	_____
Medical insurance	_____	Lodging while receiving care	_____
Eye care	_____	Counseling	_____
Childbirth class fees	_____	Other expenses	_____

Real Estate Taxes Paid

Personal Residence _____ 2nd Home/ Vacant Land _____

List Parcel ID # (PIN) on residence for IL state credit _____

Mortgage Interest & Automobile Interest

Primary Residence	_____
Second Home	_____
Home Equity/ Second mortgage	_____
Vehicle Interest	_____ bring form 1098-V.L.I.

Charitable Contributions (please indicate amounts and names of organizations)

Religious Organizations	_____
Payroll Deductions	_____
Cash/ Miscellaneous	_____
Volunteer Service Mileage	_____
Others	_____

Donated Goods	Items donated	Value at Donation	Organization
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IRA Contributions Roth or Traditional please circle Husband _____ Wife _____

Student Loan Interest _____

Alimony Paid

Name _____ Social Security # _____ Amount _____

Post Secondary Educational Expenses *(Please enclose form 1098-T)*

Student name	_____	Student name	_____
Tuition & fees	_____	Tuition	_____
Books	_____	Books & fees	_____

K-12 Educational Expenses (total must exceed \$250 for IL credit)

Student Name	_____	Student Name	_____
Grade	_____	Grade	_____
School name	_____	School name	_____
School city	_____	School city	_____
Tuition	_____	Tuition	_____
Book & lab fees	_____	Book & lab fees	_____

Child Care Expenses

Amount paid through an employer's dependant care plan? _____

Child	_____	Child	_____
Amount Paid	_____	Amount Paid	_____
Organization	_____	Organization	_____
SS # or EIN	_____	SS # or EIN	_____

Self-Employment Income (Schedule C)

Gross Receipts	_____
Ending Inventory	_____
Purchases for Resale	_____
Materials/Supplies	_____
Subcontractors/Labor	_____
Expenses:	_____
Advertising	_____
Vehicle	_____
Insurance	_____
Professional Servic	_____
Office Expenses	_____
Rent Expense	_____
Repairs/Maintenan	_____
Supplies	_____
Taxes/Licenses	_____
Travel/Lodging	_____
Meals & Entertainm	_____
Freight/Postage	_____
Telephone	_____
Parking/Tolls	_____
Dues/Subs/Books	_____
Utilities	_____
Other	_____

Rental Properties (Schedule E)

Location of	_____
Property	_____
Rents Received	_____
Advertising	_____
Auto & Travel (Mileage)	_____
Cleaning & Maintenance	_____
Insurance	_____
Legal & Professional Fees	_____
Management Fees	_____
Mortgage Interest	_____
Repairs	_____
Supplies	_____
Taxes	_____
Utilities	_____
Association Fees	_____
Telephone/Postage	_____
Other	_____