

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 _____		
Dependent Name* 1 _____ 2 _____ 3 _____	SS# _____	Relationship _____	Birth date _____

* 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 # _____

Federal		State	
Estimated Tax	amount	date	amount
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	<u>Items donated</u>	<u>Value at Donation</u>	<u>Organization</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

please circle

IRA Contributions Roth or Traditional Husband _____ Wife _____**Student Loan Interest** _____

Alimony Paid

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	<hr/>	Student Name	<hr/>
Grade	<hr/>	Grade	<hr/>
School name	<hr/>	School name	<hr/>
School city	<hr/>	School city	<hr/>
Tuition	<hr/>	Tuition	<hr/>
Book & lab fees	<hr/>	Book & lab fees	<hr/>

Child Care Expenses

Amount paid through an employer's dependant care plan?

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

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

Self-Employment Income (Schedule C)

Gross Receipts	_____
Ending Inventory	_____
Purchases for Resale	_____
Materials/Supplies	_____
Subcontractors/Labor	_____
Expenses:	_____
Advertising	_____
Vehicle	_____
Insurance	_____
Professional Services	_____
Office Expenses	_____
Rent Expense	_____
Repairs/Maintenance	_____
Supplies	_____
Taxes/Licenses	_____
Travel/Lodging	_____
Meals & Entertainment	_____
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	_____