INDIVIDUAL INCOME TAX INFORMATION FOR 2025

1. GENERAL INFORMATION

Name ____________________ Date of Birth ___/___/___ Soc Sec # ____________

Spouse ____________________ Date of Birth ___/___/___ Soc Sec # ____________

Taxpayer Occupation ____________________ Spouse's Occupation ____________________

Address ____________________ City ____________ State ______ Zip Code ________

County ____________ Home Phone ____________ Work ____________ Cell ____________

Work ____________ Cell ____________

E-mail Address (***to contact for additional information***) ____________________

Circle Filing Status Single ◯ Married Filing Joint ◯ Married Filing Separately ◯ Head of Household ◯

2. DEPENDENT INFORMATION

Name	Date of Birth	Social Security #	Relationship	Months Lived at Home in 2025	Student Yes/No	Adjusted Gross Income
	/ /					
	/ /					
	/ /					
	/ /					
	/ /					

3. ESTIMATED TAX PAYMENTS - (Bring copies of your cancelled checks.)

	Federal	State
April 15, 2025	$	$
June 15, 2025	$	$
September 15, 2025	$	$
December 31, 2025	$	$
January 15, 2026	$	$
2024 overpayment applied to 2025	$	$

4. WAGES & COMPENSATION (Bring in all W-2 and 1099 forms)

5. INTEREST & DIVIDEND INCOME (Bring in all 1099 forms)

Name of Payer	Amount	Name of Payer	Amount
	$		$
	$		$

6. TAX-EXEMPT INTEREST

Name of Payer	Amount	Name of Payer	Amount
	$		$
	$		$

7. **<u>OTHER INCOME</u>** **(Bring in all 1099 forms)**

		Taxpayer	Spouse
A.	Unemployment Compensation Received	$	$
B.	State Income Tax Refund	$	$
C.	Alimony Received	$	$
D.	Social Security Benefits **(bring in Social Sec forms)**	$	$
E.	Gambling Winnings **(bring in W-2G forms)**	$	$
F.	Documented Gambling Losses	$	$
G.	IRA Distributions Received **(bring in 1099-R forms)**		
H.	Pension & Annuity Income **(bring in 1099-R forms)**		
I.	Other Income (please list payee and amount)		
	______________________________	$	$
	______________________________	$	$

	Yes	No	
J.	☐	☐	Did you make a distribution from an IRA directly to a Qualified Charity? **(Bring in checks)**
K.	☐	☐	Did you have any Investment Sales (**Bring in all 1099 forms)**
L.	☐	☐	Rental income – Attach the Income and Expenses for Each Property **(Blue form)**
M.	☐	☐	Partnerships, 'S'-Corporations, Trusts & LLC's – **(Bring in all K-1 Forms)**
N.	☐	☐	Did you have any transactions involving Crypto-Currency? - **(Bring in all documentation)**
O.	☐	☐	Did you make any Energy Efficient Improvements to your home in 2025? **(Bring receipt)**
P.	☐	☐	Did you Purchase or Sell your Personal Residence? – **(Bring in Closing Statement)**
Q.	☐	☐	Did you purchase an Electric Vehicle in 2025? **(Bring receipt)**
R.	☐	☐	Did you contribute to or take a distribution from a Health Savings Account in 2025 **(Bring 1099-SA)**
S.	☐	☐	Did you pay any student loan interest this year? – **(Bring in Form 1098E)**
T.	☐	☐	Did you enroll for Health Insurance through Marketplace at healthcare.gov? **(Bring in Form 1095-A)**
U.	☐	☐	Are you or your spouse insured by a long-term care "partnership plan"? **(Bring in certification)**
V.	☐	☐	Did you pay college tuition for yourself or dependent this year? – **(Bring in Form 1098-T and complete section below)**
W.	☐	☐	Did you pay for college books, supplies, & equipment for yourself or dependent this year? **(Bring in receipts)**

Student's Name	Dates Paid	Amount Paid	Circle Year in College as of 01/01/25
		$	○ ○ ○ ○
		$	○ ○ ○ ○
		$	○ ○ ○ ○

DEDUCTIONS

8. **<u>IRA PLANS</u>**

		Taxpayer	Spouse
A.	If eligible, do you want to contribute to an IRA? (yes or no)		
B.	Amount of any non-work retirement you have already paid for 2025	$	$
C.	Type of IRA (Roth, Traditional, Other)		

9. **ALIMONY** Amount Social Sec #

Amount paid this year and recipient's Social Security Number $______________ _______________

10. **CHILD CARE** – (Daycare Center or Babysitter) ***Amount flexed through your employer $_______________***

1. Name _______________________________________ I.D or Soc Sec # _____________________________________
   Address ____
   Amount Paid $_________________ Name of children attending ____

2. Name _______________________________________ I.D or Soc Sec # _____________________________________
   Address ____
   Amount Paid $_________________ Name of children attending ____

11. **MEDICAL EXPENSE – Bring in ALL copies of Form 1095-A, 1095-B, 1095-C**

Medical insurance premiums you paid (***do not include Medicare***) $____________________

Prescription drugs, insulin, doctors, dentists,
hospitals, chiropractors and clinics you paid $____________________

Eyeglasses, hearing aids, dentures, etc. $____________________

Long-Term Care Insurance premiums paid Taxpayer $____________________

Spouse $____________________

Number of nights away from home for medical treatment ____________________

Miles driven for medical care ____________________

12. **TAXES**

Sales tax paid on the purchase of vehicles, motor homes, ATVs, boats, etc. $____________________

Real estate tax on residence paid in 2025 $____________________

Taxes paid on second home, vacation home, lake cabin, etc. $____________________

13. **EMPLOYEE BUSINESS EXPENSE** – (Mileage **must** be supported by a written log or expense report to be eligible for deduction.)

Business miles driven ____________________

Total of all miles driven, including personal ____________________

Employer Reimbursements $____________________

Cost of business-related meals (only if you are not using per diem) $____________________

Lodging costs $____________________

Number of days away from home overnight on business ____________________

____ $____________________

____ $____________________

14. **INTEREST**

Home mortgage interest and points paid to financial institutions (Bring in Form 1098) $____________________

Second mortgage interest paid on personal residence $____________________

Home mortgage interest paid to individuals (provide person's name, SS# and address) $____________________

Investment interest paid $____________________

Mortgage Insurance Premium paid $____________________

Did you obtain a new home loan or refinance an existing loan in 2025? If so,
please provide a detail of how the proceeds were used (home improvement,
purchase of vehicle, college, credit card debt. rental, etc.) ____________________

Goodhart & Associates, PC
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Return service requested

15. **CONTRIBUTIONS** - Cash contributions require a receipt from the charity to be deductible.

Church and Charities paid by Cash (receipt required) or Check $ ____________________

Non-cash Contributions – (Provide detail information below)

Name & Address of Donee Organization	Description of Property	Date of Contribution	Your Cost of Property	Fair Market Value of Property	Method used to Determine Fair Market Value
		/ /	$	$	
		/ /	$	$	

16. **MISCELLANEOUS DEDUCTIONS**

Documented Gaming Losses $ ____________________ Other $ ____________________

17. **EDUCATOR CLASSROOM EXPENSES**

Amount of unreimbursed expenses incurred in connection with books, supplies, computer equipment and supplementary materials used in the classroom $ ____________________

18. **ND COLLEGE SAVE CONTRIBUTIONS MADE IN 2025** $ ____________________

Goodhart & Associates CERTIFIED PUBLIC ACCOUNTANTS PC

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