

Personal Information

Taxpayer

First name	M.I.	Last name	Suffix	Date of birth	SSN or ITIN
Occupation	Email			Phone number	
ID type	ID number	Issuing state	Issue date	Expiration date	
Street	City		State	ZIP Code	

Spouse

First name	M.I.	Last name	Suffix	Date of birth	SSN or ITIN
Occupation	Email			Phone number	
ID type	ID number	Issuing state	Issue date	Expiration date	

Filing status: ☐ Single ☐ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying surviving spouse

Select all that apply to 2025	Taxpayer	Spouse
Legally blind	<input type="checkbox"/>	<input type="checkbox"/>
Permanently and totally disabled	<input type="checkbox"/>	<input type="checkbox"/>
Claimed as a dependent on another individual's tax return	<input type="checkbox"/>	<input type="checkbox"/>
Full-time student	<input type="checkbox"/>	<input type="checkbox"/>
Designate \$3 to the Presidential Election Campaign Fund	<input type="checkbox"/>	<input type="checkbox"/>
Spouse is not filing a tax return (MFS)		<input type="checkbox"/>
Spouse had no income (MFS)		<input type="checkbox"/>

Dependent Information

Name (first and last)	Relationship	Date of birth	SSN or ITIN	Months in home	Received income	Disabled	Full time student	Childcare expenses
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Refund preference

- ☐ Direct deposit
- ☐ Paper check
- ☐ Apply to 2026 estimated taxes

Balance due preference

- ☐ Bank draft
- ☐ Credit card
- ☐ Mail a check
- ☐ Payment plan

Banking information

Financial institution _____

Account holder _____

Routing number _____

Account number _____

Type of account ☐ Checking ☐ Savings

Personal or business ☐ Personal ☐ Business

Select if applicable to account: ☐ IRA ☐ Non-U.S.

☐ None apply

2025 Life Events

☐ Changed marital status

☐ Taxpayer, spouse, or a dependent changed their name with the SSA

☐ Received notice or letter from the IRS or a state revenue agency

☐ First time filing a tax return

☐ Taxpayer, spouse, or a dependent passed away during the year

☐ Taxpayer, spouse, or a dependent received an identity protection PIN (IP PIN) from the IRS

☐ Had a baby or adopted a child

☐ Member of the Armed Forces

Duty type _____

☐ Changed address during the year

☐ None apply

2025 Financial Events

☐ Bought, sold, or refinanced a home or rental property

☐ Incurred property damage or theft caused by a federally declared disaster

☐ Converted or rolled over any retirement accounts

☐ Received, sold, exchanged, gifted or otherwise disposed of a digital asset

☐ Had a financial interest in or signature authority over a foreign account or trust

☐ Combined value of foreign account(s) exceed \$10,000

☐ Gifted more than \$19,000 total to one or more individual(s)

☐ Purchased health insurance through the Marketplace or a public exchange

☐ Had health insurance coverage for the entire year (CA, DC, MA, NJ, and RI only)

2025 Income Sources

☐ Employment (W-2)

Number of forms

☐ Retirement distribution (1099-R)

☐ Social Security (SSA-1099)

☐ Self-employment (1099-NEC or 1099-K)

☐ State or local tax refund (1099-G)

☐ Unemployment compensation (1099-G)

☐ Interest (1099-INT)

☐ Dividends (1099-DIV)

☐ Sold stocks or investments (1099-B)

☐ Canceled debt (1099-C)

☐ Rent (1099-MISC)

Number of forms

☐ Royalties (1099-MISC)

☐ ESA or 529 distribution (1099-Q)

☐ HSA or MSA distribution (1099-SA)

☐ Partnership (Schedule K-1)

☐ S-corporation (Schedule K-1)

☐ Estate or trust (Schedule K-1)

☐ Gambling (W-2G)

☐ Farming

☐ Other income not listed above _____

☐ None apply

2025 Adjustments and Credits

☐ Higher education expenses

☐ Child or dependent care expenses

☐ HSA contributions

☐ IRA contributions

☐ Student loan interest

☐ Plug-in electric vehicle purchase

Date acquired _____

Vehicle year, make, and model _____

☐ Adoption expenses

☐ Alimony paid

Date of divorce or separation _____

Recipient's SSN _____

☐ Educator expenses

☐ Household employee expenses

☐ Energy-efficient home improvements

☐ Armed Forces moving expenses

Amount

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Deductions

Medical and dental	
Medical and dental expenses	\$

Taxes paid	
State and local income taxes	\$
Sales taxes	\$
Real estate taxes	\$
Personal property taxes	\$

Interest paid	
Mortgage interest	\$
Vehicle loan interest	\$

Charitable contributions	
Donations to charity (cash)	\$
Donations to charity (non-cash)	\$

Casualty and theft	
Casualty and theft losses	\$
<input type="checkbox"/> Check if caused by federally declared disaster	

Gambling	
Gambling losses	\$

Other miscellaneous deductions	
	\$
	\$
	\$
	\$
	\$
	\$

Estimated Taxes

Overpayments and estimated tax payments				
	Federal		State:	
Description	Date	Amount	Date	Amount
2024 overpayment applied to 2025				
First quarterly payment				
Second quarterly payment				
Third quarterly payment				
Fourth quarterly payment				
Additional payment(s)				