

IF you are a returning
Customer you do not
need to fill out Soc. Sec #
or Date of Birth

WHITE & ASSOCIATES
CLIENT TAX
ORGANIZER TAX
YEAR 2025

1. PERSONAL INFORMATION:

Taxpayer's Name: _____ SS # _____ Date of Birth _____ Occupation _____ Work Phone _____
Spouse's Name: _____

911 Address (Physical Address) _____
Mailing Address (where mail is received) _____ City _____ State _____ Zip _____ Home Phone _____

E-Mail Address: _____

Disabled Taxpayer Yes ___ No ___ Spouse Yes ___ No ___ Filing Status: Single ___ Married ___ Divorced ___
Divorce Date _____
Marital Status: Jointly ___ Separately ___ (we need spouse's name & Soc. Sec. # above if separate)
Head of Household ___ (see below)
Widower ___ Date of Spouse's Death _____

2. DEPENDENTS YOU'RE CLAIMING (Children & Others)

Name (First & Last)	Relationship	Date of Birth	SS #	Months Lived W/ You	Full Time Student	Gross Income
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IF HEAD OF HOUSEHOLD

Can anyone else claim your dependent? Yes ___ No ___
Did your dependent reside with you MORE than half the year? Yes ___ No ___
Did you provide MORE than half the support for your dependent? Yes ___ No ___

3. IDENTITY PROTECTION PIN #

Did you receive a letter from the IRS with a PIN number to use for 2025? Yes ___ No ___
If Yes, please provide Taxpayer PIN # _____ Spouse PIN # _____

4. WAGE, SALARY INCOME

Do you have W-2 wages? Yes ___ No ___

5. INTEREST INCOME (1099-INT)

Do you have interest income? Yes ___ No ___

6. Did you sell any Bit-coins or Silver or Gold Yes ___ No ___

7. DIVIDEND INCOME (1099-DIV)

Do you have dividend income? Yes _____ No _____

8. PARTNERSHIP, TRUST OR ESTATE INCOME

Do you have K-1s from a partnership, S-corporation, trust or estate income? Yes _____ No _____
If yes, how many K-1s are attached? _____

9. INVESTMENTS SOLD

Did you sell any stocks, bonds, mutual funds or partnership interest? Yes _____ No _____
If yes, please provide the End of the Year Statement

10. PROPERTY SOLD

Did you sell your personal residence, a vacation home, land or other property? Yes _____ No _____
If yes, we need all closing statements on the sale.

11. INDIVIDUAL RETIREMENT ACCOUNT (IRA)

Did you make any contributions to a **Roth or Regular IRA** in tax year 2025? Yes _____ No _____
If Yes, Amount Date Roth or Regular
Taxpayer _____
Spouse _____

12. PENSION, ANNUITY & SOCIAL SECURITY INCOME

Did you have pension, annuity or social security income? Yes _____ No _____
How many 1099-Rs are attached? _____
How many SSA 1099s are attached? _____ (from Social Security Administration)

13. RENTAL INCOME

Did you receive Rental Income? Yes _____ No _____
If yes, please provide property location(s) as well as any expenses you paid.
Please provide amount of Income received for the year.
Did you make any payments that would require you to file form(s) 1099-MISC? Yes _____ No _____

For rental income and expenses, we only need TOTALS, no receipts. Keep your receipts with your records. There will be an extra cost for adding up receipts.

14. OTHER INCOME

List all other income including but not limited to:

Alimony	Yes _____	No _____	Child Support	Yes _____	No _____
Prizes, Bonuses	Yes _____	No _____	Gambling, Lottery	Yes _____	No _____
Unemployment	Yes _____	No _____	Cancellation of Debt	Yes _____	No _____
Disability Income	Yes _____	No _____	Foreign Bank Account	Yes _____	No _____
Trust	Yes _____	No _____	Business Income	Yes _____	No _____
Other _____					

15. SELF-EMPLOYED

Are you self-employed?	Yes _____	No _____
Did you issue any 1099-MISC forms for income over \$600?	Yes _____	No _____
Did you receive income from raising animals or crops?	Yes _____	No _____
Did you receive income from gravel, timber, minerals? oil, gas, copyrights, or patents?	Yes _____	No _____
Did you receive hobby income (Avon, MaryKay, etc.)?	Yes _____	No _____

If Yes, please provide TOTALS ONLY (no receipts, keep those for your records) for Schedule C.
If you provide receipts there will be an extra charge for our accounting work to add them up.

16. MEDICAL/DENTAL EXPENSES

Did you provide a list of medical expenses that you paid that were not covered by insurance? This includes co-pays, prescriptions, dentists, braces, glasses, contacts, hearing aids, medical equipment and supplies, hospital and nursing home expenses. **TOTALS ONLY!** There will be an additional charge if we have to separate and add a bunch of receipts.

Also, a deduction can be taken for lodging and mileage to and from a facility for medical purposes.

17. HEALTH SAVINGS ACCOUNT (HSA)

Do you have an HSA?	Yes _____	No _____
Did you contribute an amount in excess of the amount shown on the W-2 Code W?		
If Yes please provide that amount \$ _____		
Is HSA for self or family?		
Did you make any contributions in 2024 for the 2025 year?	Yes _____	No _____

18. HEALTH INSURANCE

Did you have Health Insurance for the whole year?	Yes _____	No _____
Taxpayer maintain minimum coverage?	Yes _____	No _____
Spouse maintain minimum coverage?	Yes _____	No _____
Neither maintained minimum coverage?	Yes _____	No _____
Did you purchase Health Insurance through Vermont Health Connect?	Yes _____	No _____
If yes please <u>provide form 1095-A</u>		

19. RESIDENCY

Do you own your own home?	Yes _____	No _____
If Yes, <u>please provide a 2025 Property Tax Bill</u>		
Did you have any members in your household at any time during 2025 that are not claimed as dependents?	Yes _____	No _____
If yes, please provide Soc. Sec. # and income (W-2's)		
Did you have any full-time students listed as dependents that had income in 2025. If yes, their name, SS#, and income (W-2's)	Yes _____	No _____

****For the Declaration of Homestead (ACT 60) we need to know was anyone living in your home at any time during the year that generated an income. If yes, then we need their Soc. Sec. # and W-2/ income amount. (If the State discovers that you had someone in your home that generated income and you did not include it on the HI-144, then they will assess penalties & interest. Also, all or a portion of the ACT 60 money received, will have to be paid back by YOU.)**

Did you and/or your spouse live in Vermont LESS than the whole year? Yes ____ No ____
If yes, date resided in VT and name of other state resided in _____

Did you go through Bankruptcy or Foreclosure? Yes ____ No ____

Did you refinance your home? Yes ____ No ____
If yes, please provide a Closing statement.

MORTGAGE INTEREST:

Did you provide the 1098 with this information? Yes ____ No ____

Do you make payments on a Camper that has a bathroom & kitchen? Yes ____ No ____

If yes, you can claim the INTEREST paid as a second home. Yes ____ No ____

RENTER CREDIT: (Eligibility - Lived in VT all year, not claimed as a dependent by another taxpayer and rented in VT for at least 6 months)

Did you pay Rent? Yes ____ No ____

Did you share your rental unit with another adult who was *not* your jointly filed spouse? Yes ____ No ____

Was your rent subsidized? Yes ____ No ____

20. CHARITABLE CONTRIBUTIONS

Did you make any charitable contributions in 2025? Yes ____ No ____

Would you like \$3 to go to the Presidential Campaign Fund? Yes ____ No ____

If yes, attach list. Yes ____ No ____ If Yes Amount \$ _____

Would you like to contribute to the Wildlife Fund?

Would you like to contribute to VT Veterans? Yes ____ No ____ If Yes Amount \$ _____

Would you like to contribute to Green Up VT? Yes ____ No ____ If Yes Amount \$ _____

Would you like to contribute to Children's Trust Fund? Yes ____ No ____ If Yes Amount \$ _____

Please provide **TOTALS ONLY** (no receipts, keep those for your records). There will be an additional charge for adding up receipts.

20. CHILD AND OTHER DEPENDENT CARE EXPENSES

Did you pay for child/dependent care in 2025? Yes ____ No ____

If yes, please provide the name of the care provider, address, social security number or employer ID number and the amount paid.

21. BUSINESS MILEAGE

You are supposed to have written records to substantiate business mileage used. Did you have business mileage for 2025? Yes ____ No ____

If Yes, we need the make/year of vehicle used, total mileage for the year and business miles driven. You can also track expenses (gas, registration, repair, insurance, depreciation) but we still need the total miles driven and business miles driven.

22. OTHER EXPENSES

Tax prep fee Yes ____ No ____ Amount \$ _____

Other _____

23. ESTIMATED TAX PAYMENTS

Did you make any estimated tax payments in 2025?

Yes _____ No _____

(Estimated tax payments are usually made quarterly or with the Extension)

If yes, please provide following information:

Federal (IRS) Payments		State Payments	
Date Paid	Amount Paid	Date Paid	Amount Paid

24. OTHER DEDUCTIONS

Alimony paid? Yes _____ No _____

Paid to _____ SS # _____ Amount _____

Child Support paid? Yes _____ No _____

Paid to _____ SS # _____ Amount _____

25. EDUCATION EXPENSES

Did you have education expenses paid for yourself or a dependent in 2025 Yes _____ No _____

If yes, please provide details.

Provide 1098-T (Tuition Statement) Yes _____ No _____

Provide 1098-E (Student Loan Interest Paid) Yes _____ No _____

26. GIFTS/ OUT OF STATE PURCHASES

Did you give a gift of more than \$19,000 to one or more person(s)? Yes _____ No _____

Did you make any out of state purchases in 2025 that did not include sales tax? Yes _____ No _____

Do you want direct deposit of any refund that may be due to you? **If**

yes, please provide us with a **voided check**. Yes _____ No _____

COPIES OF TAX RETURN:

When copies are made, do you want your copies **mailed** to you *If yes*, Yes _____ No _____
there will be an additional \$10 fee for postage.

DATES TO KNOW:

April 1st deadline for town assessments. We need to have form HS-122 filed with the State before April 1st if you have changed your business usage of your home for it to take effect. If not submitted by the April 1st date then your homestead will be treated as it was the prior year.

April 15th is the due date for tax filing and Extensions*.

***Note:** Extensions are only for time, **not for payment**. If you owe money, that needs to be paid in with the extension on April 15th to avoid any penalties and interest charge. The Extension does not apply to Property Tax Adjustment Claim or Renter Rebate Claim.

October 15th is the due date of Renter's Rebate.

October 15th is the deadline for the tax returns to be sent in. There are no more extensions allowed after this date. There will be a \$50.00 late filing fee from the State of VT if after this date.

Fee for services rendered is due before we can e-file your return.

The IRS & State of Vermont are now requiring us to have Identity Verification in order to E-File your tax return.

We will need ONE of the following requirements from Taxpayer & Spouse:

Taxpayer:

Driver License number _____ Issuing State _____
Issuing Date _____, Expiration Date _____

Spouse:

Driver License number _____ Issuing State _____
Issuing Date _____, Expiration Date _____

Or a copy of the following documents:

Passport

Account Statement financial utility billing statement

**Please read, sign and date the attached letter.
A signature is required on Form 8879 to e-file the return.**

WHITE & ASSOCIATES

86 Summer St., Ste. 1
Barre, VT 05641
(802) 476-6191 Office
(802) 476-0642 Fax

TAX PREPARATION ENGAGEMENT LETTER

Dear Client:

We appreciate the opportunity of working with you and advising you regarding your income tax. The Internal Revenue Service imposes penalties upon taxpayers and return preparers for failure to observe due care in reporting for income tax returns. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangement:

We will prepare your 2025 federal and requested state income tax returns from information which you will furnish to us. We will make no audit or other verification of the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with a questionnaire to guide you in gathering the necessary information. Your use of this form will assist you in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount of the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign this letter in the space indicated.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

White & Associates

Accepted by: _____ Date: _____