

DEVRIES + ASSOCIATES CPA

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2025 TAX PREPARATION CHECKLIST

Name:		Ph	Phone Number:		Email:				
Sp	ouse Name:	Ph	one Number:	Email:			-		
one 20:	u are welcome to mail, email (t nvenience, <u>any time before you</u> e, your tax return will be added to 25 tax return may be extended. It ime that works for you. Please no	r reservation da the list of returr you'd prefer an	ate. While reservations and that will be processed in-person appointment,	re not required, pleas I as time allows. This feel free to call our of	se note tl means t ffice or e	hat if you choos here is a possib mail your prepa	se not to make pility that your		
Ch wit	assist you in gathering the neces ecklist. Some items may not app th your tax documents and anyth ach out—we're happy to help.	ly to you, and the	e list is not exhaustive. V	Ve kindly ask that you	ı submit	a copy of this c	hecklist along		
	RECT DEPOSIT INFORMATION uting Number			-	count:	Checking	Savings		
	IF YOU ARE A NEW CLIENT - To comply with IRS regulations, we will need the following information: Social security number or tax ID number (ITIN) and date(s) of birth for Taxpayer(s) and Spouse (if applicable) Social security card(s) or Social Security Number(s) and date(s) of birth for dependent(s) Last two previous years' tax returns Voided check (for direct deposit, if desired)								
	Wage Statements (W-2s) – Any qualified tip compensation or qualified overtime compensation should include a separate accounting provided by the Employer.								
	Self-Employment Income and Expenses 1099-Misc/1099-NEC / 1099-K or Self Employment Income and expense records from any source Car expenses: actual expenses or mileage for business purposes; need contemporaneous records Business-use asset information (description, cost, date placed in service, % business use, etc.) for depreciation Office in home information (Square footage of office space and total square footage of home, all home expenses, etc.), if applicable								
	Social Security Income Statem	ents (SSA-1099	Total Reported Less: Medicare Less: Federal Withho Net Amount Received	ldings: \$	3	pouse \$ \$ \$	 _ _ _		
	Pension, IRA, or Annuity Stater submit documentation on QC		- If you made Qualified	Charitable Distribut	tions (Q0	CDs) from you	r IRA, please		
	SELF:	\$ \$	SPOUSE:	\$ \$	<u> </u>				

Interest & Dividend Income Statements (1099-INT & 1099-DIV) and/or Consolidated tax statements of investment income, sales and purchases.						
Interest Income – If No 1099 is available, list each – including name and amount. If Interest is from a Land Contract, List Name, Address, and Social Security Number of Payor.						
		\$				
		\$				
\$		\$				
Dividends – If No 1099 is available, List each, including name and amount.						
\$		 \$				
\$	<u> </u>	\$				
\$		\$				
Unemployment Income Statement (1	099-G)					
Record(s) of Estimated Tax Payments made (Federal, State, and City, if applicable), including dates paid						
<u>Federal</u>	<u>State</u>	<u>City</u> (City Name)				
Q1 \$						
Q2 \$ Q3 \$		\$ \$				
Q4 \$	\$ \$	\$				
Alimony paid or received (Only if divo	rce finalized prior to 2019	9) \$ PAID / RECEIVED (CHOOSE ONE)				
Gambling Winnings (1099-G) - Pleas	e also provide informatio	n concerning losses, if appropriate, to offset winnings				
Student Loan Interest paid (1098-E) \$ MUST BE DEDUCTED BY INDIVIDUAL LEGALLY LIABLE TO MAKE PAYMENTS						
Education Expenses (1098-T Tuition Statement and detail of expenses paid):						
Student College	<u>Year</u> *	Tuition and Fees Books and Supplies \$ \$				
		\$				
*THE YEAR (1 ST , 2 ND , ETC.) IS DETERMINED AS OF 1/1/25 OR FIRST DATE ATTENDING COLLEGE, IF LATER IN THE YEAR.						
Deductible Auto Loan Interest (For *NEW* vehicles purchased in 2025 and assembled in the US): \$ VIN (Required to claim this deduction):						
Individual Retirement Account (IRA) contributions (including SEP or Solo 401(K) contributions)						
Traditional IRA	Self \$	Spouse \$				
Roth IRA	Self \$	Spouse \$				
Other (SEP/Solo 401(k), etc.)	Self\$	Spouse \$				
Health Savings Account – 5498-SA (F	HSA Contributions) and 1	099-SA (HSA Distributions)				

	Form 1095-A if you e	nrolled in a health insurance p	olan through the Mar	ketplace (Exchange)				
	Dependent Care Expenses: Amount paid for each child; providers name, address, federal ID number, and amount paid to each provider:							
<u>Na</u>	me of Child	Name of Provider	<u>Address</u>	SSN Or Federal ID #	Amount Paid			
					\$ \$			
	Itemized Deductions - Under current tax law, many itemized deductions were either eliminated or limited and the standard deduction was dramatically increased. As a result, most people take the standard deduction. We will calculate your total itemized deductions based on the information requested below:							
	□ Forms 1098 or o	ther mortgage interest statem	ents Home Mortgag	e Interest Paid\$				
	□ Forms 1098 or other mortgage interest statements Home Mortgage Interest Paid \$ □ Real Estate Taxes Paid \$* Second Residence or Land Taxes Paid \$							
		unt, even if standard deduct						
	□ Personal Propert	y Taxes (License Plate Renew	/al) \$	_				
		1ajor Purchases (as alternative						
		ontributions - You must have q		om charitable organization ([Do not include Qualified			
		butions from your IRA) \$ ibutions – Need receipt showi		e of charity dotails of itoms	denated denation data and			
		of donated items	ng name and addres	s of chanty, details of items	donated, donation date, and			
	Charity Name		et Value Descri	otion of Donated Items				
		\$						
		\$						
		\$						
		charitable purposes		of an HCA Account includin	or Madical Incurance promiume			
		expenses not reimbursed by in Nedicare Part B or pre-tax dedi	·		g Medical Insurance premiums			
	•	ce premiums \$	_	improyor o modranos pranij				
	Out of Pocket Do	octors, Rx, Dentists, Hospitals	, Hearing Aids, Eyegl					
	Transportation C	costs \$ Lod	ging \$	Medical Miles Driven _				
	Qualified Long-Te	erm Care Premiums: Self \$	Spouse \$	S				
	Toyoblo Value of your	primary residence or Rent Inf	formation (Amount n	aid for the year and Landler	d'a nama and addraga) fartha			
ш		x Credit (Household Resource	· · · · · · · · · · · · · · · · · · ·	-				
		•			,			
		lue of your Home \$						
	Rent Paid Amount \$ Landlord's Name and Address Additional Household Resources (Gifts, other non-taxable income) not reported elsewhere: \$							
	Additionat Flouse	chota nesources (Onts, other i	ion taxable income,	, ποι τοροπίου σισονντίστο: ψ_				
	If you sold your home	for a \$250,000 gain (\$500,00	0 gain, if married) du	ring 2025 or received a 109 9	9-S form from the sale of your			
	home, please send sa	ale and original purchase/cost	information and dat	es along with the 1099-S fo	rm			
	Energy Efficiency rela	ited expenses: New furnace, v	vindows, exterior do	ors. or solar. (You must also	have and retain			
		supplier concerning efficiency						
	Electric Vohiolo Duro	hasar Durchasa Datar	Vaar	Make: Model:				
Ш	New / Used (chi	nase. Fulchase bate nose one) Vehicle Identification	on Number:	Purch	ase Price:			
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		ges from last year or any othe (now or attach documentation		s, questions, or information	you think might impact your tax			
	roturn, ptease tet us k	anovi or attabil abballibilation	1.					