

SELF: _____ \$ _____ SPOUSE: _____ \$ _____
 \$ _____ \$ _____

- ☐ 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.

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

- ☐ Unemployment Income Statement (**1099-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 (City Name _____)</u>
Q1	\$ _____	\$ _____	\$ _____
Q2	\$ _____	\$ _____	\$ _____
Q3	\$ _____	\$ _____	\$ _____
Q4	\$ _____	\$ _____	\$ _____

- ☐ Alimony paid or received (Only if divorce finalized prior to 2019) \$ _____ PAID / RECEIVED (CHOOSE ONE)
- ☐ Gambling Winnings (**1099-G**) - Please also provide information 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):

<u>Student</u>	<u>College</u>	<u>Year *</u>	<u>Tuition and Fees</u>	<u>Books and Supplies</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

*THE YEAR (1ST, 2ND, 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** (HSA Contributions) and **1099-SA** (HSA Distributions)

☐ Form **1095-A** if you enrolled in a health insurance plan through the Marketplace (Exchange)

☐ Dependent Care Expenses: Amount paid for each child; providers name, address, federal ID number, and amount paid to each provider:

Name of Child	Name of Provider	Address	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 other mortgage interest statements Home Mortgage Interest Paid \$ _____
- ☐ Real Estate Taxes Paid \$ _____ * Second Residence or Land Taxes Paid \$ _____

*** Need this amount, even if standard deduction is normally used**

- ☐ Personal Property Taxes (License Plate Renewal) \$ _____
- ☐ Sales Taxes on Major Purchases (as alternative to state income tax) \$ _____
- ☐ Cash or check contributions - You must have qualifying receipts from charitable organization (Do not include Qualified Charitable Distributions from your IRA) \$ _____
- ☐ Non-Cash Contributions – Need receipt showing name and address of charity, details of items donated, donation date, and thrift store value of donated items

Charity Name	Date	Fair Market Value	Description of Donated Items
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

- ☐ Miles driven for charitable purposes _____
- ☐ Medical/Dental Expenses not reimbursed by insurance or paid out of an HSA Account, including Medical Insurance premiums (do not include Medicare Part B or pre-tax deductions through an employer's insurance plan)
- Medical Insurance premiums \$ _____
- Out of Pocket Doctors, Rx, Dentists, Hospitals, Hearing Aids, Eyeglasses, etc. \$ _____
- Transportation Costs \$ _____ Lodging \$ _____ Medical Miles Driven _____
- Qualified Long-Term Care Premiums: Self \$ _____ Spouse \$ _____

☐ Taxable Value of your primary residence or Rent Information (Amount paid for the year and Landlord's name and address) for the Michigan Property Tax Credit (Household Resources must be below \$67,300 to qualify for this Credit).

State Taxable Value of your Home \$ _____

Rent Paid Amount \$ _____ Landlord's Name and Address _____

Additional Household Resources (Gifts, other non-taxable income) not reported elsewhere: \$ _____

☐ If you sold your home for a \$250,000 gain (\$500,000 gain, if married) during 2025 or received a **1099-S** form from the sale of your home, please send sale and original purchase/cost information and dates along with the **1099-S** form

☐ Energy Efficiency related expenses: New furnace, windows, exterior doors, or solar. (You must also have and retain documentation from supplier concerning efficiency qualification of materials for tax credits.)

☐ Electric Vehicle Purchase: Purchase Date: _____ Year: _____ Make: _____ Model: _____

New / Used (choose one) Vehicle Identification Number: _____ Purchase Price: _____

☐ Any other major changes from last year or any other income, deductions, questions, or information you think might impact your tax return, please let us know or attach documentation.