

- NOTES: 1) You must retain receipts and backup for all tax items & expenses for at least 7 years.
2) Please upload, email or mail all docs at the same time, rather than piecemeal. Copies are preferred over originals.
3) Please do not send 5498 forms, 1095-B or C, receipts, annual statements or anything not specifically requested.
4) If you own a small business or rental property, please use the organizers found at www.gmbookkeeping.com

| Taxpayer | | | Spouse | | |
|--|-----|-----|--|--|--|
| Name | | | Name | | |
| SSN | | | SSN | | |
| Occupation | | | Occupation | | |
| Date of Birth | | | Date of Birth | | |
| Email | | | Email | | |
| Phone # | | | Phone # | | |
| FILING STATUS | MFS | MFJ | Single | | |
| Driver's License: State, License #, Issue Date, Exp Date | | | Driver's License: State, License #, Issue Date, Exp Date | | |

Mailing Address (city, state, zip):

Direct Deposit Info:

Bank Name Routing # Account #

If you want your refund split between bank accounts or used to purchase US Savings Bonds, please note below.

| Dependents' Name | SSN | Date of Birth | Age 12/31/25 | Lived w/you 50% or more? |
|------------------|-----|---------------|--------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |

Do any dependents have earned income > \$15,750 or investment income > \$1,350? If so, a return may be required.

For Daycare and Summer/Sports Camps (under age 13)

* Add list below if you need more space, must list amount paid per child

| Child | Provider's Name | Provider's Address | Tax ID# | Amount Paid |
|-------|-----------------|--------------------|---------|-------------|
| | | | | |
| | | | | |
| | | | | |

For College & Grad Students:

* Attach 1098-T, 1099-Q, and Savings Bond Info
of year's completed as of

| Student | 12/31/25 | Name of School | Tuition Paid in 2025 | Other Exp Paid in 2025 |
|---------|----------|----------------|----------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |

Total Annual Contributions to State's 529 Plan

Any notes on items listed on this page?

NOTES:

INCOME SOURCES - Please include copies of the following source documents:
W-2 Wages or W-2G Gambling Income, SSA-1099 (Social Security Statement)
1099-K: Third Party Network Transactions
1099-R (pension), 1099-MISC (miscellaneous), 1099-INT (interest), 1099-DIV (dividends), 1099-G (government payments)
1099-B: Stocks, Bonds, Real Estate - **must provide Purchase Price & Date, Sales Price & Date**
Schedule K-1: Partnerships, S Corporations, Trust or Estate
Other Income: Alimony, jury duty, tips, prizes, awards, unreported tips
1095-A from State Health Insurance Marketplace (1095-B and 1095-C are NOT needed)

ESTIMATED TAX PAYMENTS - only list amounts you paid to the IRS and state on 2025 estimated tax vouchers
- **do not include amounts paid towards prior year taxes**
- **do not include items paid or withheld through payroll, W-2, 1099 or other withholdings**

| Date | Amount | Date | Amount | Date | Amount | Date | Amount |
|---------|--------|------|--------|------|--------|------|--------|
| Federal | \$ - | | \$ - | | \$ - | | \$ - |
| State | \$ - | | \$ - | | \$ - | | \$ - |

HEALTH SAVINGS ACCOUNTS

- do not include amounts listed on your W-2, only those made out of pocket

| | | |
|--|-------------------------|-----------------------|
| | Taxpayer's Contribution | Spouse's Contribution |
| HSA Out of Pocket Contribution Amt | \$ - | \$ - |
| Was this a high deductible health plan? | yes / no | |
| Was this plan for an individual or family? | Individual / Family | |

RETIREMENT CONTRIBUTIONS

- do not include amounts listed on your W-2, only those made out of pocket

| | | | |
|--|-------------------------|-----------------------|-----------|
| | Taxpayer's Contribution | Spouse's Contribution | Date Made |
| Trad'l IRA Contributions ALREADY made for 2025 | \$ - | \$ - | |
| Roth IRA Contributions ALREADY made for 2025 | \$ - | \$ - | |
| SEP Contributions ALREADY made for 2025 | \$ - | \$ - | |

If you want GMB to calculate your allowable contributions, please make note below of how much you plan to contribute before 4/15/2026 (or just write "MAXIMIZE")

Student Loan Interest Deduction

- do not include interest statements from student loan companies

| | | |
|-------------------|--------------------------|------------------------|
| | Taxpayer's Interest Paid | Spouse's Interest Paid |
| Loan Company Name | \$ - | \$ - |
| | \$ - | \$ - |

Did you receive, sell, send, exchange or acquire any interest in any virtual currency?

Did you have any foreign bank accounts that total \$10,000 or more?

If yes, did you complete the required FBAR disclosure forms to avoid IRS penalties?

Did you purchase an Electric or Hybrid Vehicle? Please provide copy of sales invoice & registration.

If taxpayer/spouse is a K-12 educator, did you spend \$300 or more on supplies?

Did you add heat pumps, boiler/furnace/fan, insulation, roof, water heater, or windows/doors to your home?

| | | | |
|------|------|-------------|---------------------|
| Cost | \$ - | Description | Qualified Manuf ID# |
| Cost | \$ - | Description | Qualified Manuf ID# |

Amount of alimony paid?

Amount of alimony received?

Date of Divorce

Did you adopt a child?

yes / no

Total adoption expenses incurred?

\$ -

Recipient's SSN

Payor's SSN

NOTES:

ITEMIZED DEDUCTIONS

Actuals only, estimates are not acceptable.

MEDICAL EXPENSES: (only list if you feel they may exceed 7.5% of your income, or if you are self-employed)

| | | | |
|----------------------|------|-------------------------|------|
| Prescription Drugs | \$ - | LongTerm Care-taxpayer | \$ - |
| Doctors, Dentists | \$ - | LongTerm Care-spouse | \$ - |
| Hospitals, Clinics | \$ - | Medical Eqpt & Supplies | \$ - |
| Eyeglasses, Contacts | \$ - | | |

Insurance Premiums paid out of pocket

\$ - (do not include Medicare or premiums paid through an employer or paycheck)

Miles Driven for Medical

TAXES:

Do you claim a home office for business? (If yes, complete page 2 of small business organizer)

Real estate taxes paid on principal residence

Real estate taxes paid on add'l homes or land (NOT RENTAL PROPERTIES)

Car Registration Taxes

Total sales tax paid on large purchases (if greater than state income tax paid)

\$ -

yes / no

\$ -

\$ -

\$ -

HOME MORTGAGE INTEREST - Please include copies of Form 1098 for each loan:

| | |
|----------------------|---------------|
| Mortgage Lender/Bank | Interest Paid |
| | \$ - |
| | \$ - |
| | \$ - |

Points Paid on Mortgage

\$ -

Date Paid

Length of Mortgage

NEW FOR 2025 TAX FILING

CAR LOAN INTEREST - Please provide year end statement

Total New Car Loan Interest Paid in 2025

\$ -

must be assembled in US, VIN's start with 1, 4, 5, 7F -> 7Z, 70

VIN#

Year / Make / Model

Electric Vehicle

Purchase Date

New/Used?

Year / Make / Model

VIN#

- include copy of Sales Receipt & Registration

- personal car/truck/motorcycle, no leases

VT Residents: Do you claim Homestead?

yes / no

**If yes, please provide tax bill

Total Rent Payments Made in 2025:

* CHARITABLE CONTRIBUTIONS: Attach list if add'l space is needed. Please include whether you itemize or not.

CASH: Do not send receipts, but keep for your records

| | | | |
|-----------------|------------|-----------------|------------|
| Name of Charity | \$ donated | Name of Charity | \$ donated |
| | \$ - | | \$ - |
| | \$ - | | \$ - |
| | \$ - | | \$ - |
| | \$ - | | \$ - |

Charitable Miles Driven?

NON-CASH:

| | | | |
|--------------------------|-------------------------|------------------|--------------|
| Charity Name and Address | Est. Thrift Store Value | Est. Purch Price | Date Donated |
| | \$ - | \$ - | |
| | \$ - | \$ - | |
| | \$ - | \$ - | |

NOTES: