

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 <input type="text"/> Routing # <input type="text"/> Account # <input type="text"/>					
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	
Live 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:

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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")

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Student Loan Interest Deduction

- do not include interest statements from student loan companies

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

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

yes / no

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

yes / no

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

yes / no

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

yes / no

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

yes / no

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?

Recipient's SSN

Amount of alimony received?

Payor's SSN

Date of Divorce

Did you adopt a child?

yes / no	Total adoption expenses incurred?	\$ -
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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	\$ -
Doctors, Dentists	\$ -
Hospitals, Clinics	\$ -
Eyeglasses, Contacts	\$ -

Insurance Premiums paid out of pocket

\$ -	(do not include Medicare or premiums paid through an employer or paycheck)
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LongTerm Care-taxpayer	\$ -
LongTerm Care-spouse	\$ -
Medical Eqpt & Supplies	\$ -

\$ -
\$ -
\$ -

Miles Driven for Medical

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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

NEW FOR 2025 TAX FILING

CAR LOAN INTEREST - Please provide year end statement

Total New Car Loan Interest Paid in

2025

- personal car/truck/motorcycle, no leases

Electric Vehicle

- include copy of Sales Receipt & Registration

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
\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	

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