2025 Tax Information Checklist

Please read the Engagement Agreement. Complete the checklist and gather all applicable tax documents. **Upload all Documents to KirschCPA.com Secure File Upload or to your TaxCaddy Account by March 4, 2026.**

Contact Information		
Taxpayer Name:	**Phone #:**	**Email:**
Driver's License or state identification: Issue date:______________ **Issuing State** __________ **Expiration date:** _______________		
Spouse Name:	**Phone #:**	**Email:**
Driver's License or state identification:. Issue date:______________ **Issuing State** __________ **Expiration date:** _______________		
Street Address:	**City, State:**	**Zip:**

Preferred Contact – ☐ Taxpayer or ☐ Spouse **How should we contact you?** (*choose all that apply*) ☐ Email ☐ Phone ☐ Text

PERSONAL INFORMATION

Electronic Processing & Refunds (New Requirement for 2025/2026)
The IRS requires direct deposit of refunds and electronic payment for quarterly estimated payments and tax payment due.

Please provide a routing and account number or a voided check.			
Bank Name:	Routing #:	Account #:	☐ Checking ☐ Savings

I prefer to initiate my own electronic payment. ☐ No ☐ Yes Visit **IRS Online- Payments** to view options

1. Do you have an **IRS Online Account** **(Recommended)**? ☐ No ☐ Yes
2. Did the IRS, State, or City send you any **tax notifications** or do you have an **Identity Protection PIN**? ☐ No ☐ Yes (attach document)
3. **Marital Status** - Did your status change? ☐ No ☐ Yes If YES, list new Marital Status and date of change: ___________________
4. Do you have a **Foreign Bank Account** with a balance over $10,000 any time during the year? ☐ No ☐ Yes (provide details)
5. Did you receive, sell, exchange, or dispose of a digital asset or cryptocurrency? ☐ No ☐ Yes (If yes, provide documentation)
6. Did you work remotely from home during 2025 outside the city where your employer was located? ☐ No ☐ Yes
7. Would you like us to **Prepare a Return for a Dependent** (additional fee) who had earned income greater than $15,750, investment income greater than $1,350, or net self-employment income of $400 or more? ☐ No ☐ Yes (Provide W-2 & other income stmt)
8. Are you expecting any major life changes in 2026? ☐ Retirement ☐ Income Changes ☐ Dependent Change ☐ Marital Status
   *Would you like us to contact you to discuss tax planning or changes to your tax situation? ☐ No ☐ Yes
9. **Your completed 2025 Tax return will be delivered electronically via SAFESEND Returns** – a notification will be sent to your email.
   OR ☐ I prefer to pick up my tax return* ☐ I prefer a mailed paper copy* ***Additional Fee May Apply***

INCOME INFORMATION (Check all that apply and attach all applicable forms)

☐ Income Statements (Form W-2)
☐ Interest (Form 1099-Int or 1099-OID)
☐ Dividends (Form 1099-Div)
☐ Stock or Mutual Fund Sales (Form 1099-B)
☐ Unemployment Compensation (Form 1099-G)
☐ 401k or IRA Distributions/Rollovers (Form 1099-R)
☐ Social Security (Form 1099-SSA)
☐ Education Distributions (Form 1099-Q)
☐ Cancellation of Debt (Form 1099-C)
☐ Sale of Real Estate (Provide closing statements)
☐ Received Installment Payments for Property Sold
☐ Disability Income (Provide Documents)
☐ Income in a Foreign Country (Provide Documents)
☐ Gambling (Form W-2G)
☐ Alimony Received $ _________ Date of agreement _________

2025 Tax Information Checklist

INCOME INFORMATION CONTINUED (Please attach all applicable forms)

Are you a **Shareholder**, **Partner or Member of an S-Corp**, **LLC** or **Partnership** or a **Beneficiary of a Trust or Estate**?

☐ Shareholder (Include Form 1120-S K-1) ☐ Partner (Include Form 1065 K-1) ☐ Beneficiary (Include Form 1041 K-1)

Did you receive **other income** during 2025? (*For a detailed worksheet visit kirschcpa.com/client-center/tax-forms/)

☐ Business Income (Please refer to Schedule C Worksheet* or Provide details)

☐ Rental Income (Please refer to Schedule E Worksheet* or Provide details)

☐ Farm Income (Please refer to Schedule F Worksheet* or Provide details)

☐ If you paid more than $600 to an individual or unincorporated business for rent or service during 2025, Form 1099 must be issued

* If you need help issuing Form 1099 **–** Provide: name, address, Social Security # and amount paid to Kirsch by **January 13, 2026**.

☐ Did you utilize any portion of your home for business use? ☐ No ☐ Yes (Please refer to Schedule C Worksheet, page 1)

☐ Did you pay self-employed health insurance? ☐ No ☐ Yes If yes, how much $__________?

OTHER INFORMATION

☐ Gave a **Gift** to a single recipient of more than $19,000? ☐ No ☐ Yes

* Gift Tax Return may be required: Provide name, address, amount gifted & SS# of recipient

☐ Divorced before 1/1/2019 ☐ No ☐ Yes **Alimony Amount Paid**: $___________ *Date of original divorce or separation__________

☐ Paid **Household Employee Wages** of $2,800 or more ☐ No ☐ Yes

☐ **Energy Efficient Improvement** to your residence (attach details) ☐ No ☐ Yes

☐ Purchased a **Qualified Electric Vehicle** before September 30, 2025 (provide invoice) ☐ No ☐ Yes

☐ Did you **finance a new vehicle** for personal use in 2025? ☐ No ☐ Yes If yes, provide VIN and 2025 total vehicle loan interest paid

☐ Total **Voluntary Tips** received from customers that were paid by cash, check or credit card? $ _______________

☐ **Overtime Pay** received $ __________ (only the 50% premium portion of time-and-a-half pay is eligible)

☐ Did you receive **Health Savings Account (HSA) Distributions**? ☐ No ☐ Yes (If YES, attach 1099-SA)

Was the money used for qualified medical expenses? ☐ No ☐ Yes

☐ Did you make a **Health Savings Account (HSA) Contribution** NOT through your employer? ☐ No ☐ Yes (If YES, attach 5498-SA)

☐ **Retirement Contribution** to which Plan Type: Please select ☐ IRA ☐ Roth IRA ☐ SEP ☐ KEOGH ☐ Back Door Roth Conversion

Contribution Amount: Taxpayer: $______________ Spouse: $______________

☐ Did you **Inherit an IRA**? If so, when ___________________?

☐ **Student Loan Payment** (attach Form 1098-E for interest paid)

☐ **College Education Expenses** (Provide details below and attach Form **1098-T** issued by the university)

Dependent Name	University Name	Qualified Tuition	Books/Materials	First 4 Years
		$	$	☐
		$	$	☐

☐ **Contributed to a State College Saving 529 Plan** (Provide details below)

Beneficiary Name	Beneficiary SSN	Total Contributed	Program State
		$	
		$	
		$	

2025 Tax Information Checklist

☐ **Child Care Expenses** (Provide total of all expenses and detail related to childcare below)

Dependent Name	Provider Name	Federal ID or SSN	Address	Total Expense
				$
				$
				$

☐ **Did you have a baby or add a new dependent**? ☐ **Do you care for an elderly parent and provide over half their support?**

New Dependent Name	Relationship	Date of Birth	SSN or ITIN	Full Time Student	Disabled	Adopted
				☐	☐	☐
				☐	☐	☐

2025 QUARTERLY ESTIMATED TAX PAID (List below or attach copies of cancelled checks)

List all payments	Date Paid	Federal	State	City	School District
2025 1st Quarter Payment		$	$	$	$
2025 2nd Quarter Payment		$	$	$	$
2025 3rd Quarter Payment		$	$	$	$
2025 4th Quarter Payment		$	$	$	$

DEDUCTION INFORMATION

PLEASE NOTE: The standard deduction is $31,500 for married filing jointly and $15,750 for individuals filing single.

Expanded opportunity for itemizing deductions in 2025 – provide information so we can determine your maximum tax benefit

☐ **Unreimbursed Medical Expense** – Please enter in amounts below if the total is greater than 7.5% of your income.

Premiums Paid: Medical Insurance $__________ Cobra $__________ Long Term Care Taxpayer: $__________ Spouse: $__________

Expenses Paid: Care Giver $________ Doctor/Dentist/Vision: $_________ Prescription $________ Medical Miles Driven: _________

Did you live in a nursing home for medical reasons? ☐ No ☐ Yes (If yes, please provide nursing home letter with medical %)

Did you have Marketplace Insurance? ☐ No ☐ Yes (If yes, please provide the Form 1095-A)

☐ **Paid Real Estate Tax**: $______________

☐ **Mortgage Interest Payments**: Provide a copy of **1098** Mortgage Interest Statement.

☐ Did you take out a **Home Equity Loan** this year for home renovations? ☐ No ☐ Yes If yes, provide a copy of the **1098**.

☐ **Charitable Contributions**: (Keep Your Receipts!) Provide totals for the following items:

TOTAL monetary contributions $__________

TOTAL of your Charitable Miles Driven: __________

TOTAL non-cash charitable contributions $__________ (If over $500, please provide name of organization & description)

Did you make charitable contributions directly from your IRA to a qualified charity? ☐ No ☐ Yes (If yes, please provide letter)

Did you contribute money to a Donor Advised Fund (DAF)? ☐ No ☐ Yes (If yes, provide amount $____________)

(Note: a charitable contribution deduction is available in the year money is put into a DAF. No deduction is allowed when funds are transferred from the DAF to your designated charities.)

2025 Tax Information Checklist

OTHER INFORMATION – STATE

☐ Did you make an Ohio statewide political contribution $________________

☐ Did you donate to an eligible OH scholarship granting organization? ☐ No ☐ Yes (Provide details)

☐ Did you homeschool your child? ☐ No ☐ Yes (Provide educational expenses up to $250)

☐ Did you pay tuition to a nonchartered, nonpublic school in 2025? ☐ No ☐ Yes (Provide total tuition paid $_______________)

☐ Did you contribute to an Ohio Homebuyer Plus Account? ☐ No ☐ Yes (Provide Contribution Amount $________________)

☐ Did you withdraw funds from the Homebuyer Plus Account? ☐ No ☐ Yes (Provide amount withdrawn $______________)

☐ Did you rent a property in Indiana ☐ No ☐ Yes If yes, provide amount paid $__________________________

PLEASE SHARE ANY INFORMATION NEEDED TO PREPARE YOUR TAX RETURN THAT MAY NOT BE CAPTURED ABOVE

NEW CLIENT INFORMATION

If you are a new client of Kirsch CPA Group, please provide the following information.

☐ **Tax Returns –** a copy of the last Two Years

☐ **Driver's License –** a copy of both taxpayer and spouse

	Social Security No.	Date of Birth	Blind?
Taxpayer:			☐
Spouse:			☐

Dependent Name	Relationship	Date of Birth	SSN or ITIN	Full Time Student	Disabled
				☐	☐
				☐	☐
				☐	☐
				☐	☐