

5. If you had INTEREST OR DIVIDEND INCOME (INCLUDING TAX EXEMPT ITEMS), please complete Supplement I. Indicate the number of 1099 forms and enclose the 1099 forms _____. N/A
6. If you received state tax refunds or paid state taxes for a prior year, please complete the following.
 State _____ Received \$ _____ Paid \$ _____ N/A
 State _____ Received \$ _____ Paid \$ _____
 State _____ Received \$ _____ Paid \$ _____
7. If you received or paid alimony, please complete the following: N/A
 Name _____ SS# _____ Date of Agreement _____
 Amount Received \$ _____ Paid \$ _____
8. If you are a sole proprietor or own a farm, please complete Supplement II. N/A
9. If you sold real estate, please enclose closing disclosures. If you sold stocks, mutual funds, digital assets etc., please obtain a schedule of gain or loss from your broker and attach it or complete Supplement III. N/A
****Please note: Basis information is required****
10. If you own rental real estate or received royalty income, please complete Supplement IV. N/A
11. A. If you received distributions from or rolled over pension/retirement funds, IRA, Roth IRA, etc., indicate payer type, distribution code (TYPES I = IRA, P = Pension, R = Roth, M = Military Pension) and related amounts.
 Indicate the number of 1099 forms and enclose the 1099 forms. _____ N/A

TAXPAYER:

Payer	Type	Code	Gross Distribution	Taxable Amount	Federal W/H	State W/H

SPOUSE:

Payer	Type	Code	Gross Distribution	Taxable Amount	Federal W/H	State W/H

Indicate amount of IRA distributions transferred to qualified charity? \$ _____ N/A

B. If you received distributions from an HSA, Education Accounts or Long -Term Care Insurance Contracts, indicate type and related amounts: (TYPES H = HSA, E = Education Savings, 5 = 529 Program, L = Long-Term care) N/A

Taxpayer Spouse	Type	Self S Family F	Gross	Earnings	Qualified medical expenses	Qualified long-term care services	Qualified tuition expenses	Qualified room & board or supplies

12. If you are a member of a partnership, LLC, S Corporation, trust, estate, etc., indicate the number of Form K-1's here _____ and enclose them.
 If an LLC, is it a disregarded entity? Y N N/A

13. If you received unemployment, PFML (Paid family medical leave) or TCI temporary caregiver insurance, complete the following and enclose forms. N/A

Taxpayer

State	Amount	Fed W/H	State W/H
	\$	\$	\$

Spouse

State	Amount	Fed W/H	State W/H
	\$	\$	\$

14. If you received Social Security benefits, complete the following and enclose the forms. N/A

Taxpayer

Amount (Box 5)	Federal W/H (Box 6)
\$	\$

Spouse

Amount (Box 5)	Federal W/H (Box 6)
\$	\$

15. If you had other sources of income, i.e., gambling winnings, etc., please indicate amount and description. N/A

Amount	Description:
\$	
\$	
\$	

Please indicate amount of gambling losses: \$ _____

16. If you made contributions (or will before 4/15/26) to the following for 2025, please list the amounts. **DO NOT** include any pre-tax contributions. N/A

	<u>Taxpayer</u>	<u>Spouse</u>	<u>Other Person</u>
Regular IRA			
Roth IRA			
Business Retirement Plan (type _____)			
Family Education Savings Account/529 State _____			

17. If you paid interest on a student loan that you are obligated to repay please list amount paid and provide 1098-E. \$_____ N/A
18. If you are a teacher and paid educator expenses (K-12) please list amount. \$_____ N/A
19. Please list total amount paid for the following expenses:
****DO NOT** include amounts paid pre-tax through your employer**

		Taxpayer	Spouse	
A.	Medical insurance payments (Blue Cross, Delta Dental, etc.)	\$	\$	N/A <input type="checkbox"/>
B.	Medicare insurance (per SSA-1099)	\$	\$	N/A <input type="checkbox"/>
C.	Long – term care	\$	\$	N/A <input type="checkbox"/>
D.	Health Savings Account	\$	\$	N/A <input type="checkbox"/>
E.	S Corp health insurance on W-2	\$	\$	N/A <input type="checkbox"/>
F.	Out of pocket medical expenses	\$	\$	N/A <input type="checkbox"/>
		Amount	Miles (.21/mile)	
G.	Medical related transportation	\$		N/A <input type="checkbox"/>

IMPORTANT:

Were you covered by health insurance during 2025? Y N

If yes, provide all form 1095's received and, MA residents provide 1099-HC and indicate who your insurance was through?

Employer Medicare Parent **Marketplace (1095-A)** Self paid

20. Please list total amounts paid for the following taxes:

		Property 1	Property 2	Property 3	
A.	Real estate/fire district taxes (per property)	\$	\$	\$	N/A <input type="checkbox"/>
B.	Personal property/excise taxes (auto, etc.)			\$	N/A <input type="checkbox"/>
C.	Sales tax paid on motor vehicles			\$	N/A <input type="checkbox"/>
	Sales tax paid on any other significant purchases			\$	N/A <input type="checkbox"/>
D.	Interest paid include Form 1098's				N/A <input type="checkbox"/>
	1. Mortgage interest:				N/A <input type="checkbox"/>
	Primary residence			\$	N/A <input type="checkbox"/>
	Home Equity Interest			\$	N/A <input type="checkbox"/>
	Secondary residence			\$	N/A <input type="checkbox"/>
	2. Points on a mortgage. If new provide a copy of the closing disclosures and indicate the term of the mortgage in number of years. _____			\$	N/A <input type="checkbox"/>
	3. Investment/margin interest expense.			\$	N/A <input type="checkbox"/>

21. Gifts to charity:
All charitable contributions MUST be documented by a cancelled check or receipt.

- A. Gifts, by cash or check \$ _____ N/A
- B. Charitable/Volunteer miles (.14) _____ N/A
- C. For gifts of property to a charitable organization, please complete the following N/A

	<u>Organization #1</u>	<u>Organization #2</u>
Charitable organization	_____	_____
Complete address of organization	_____	_____
Description of property	_____	_____
Date of contribution	_____	_____
Date acquired	_____	_____
Purchase price	_____	_____
Fair market value	_____	_____

22. If you had a theft, fire, etc., and your out-of-pocket loss is greater than 10% of your adjusted gross income, please check here. N/A

23. A. If you received qualified tips from IRS eligible occupations provide amounts and last paystub if not on W-2.
Taxpayer \$ _____ Spouse \$ _____ N/A

B. If you received qualified overtime provide amounts and last paystub if not on W-2.
Taxpayer \$ _____ Spouse \$ _____ N/A

C. If you paid qualified passenger vehicle interest provide vehicle identification numbers and amounts paid. N/A

	VIN	Amount
A.	_____	_____
B.	_____	_____

24. If you paid expenses for the care of your children, please complete the following: N/A
Please indicate amount in Box 10 of Form W-2(s). \$ _____

	<u>Child's name</u>	<u>Amount</u>	<u>Provider #1 or #2</u>
Name of child and amount paid to provider	_____	_____	_____
	_____	_____	_____
	<u>Provider #1</u>		<u>Provider #2</u>
Name	_____		_____
Complete address of provider	_____		_____
SS/ID#	_____		_____

25. College Education Credits. Form 1098-T required. If you paid tuition and fees for higher education, list the student's name, amount paid and indicate if Freshman (F), Sophomore (S), Junior(J), Senior (Sr) or Graduate Student (G) and check if in school more than 4 years. N/A

<u>Student's Name</u>	<u>Amount Paid</u>	<u>Academic Year</u> <u>F-S-J-Sr-G</u>	In school more than 4 years
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

26. A. If you added energy efficient property or improvements to your home provide certification paperwork and amounts paid. N/A

- B. If you purchased an electric vehicle by 09/30/25 provide seller report and check if credit was transferred to dealer. N/A

27. Massachusetts residents- If you paid rent, complete the following: N/A

Landlord's name	_____	_____
Landlord's complete address	_____	_____
Amount paid	\$ _____	\$ _____
Dates lived there	_____	_____

28. Massachusetts employees – Provide work related commuter expenses. N/A
Taxpayer \$ _____ Spouse \$ _____

29. Rhode Island residents – If your household income was \$40,730 or less and you are age 65 or older or disabled, you may qualify for RI Property Tax Relief. Please complete the following: N/A

Landlord's name	_____	_____
Landlord's complete address	_____	_____
Property taxes or rent paid	\$ _____	\$ _____

30. Rhode Island residents – If you owe RI use tax provide amount due \$ _____ N/A

Reminder: Please sign and return engagement letter.

Supplement II
SELF-EMPLOYED BUSINESS/FARM

Please prepare a separate supplement for each sole proprietorship or farm

Name _____
 Address _____
 Description _____

1. Income _____ (Enclose 1099's received)
2. Cost of Goods Sold:

Inventory, beginning _____	Materials & Supplies _____
Purchases _____	Other: _____
Cost of labor _____	_____
3. Expenses:

Advertising _____	Inventory, ending _____
Bank charges _____	Rent or lease: _____
Commissions _____	Equipment _____
Delivery & freight _____	Business property _____
Dues & subscriptions _____	Repairs & maintenance _____
Employee benefits _____	Utilities _____
Insurance (other than health, _____	Telephone _____
life & disability _____	Supplies _____
Interest _____	Taxes & licenses _____
Legal & professional _____	Employee retirement plans _____
Office expense _____	Travel _____
Outside services _____	Meals _____
	Wages _____
	Other: _____

Did you issue 1099's? Y ___ N ___

4. Vehicle Expenses: **Important: Mileage must be substantiated with an auto log. Mileage cannot be estimated.**

	<u>Auto 1</u>	<u>Auto 2</u>
Model/Year/Gross Vehicle Weight	_____	_____
Date auto placed in service	_____	_____
Value of lease car at inception	_____	_____
Total miles for year	_____	_____
Business miles (.70)	_____	_____
Commuting miles/daily round trip	_____	_____
Gas	_____	_____
Insurance	_____	_____
Lease payments	_____	_____
Lease inclusion	_____	_____
Parking & tolls	_____	_____
Property tax	_____	_____
Repairs & maintenance	_____	_____
Interest	_____	_____
License fees	_____	_____

5. Home office deductions, fill in the following amounts:
 Interest _____ Taxes _____ Insurance _____ Utilities _____ Repairs & maintenance _____
 Other: _____
 Total rooms in home _____ Total sq. feet of home _____
 Total rooms used as home office _____ or Total sq. feet used as home office _____

6. If you purchased or sold any assets used in the business (e.g., auto, equipment, etc.) enclose a copy of the purchase and sales agreement or closing disclosures.

Supplement IV
RENTAL PROPERTY/ROYALTY SUPPLEMENT

	#1	#2	#3
Complete property address	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
% of ownership	_____	_____	_____
Type of property, circle	Commercial / Residential	Commercial / Residential	Commercial / Residential
1. Rental income	_____	_____	_____
2. Royalty income	_____	_____	_____
3. Expenses:			
Advertising	_____	_____	_____
Auto & travel	_____	_____	_____
(.70/Mile)	_____	_____	_____
Cleaning & maintenance	_____	_____	_____
Commissions	_____	_____	_____
Insurance	_____	_____	_____
Insurance PMI	_____	_____	_____
Legal & professional	_____	_____	_____
Management fees	_____	_____	_____
Interest - bank	_____	_____	_____
Interest - other	_____	_____	_____
Painting	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Taxes	_____	_____	_____
Utilities	_____	_____	_____
Condo fees	_____	_____	_____
Other	_____	_____	_____

4. If you purchased or sold any assets used in the rental property please enclose a copy of the purchase and sales agreement or closing disclosures.

If you made any major repairs or improvements to the rental property describe what was done, cost and date it was completed. **(NOT INCLUDED IN ABOVE AMOUNTS).**

5. If you or your family used a property for more than 14 days during 2025, please indicate the following:

Property # _____	Property # _____	Property # _____	
# of days rented _____	# of days rented _____	# of days rented _____	_____
# of days personal use _____	# of days personal use _____	# of days personal use _____	_____

6. If you used any outside labor did you issue 1099's? Yes No