



*Bookkeeping &
Tax Professionals*

710 Buffalo St
Suite 802
Corpus Christi, TX 78401
361-884-8180

2025 Tax Year

Taxpayer

Spouse

X

Name _____
SS# _____ Blind? Yes No
Driver's License # Iss/Exp Date _____
Birthdate _____
Occupation _____

Name _____
SS# _____ Blind? Yes No
Driver's License State & # _____
Birthdate _____
Occupation _____

Address _____ Phone _____ Work Phone _____
Filing Status _____ eMail _____

Dependents

	Name	Birthdate	SS#	Relationship
1				
2				
3				
4				
5				

Estimated Tax Payments for 2025

	1st Qtr Date Pd	Amount	2nd Qtr Date Pd	Amount	3rd Qtr Date Pd	Amount	4th Qtr Date Pd	Amount
Federal								
State								
Local								

Income (Include W-2s, 1099s and K-1s with your tax information)

W-2 _____ Alimony _____ Farm Income _____
Pensions & Annuities _____ Rents _____ K-1 _____
Gambling Winnings _____ Prizes/Awards _____ Royalties _____
State/Local Refunds _____ Social Security _____ Jury Duty _____
Self Employment _____ Unemployment _____ Commissions _____
Interest _____ Dividends _____ Other _____

Capital Gains & Losses From Sale of Stock or Property

Description	Date Acquired	Date Sold	Sale Price	Cost or Other Basis

Bring all relevant papers relating to the acquisition and sale of property and stocks.
Include settlement sheet for sale of property and bring cost basis of all stocks sold.

Itemized Deductions: LIST ONLY IF LARGER THAN STANDARD

SINGLE-\$15,750 MARRIED FILING JOINT=\$ 31,500 MARRIED FILING SEPARATELY=\$ 15,750 HEAD OF HOUSEHOLD \$23,625

Medical

Prescriptions _____
Med Ins Premiums _____
Long Care Prem _____
Doctors _____
Hospital _____
Med Mileage _____

Interest

Mortgage _____
Home Equity _____
Investment _____
Points _____
Mortgage Ins Prem _____

Taxes

Real Estate _____
Sales Tax _____
Personal Property _____
State/Local _____
State 2025 estimated taxes,
if paid in 2025 _____

XX

Did you have Health Insurance for entire year? Self Only All Family Members Thru the market place Employer
Please provide Form 1095A

Contributions

All cash contributions must have a receipt of bank documentation

Church _____
Miscellaneous _____
Goodwill _____
Charity Miles _____

Miscellaneous Deductions

Business Miles _____
Tax Prep Fees _____
Investment Exp _____
Safe Dep Box _____
Uniforms/Tools _____
Union dues _____
Gambling Losses _____

Non Cash Contributions

Item _____
Date _____
FMV _____

Other Deductions & Credits - (T) for Taxpayer (S) for Spouse

IRA Contributions (T) _____ (S) _____
Please Check: Traditional Roth
Self Emp Health Ins (T) _____ (S) _____
Tuition & Fees (1098-T) (T) _____ (S) _____
Books & Supplies (T) _____ (S) _____
Student Loan Interest (T) _____ (S) _____
Educators Expenses (T) _____ (S) _____
Moving Expenses _____
Alimony Paid _____ Name _____ SS# _____
Child Care Paid _____ Provider _____ ID# or SS# _____
Address _____

Did you purchase or sell a home? Yes No If yes, provide settlement sheet.

If you expect a refund: Bank Name _____
Routing Number _____ Account Number _____

X Special Notes _____

To the best of my knowledge the enclosed information is correct and includes all income deductions and other information necessary for the preparation of this year's income tax return for which I have adequate records.

X _____ Date _____