

INDIVIDUAL INCOME TAX QUESTIONNAIRE

Taxpayer #1 _____ Soc. Sec. # _____ Occupation _____

Driver's License # _____ Issue Date _____ Expiration Date _____ Issuing State _____

Taxpayer #2 _____ Soc. Sec. # _____ Occupation _____

Driver's License # _____ Issue Date _____ Expiration Date _____ Issuing State _____

Mailing Address _____ Phone Taxpayer #1 _____

City, State _____ Zip _____ Phone Taxpayer #2 _____

Date of Birth: Taxpayer #1 _____ Email Address _____

Date of Birth: Taxpayer #2 _____ Email Address _____
Please * your preferred contact

Was there a change in your address, marital status, or dependents during the year?

 Yes _____ No _____ Please give details.

In which format would you like your copy of your 2025 tax return? Email _____ Print _____

How would you like to sign your efile authorization form? Docusign _____ Print _____

If you are entitled to a refund from either the state or the federal government and would like it to be directly deposited in your bank account, please provide the following:

Bank Name _____

Routing Number _____ Account Number _____

Type of Account: Checking _____ or Savings _____

WAGESPlease attach W-2s. **If you earned overtime during 2025 please attach your final paystub for the year.****NEW CAR INTEREST**

Did you buy a new car in 2025? How much did you pay for interest on your loan during 2025? _____ Please include the VIN for the vehicle _____.

Was anyone in the household on Marketplace health insurance during 2025? If so, please include Form 1095-A.

Did you contribute to a 529 education savings plan? If so, how much did you contribute for each student? _____

DEPENDENTS

First, Initial, Last	Date of Birth	Social Security #	Relationship	# of months @ home in 2025
	:	:		
	:	:		
	:	:		

CHILDCARE EXPENSES

Did you make payments for childcare for a dependent(s) during 2025? Amt. _____ In order to claim the credit, and/or if you received employer provided day care benefits, we need the following on the person/organization that provided care:

Name _____ Address _____

Soc. Sec./ I.D. number _____ Child Name _____ Amt. _____

Did you pay any expenses in relation to the adoption of a child? If so, how much? _____ Please let us know if this child is a special needs child.

ESTIMATED TAX PAYMENTS

(Do not include below carryforwards on your 2024 tax return. Only include amounts actually paid)

	Federal	State		
	<u>Amount Paid</u>	<u>Date Paid</u>	<u>Amount Paid</u>	<u>Date Paid</u>
4 th Quarter 2024	_____	_____	_____	_____
1 st Quarter 2025	_____	_____	_____	_____
2 nd Quarter 2025	_____	_____	_____	_____
3 rd Quarter 2025	_____	_____	_____	_____
4 th Quarter 2025	_____	_____	_____	_____

Do you expect any material change from 2025 in your income for 2026? If so, how much?

Increase _____ Decrease _____

How was copper wire invented? Two accountants were arguing over a penny.

OTHER INCOME

Did you receive state income tax refunds in 2025? Amount _____ Please attach Form 1099-G if applicable.

Did you receive any unemployment compensation? Amt. _____ Attach Form 1099-G.

Did you receive a Form SSA-1099 for social security benefits? Amount paid _____ Amount repaid _____ Attach Form SSA-1099.

Did you receive any lottery or gambling winnings? _____ Please attach Form W-2G.

Did you receive any pension or annuity payments this year? Please attach Form 1099-R.

If you received any rental income, please submit details pertaining to the address of the property, expenses, income, and cost of the property.

Did you receive any income or loss from an estate or trust? Please attach the Form K-1 that was provided to you.

Did you receive alimony? Indicate amount _____. Please give us the date of divorce on your divorce decree _____.

At any time during 2025, did you receive, sell, send, exchange or otherwise acquire any financial interest in any virtual currency (Crypto)? _____ Please attach detail of any sales during 2025.

INTEREST INCOME

PLEASE include copies of Form 1099, DO NOT COPY NUMBERS FROM THEM. Also remember that we must report tax-exempt interest.

Indicate the amount of interest received, if any, from seller-financed mortgages _____ the name, address and social security number of the person paying the interest _____.

Did you have a financial account(s) in a foreign country? Was the combined value more than \$10,000? _____ If yes, please list the country, the bank, the address, the account number(s) and the approximate maximum value(s).

DIVIDEND INCOME

PLEASE attach copies of Form 1099, DO NOT COPY NUMBERS FROM THEM. Capital gains distributions and nontaxable distributions must also be reported.

SECURITY TRANSACTIONS

Please send us the year-end statement from your broker and form 1099-B.

Did any stock you own become worthless during 2025? Yes _____ Please describe.

BUSINESS MILEAGE

If you deduct auto expenses, PLEASE fill in the following: Total number of months you drove the car in 2025 _____; total mileage for the car in 2025 _____; business mileage 1/1/2025 - 12/31/25 _____ date this car was put in service _____ average daily round trip commuting distance _____; do you (or your spouse) have another vehicle available for personal use? Yes No Do you have evidence to support your deduction? Yes No Is this evidence written? Yes No

RETIREMENT PLAN CONTRIBUTIONS

Did you make contributions to any of the following? If so, indicate amount.

	Taxpayer	Spouse
SEP	Amt. _____	_____
Traditional IRA	Amt. _____	_____
Roth IRA	Amt. _____	_____
Simple Plan	Amt. _____	_____

MISCELLANEOUS

Did you pay any student loan interest for yourself or a dependent? _____ amt. Please attach Form 1098-E.

Did you pay education expenses for yourself or a dependent? _____ amt. If you received a 1098-T please include.

Did you pay premiums for long-term care insurance? (This is not health care insurance.) _____

Did you pay alimony? Indicate amount _____ and to whom: Name _____ Social Security Number _____. Please give us the date of divorce on your divorce decree _____.

Did you make payments/contributions to a health savings account? What was the amount? _____ Did you take distributions from a health savings account? Please include Form 1099-SA. What was the amount? _____

Did you make any energy improvements to your house during 2025? If so, what were they and what was the cost of the improvements? _____

If you were an educator, did you spend up to \$300 on qualified expenses used in the classroom? Amt _____

Did you make a gift in excess of \$19,000 during 2025 to any individual? Yes No

If you made purchases from out of state retailers who do not collect sales tax, please give us the amount of total purchases. _____

MAINE

Do you wish to purchase a park pass for entry into Maine State Parks?

Individual pass (\$55) _____ Vehicle pass (\$105) _____

Do you wish to contribute to any of the following Maine charitable funds?

Companion Animal Sterilization Fund	Amt. _____
Maine Children's Trust Fund	Amt. _____
Endangered & Nongame Wildlife Fund	Amt. _____
Maine Military Family Relief Fund	Amt. _____
Maine Veterans' Memorial Cemetery Fund	Amt. _____
Maine Public Library Fund	Amt. _____
Maine Children's Cancer Research Fund	Amt. _____
Emergency Food Assistance Program Fund	Amt. _____

Did you pay student loan payments during 2025 on an associate's or bachelor's degree after 2007 or a master's degree after 2015 from an accredited Maine college or university? Were you a Maine resident during college and continue to be a resident now? Please include education loan payment information. _____

ITEMIZED DEDUCTIONS

Medical Expense:

Total out of pocket medical and dental expenses _____

Taxes:

State income taxes _____

Real estate taxes _____

Excise taxes (do not include registration fee) _____

Interest Expense:

Home mortgage paid to financial institution _____

*Home equity line of credit interest is deductible for interest paid on the purchase of a residence or improvements of that residence.

If your interest includes amounts for items other than above, please let us know.

Mortgage interest paid to an individual (give name, address & social security number)

Points paid separately to buy or improve home _____

Contributions:

Cash or check _____

Noncash contributions (attach required statement) _____

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