

Information Needed for Filing Extensions 2025 Tax Return

WARNING: Payment made electronically with extensions directly out of your bank account requires a signed and dated Permission Form. Failure to file on time is 5% per month starting April to a maximum of 25%. This means that by August, you will have generated 25% of the tax owed with your return as a penalty. This can be quite a sizable amount. Be conservative on your estimates of expenses and include all income. Even if you have a timely filed extension, the late pay penalty and interest accumulate from the April filing deadline forward.

HOW MUCH CAN YOU PAY TO THE IRS

FEDERAL\$_____STATE \$_____ with an extension.

ALL CLIENTS & SPOUSE:

TAXPAYER'S Driver's License No. _____ **STATE** _____

ISSUE DATE _____ **EXPIRATION DATE** _____

SPOUSE'S Driver's License No. _____ **STATE** _____

ISSUE DATE _____ **EXPIRATION DATE** _____

1. ALL INCOME - SEPARATE BY TYPES

A) SELF-EMPLOYED PER SPOUSE Taxpayer _____ **Spouse** _____

B) W2'S-PREFER COPY OF W2'S FAXED OR EMAILED _____

C) INTEREST INCOME _____

D) DIVIDENDS _____

E) PROPERTY SALES (Cost, Date of Purchase, Sale Amount & Date)

F) TAXABLE PENSION DISTRIBUTIONS _____ (Please provide 1099-R's)

2. TAX WITHHELD-FEDERAL & STATE _____ (Fax or Email W-2's, 1099-R's, Etc.)

3. AMOUNT OF ESTIMATED TAX PAID (FEDERAL _____ STATE _____)

DO NOT INCLUDE AMOUNTS PAID IN JANUARY, MARCH & APRIL OF 2025 THAT WERE PAID FOR THE PRIOR YEAR WITH THE EXTENSION, ESTIMATED TAX COUPONS OR BALANCE DUE ON THE 2024 TAX RETURN..

INCLUDE AMOUNTS PAID IN APRIL, JUNE, SEPTEMBER OF 2025 OR JANUARY OF 2026-THIS WOULD BE FOR THE 2025 TAX RETURN

4. A ROUGH ESTIMATE OF EXPENSES – IT IS BETTER TO BE CONSERVATIVE. EXPENSES NEED TO BE BROKEN DOWN INTO SELF-EMPLOYED _____ AND EMPLOYEE EXPENSES _____.

5. STOCK SALES NEED DATE OF PURCHASE, DATE OF SALE, COST AND SELLING PRICE.

6. MORTGAGE INTEREST PAID _____ REAL ESTATE TAX PAID _____

7. ADDRESS IF CHANGED FROM PRIOR YEAR

8. FAX NUMBER OR EMAIL

FAX (____) _____ - _____ If temporary until what date _____

Email: _____

9. DID YOU HAVE HEALTH INSURANCE ALL YEAR? _____ YES _____ NO

If not, what months were you covered? _____

NEW CLIENTS OR CLIENTS WITH NEW OR LESS DEPENDENTS OR CHANGES OF ADDRESSES:

11) COPY OF THE SOCIAL SECURITY CARDS (ALL FAMILY MEMBERS)

12) DATE OF BIRTH (ALL FAMILY MEMBERS)

13) RELATIONSHIP (ALL FAMILY MEMBERS)

14) ADDRESS FOR TAX RETURN & ADDRESS FOR MAILING.

I PREFER A FAX OR EMAIL WITH THIS TAX INFORMATION RATHER THAN CALLING PLEASE FOLLOW UP TO MAKE SURE WE RECEIVED YOUR TAX INFORMATION!