Warren Office (586) 751-6060 Fax (586) 751-1533 www.hkglcpa.com

Heemer Klein & Company, PLLC

Accounting and Tax Services

Richmond Office (586) 727-5145 Fax (586) 727-5062 www.hkglcpa.com

2025 TAX DATA SHEET

	TAXPAYER			TAXPAYER (SPOUSE)					
NAME									
Soc. Sec.#									
DRIVERS LIC. #									
LIC ISSUE DATE									
LIC. EXP. DATE									
OCCUPATION									
DATE OF BIRTH									
HOME ADDRESS					CITY	, ST, ZII	•		
TELEPHONE #	HOME ()	-		CEL	L ()	-	
	CELL ()	-						
EMAIL ADDRESS(ES)					SCH	OOL D	ISTRICT	-	
NAME (FULL)		Soc.	SEC.#	RELATIONSHI	P]	BIRTH	DATE	MONTHS AT HOME	CHILD CARE EXPENSES

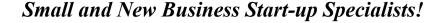
CHILDREN AND / OR DEPENDENTS — USE BACK IF NEEDED BANK ACCOUNT INFORMATION FOR DIRECT DEPOSIT OF REFUND

Providing this information will significantly decrease the time required to receive your refund!						
Account Type	Checking	Savings	Joint?	_		
Account Number						
	Account Type	Account Type Checking_	Account Type Checking Savings	Account Type Checking Savings Joint?		

BRING THIS TAX INFORMATION WITH YOU

- All W2's from your employer
- All Interest and Dividend Income Statements (1099 INT, 1099 DIV, 1099B Statements) from banks, credit unions, and brokerage firms (including all VIRTUAL currency transactions—such as Bitcoin etc).
- Social Security statements (SSA-1099); Pension, Annuity, and/or IRA distributions (1099R)
- Real Estate tax bills for 2025 (paid or not) and for previous years paid in 2025.
- Any other income statements for miscellaneous income, unemployment, alimony, prizes, state & local tax refunds, lottery winnings (W2G), etc.
- Tuition information for each college student (1098-T) and a list of all related college expenses
- If this is your first year with Heemer Klein, we need a copy of your 2024 and 2023 tax returns to best prepare your 2025 return.
- If you were in the health care marketplace and received a government subsidy, you should have received a form 1095-A. We must have this form to reconcile your premiums.







2025 ESTIMATED TAX PAYMENTS PAID (TAXPAYER MUST COMPLETE, IF APPLICABLE)

	FEDERAL ESTIMATES		STATE	ESTIMATES	CITY ESTIMATES	
	AMOUNT	CHECK# & DATE	AMOUNT	CHECK # & DATE	AMOUNT	CHECK # & DATE
4/15/25						
6/16/25						
9/15/25						
1/15/26						

Tax Updates

• Please see our website www.hkglcpa.com



for the latest tax updates.

Schedule A - Itemized Deduction Worksheet:

The following information will be required if you plan on itemizing your deductions. The standard deductions are as follows: married filing jointly (\$31,500), married filing separately and single-filers (\$15,750), and head of household (\$23,625). (If over 65 or blind, additional \$2,000 for single/\$1600 per spouse for filing joint.)

Please be advised that paid bills and canceled checks claimed as deductions must be kept for a period of at least three years from tax due date to comply with tax regulations and audit procedures. DO NOT CLAIM as deductions any bills that have not actually been paid within the calendar year of 2025.

MEDICAL	CONTRIBUTIONS	TAXES		
Dentist -	CASH OR CHECKS - ALL CONTRIBUTIONS MUST HAVE BOTH STATEMENTS AND CANCELED CHECKS TO QUALIFY	This category is limited WITH all State and Local Income Taxes.		
Doctors -	Church -	Home Property Taxes -		
	College/University -	2 nd Home –		
Hospital -	Other -	Land -		
Ins. Reimbursement -		License Tabs -		
Lodging Expenses -				
Long Term Care Premiums -	NON CASH - IF OVER \$500 MUST HAVE DETAILED LIST AND VALUE OF DONATION WITH NAMES AND ADDRESSES	Interest Expenses		
Medial Insurance – other than	Salvation Army/Goodwill -	Home Mortgage –		
Medicare -				
Miles Driven for med. care	Other -	*Home Equity -		
Prescription Drugs	Other -	**LAND CONTRACTS -		
Other (glasses etc) -	Charitable Mileage -			

^{*}For Home Equity Loan – Deductible only if used to purchase or improve home.

*Alimony – paid (or received) Date Divorce agreement executed **Child Care expenses (12yrs/under)Gambling losses IRA Contributions made before April 15, 2026 Did you contribute to a Health Savings Acct (HSA)? (Do NOT include employer's contributions.)

^{**}Must have name/address/ID# of child caregiver





^{**}For Land Contracts – We need the name, address, and social security number of the owner.

^{*}Must have name and SS# of Alimony recipient