

Carlinville CPA Group, LTD.

2025 Tax Questionnaire

COMPLETION OF THIS TAX QUESTIONNAIRE, ALONG WITH YOUR SIGNATURE, IS MANDATORY FOR THE 2025 TAX SEASON.

Name _____ Date of Birth _____ Spouse's Name _____ Date of Birth _____
Street Address _____ City _____ Zip _____ County _____
Your Social Security Number _____ Spouse's _____
Your Occupation _____ Spouse's _____
Phone _____ Best time to reach you _____
E-Mail Address _____

Identity Verification

Please provide a copy of your driver's license/state identification card or provide the following:

Taxpayer State _____ License Number _____ Issue Date _____ Expiration Date _____
Spouse's State _____ License Number _____ Issue Date _____ Expiration Date _____

Please provide the following tax support documents when delivering your tax information to us for the preparation of your 2025 Individual Income Tax return. Also, please check (☒) each form provided.

	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
W-2		1099C (Debt Cancellation)		1099B Brokerage Statements	
1099 INT		1099G		1099 MISC	
1099 DIV		1099SSA		1098 Mortgage Int.	
1098 T (Tuition)		1099LTC		1099R	
1099Q (529 w/d)		1099A		1099S (Sale of RE)	
1041 K-1		1065 K-1		1120S K-1	
1099 SA (HSA)		1095A, B, C		1099-NEC	

Please provide any additional tax documentation so that we may accurately include all taxable income you may have received throughout the year. If you are uncertain, provide the information and we will determine the tax impact.

Overtime Income: Standard 2025 W-2 forms will not provide adequate information about overtime income. To calculate the deduction correctly, we will need a separate statement from your employer stating **total overtime hours and pay rate** OR a copy of your final paystub for 2025 showing year-to-date overtime hours and payrate.

Please take a moment to complete the following questionnaire so that we can accurately report all necessary tax events for this tax year. Your signature is required on the last page.

Electronic Filing – Your return will be filed electronically unless you elect out by marking the following box.

**Do Not
E-File** ☐

An Executive Order was signed into effect on September 30, 2025, ceasing the issuance of paper checks for all Federal disbursements and requiring all payments made to the Federal Government be processed electronically. Therefore, you will no longer be able to receive your refunds or make your tax payments by paper check. Please provide your bank account information for direct deposit or withdrawal.

Please provide the following:

Bank Name _____ Routing Number _____

Account Number _____ Checking ☐ Savings ☐

Dependents for 2025									
	1.		2.		3.		4.		
Name:	_____		_____		_____		_____		
Date of Birth:	_____		_____		_____		_____		
Soc. Sec. #:	_____		_____		_____		_____		
Relationship:	_____		_____		_____		_____		
# of months lived in your home in 2025:	_____		_____		_____		_____		
College Student:	YES	NO	YES	NO	YES	NO	YES	NO	
Does this dependent have income in excess of \$1,150	YES	NO	YES	NO	YES	NO	YES	NO	
Did you pay for childcare while you worked or looked for work?						YES		NO	
If so, please provide the following:									
Provider's name:		_____							
Provider's address:		_____							
Social Security No. or EIN No.:		_____							
Amounts paid in 2025:		_____							
Did you adopt a child or begin adoption proceedings during 2025?						YES		NO	
Federal, State, and Local Tax Payments									
Estimated Payments		Date Paid		Federal Amount		State Amount		Local Amount	
2025 1 st Qtr. ES due 04-15-2026		_____		\$ _____		\$ _____		\$ _____	
2025 2 nd Qtr. ES due 06-16-2026		_____		\$ _____		\$ _____		\$ _____	
2025 3 rd Qtr. ES due 09-15-2026		_____		\$ _____		\$ _____		\$ _____	
2025 4 th Qtr. ES due 01-15-2027		_____		\$ _____		\$ _____		\$ _____	
Refund Application: If you have an overpayment of 2025 taxes, do you want the excess:						Yes		No	
Applied to your 2026 estimated tax liability?									
Schedule A – Itemized Deductions Information									
Medical									
	Gross Paid			(Less) Ins. Reimb.			Net Paid		
Prescription medications	_____			_____			_____		
Health insurance premiums paid	_____			_____			_____		
Medicare premiums	_____			_____			_____		
Long-term care premiums	_____			_____			_____		
Doctors, Dentists, etc.	_____			_____			_____		
Hospitals, clinics, etc.	_____			_____			_____		
Eyeglasses & Other	_____			_____			_____		
Nursing Home Facilities	_____			_____			_____		
Total Medical	_____			_____			_____		

Medical (continued)	Yes	No
Were any medical miles driven in 2025? If so, how many: _____		
Did you have a Marketplace Insurance plan with premium tax credits? If so, please provide form 1095-A.		
Did you or your spouse have any transactions pertaining to a Health Savings Account (HSA) or Medical Savings Account (MSA) during 2025? If you received a distribution from an HSA or MSA, please attach Form 1099-SA.		
Interest Paid		
Please provide all 1098 Mortgage Interest statements for 2025.	Yes	No
Are you claiming a deduction for mortgage interest paid to a financial institution, for which someone else received the Form 1098? If so, please specify:		
Did you pay any points to refinance your mortgage? If so, provide information:		
Did you pay any student loan interest in 2025? If so, provide information:		
Did you pay any investment interest in 2025? If so, provide information:		
Did you pay interest on a home equity loan in 2025? If yes, provide amount \$ _____ Was the loan used to substantially improve your home?		
Did you finance a NEW (not pre-owned) vehicle in 2025? If yes, provide amount of interest paid in 2025 \$ _____ If yes, provide the VIN _____		
Taxes Paid (Limited to \$10,000)	Yes	No
Did you pay any real estate tax in 2025? Principal residence _____ Second residence/vacation home _____		
Did you pay personal property tax in 2025? Amount _____		
Did you make any large purchases, such as a motor vehicle, RV, or boat in 2025? If so, please provide us with the invoice amount and sales tax paid on the transaction.		
Other taxes - please provide information.		

Contributions		
Regarding charitable contributions, how much of your deductible contributions were made in the following forms:		
Cash:	Only list the total amount for which you have receipts. Receipts are required, regardless of the dollar amount, even for as little as a \$1 contribution.	\$
Check:	For checks and credit cards, only list the amount you can substantiate with the following: (1) For separate contributions of \$250 or more, you must have written acknowledgement from the charity, your canceled check is not enough; (2) For separate contributions under \$250, either a bank record or a receipt is required.	\$
Credit card:		\$
Clothing and household goods:	These must be in good condition or better. Only list the total amount you can substantiate with receipts if the contribution is \$250 or greater. Please indicate the name and address of the charity:	\$
Other contributions:	Please describe and attach support.	\$
Educator Expenses:	Classroom teachers and counselors please provide amount of unreimbursed expenses for supplies, books, materials, etc.	
Schedule B – Interest and Dividend Income		Yes
Did you receive dividend income on shares of stock that you did not own for at least 61 days during the 121-day period beginning 61 days before the ex-dividend date?		
Did you surrender any U.S. savings bonds during 2025?		
Did you have any tax-exempt income? If so, please provide statements.		
Schedule C – Business Income and Expenses		Yes
If you are a Schedule C filer, please provide the amount you paid in health insurance premiums for yourself and your dependents. \$ _____ If so, have you opted out of a group health plan from a spouse's employer?		
Do you have a record of total miles and business miles driven? Business car expenses need to be substantiated with mileage logs and trip sheets for each trip. (Note that commuting miles between your home and a fixed work location are not considered deductible business miles.)		
If yes, please provide the following:	Business miles:	Total miles:
Auto Make, Model and Year:		Date placed in service:
Rental Property		Yes
Did you have any rental activity in 2025? If so, please complete our rental activity worksheet.		
Farm Property		Yes
Did you have any farm activity in 2025? If so, please complete our farm activity worksheet.		

Purchases, Sales, and Debts		Yes	No
Did you sell any securities, bonds, or other investment property? If so, please attach a statement of cost basis, dates of purchase, shares acquired, shares sold, date of sale, and sales price.			
If you sold at a loss, did you buy back the identical security sold within 30 days before or after the sale? If yes, please explain:			
Did you purchase or sell a rental property or farm, or acquire or sell any interest in any partnership or S Corporation during 2025? Please provide us with the K-1s as soon as they are available.			
If you had debt forgiven, you may be required to report debt relief income. Provide any 1099-A and/or 1099-C received.			
Did you purchase an electric vehicle in 2025? If so please provide details.			
Home/Real Estate Transactions		Yes	No
Did you sell, exchange, or purchase any real estate in 2025? If so, please attach the closing statements.			
Did you claim a first-time Home Buyer Credit for a home purchased in 2008 - 2010?			
Did the residence with respect which you claimed the credit cease to be your principal residence in 2025?			
Did you install any energy efficient improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters? If yes, provide details:			
Did you install any alternative energy equipment in your residence such as geo-thermal, wind turbines, solar water heaters, solar electricity equipment (photovoltaic), or fuel cells? If yes, provide details:			
Did you sell your primary residence in 2025? If no, go to the next section.			
If yes, did you own and occupy the home as your principle residence for at least 2 years out of the 5-year period prior to the sale?			
Did you ever rent this property?			
Did you ever use any portion of the home for business purposes?			
Have you or your spouse sold a principal residence within the last 2 years?			
At the time of the sale, the residence was owned by:		<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	
IRA/Pension Distributions/Contributions		Yes	No
Did you withdraw any amounts from your Individual Retirement Account (IRA), Roth IRA, or pension plan?			
Indicate amount of total withdrawal/distribution and provide all 1099Rs.		\$	
If so, was it to acquire a principal residence, pay for qualified higher education expense, or medical expenses?			
Did you make a contribution to a retirement plan, 401(k), SIMPLE, SEP, or IRA that is not reported on your W-2 or K-1 for 2025?			
If so, indicate amount and type of plan.			
Taxpayer: Regular IRA _____ Roth IRA _____ Date _____ Spouse: Regular IRA _____ Roth IRA _____ Date _____			

IRA/Pension Distributions/Contributions (continued)				Yes	No
Did you receive retirement or severance compensation in 2025?					
Did you or your spouse turn age 73 during the year and have money in an IRA or other retirement account without taking a distribution?					
Were any distributions from your IRA and/or Roth IRA distributed to a charitable organization? If yes, provide details:					
Education Costs				Yes	No
Did you or your dependents incur any post-secondary education expense, such as tuition? PLEASE ATTACH FORM(s) 1098-T					
Student's Name: _____ Year in School: _____ Type of educational expense and amount: _____ Student's Name: _____ Year in School: _____ Type of educational expense and amount: _____ Student's Name: _____ Year in School: _____ Type of educational expense and amount: _____					
Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (529 Plan)? Please provide form 1099-Q and list of expenses paid.					
Did you or your spouse make any contributions to a Qualified State Tuition Plan (Section 529 plans) or a Coverdell Educational Savings Account during 2025, such as Illinois Bright Start or Missouri Most Program? If so, please enter the following information and provide year end statements for all accounts:					
Name of Designated Beneficiary	Social Security No.	State Sponsoring Plan	Account No.	Amount Contributed in 2025	
				\$	
				\$	
Miscellaneous				Yes	No
Did you pay alimony/maintenance in 2025? If so: Payee: _____ Amount: \$ _____ Social Security Number: _____ Date of original divorce or separation agreement: _____ Did you receive alimony/maintenance in 2025? If so: From: _____ Amount: \$ _____ Date of original divorce or separation agreement: _____					
Did you have any one household employee to whom you paid cash wages of \$2,100 for the entire year, or with respect to whom you withheld any federal income tax? Did you pay cash wages to all household employees in excess of \$1,000 in any 2025 calendar quarter?					
Did you file employment tax returns for these household employees?					
Did you receive unreported tip income of \$20 or more in any month in 2025?					

Did you or your spouse receive distributions from long-term care insurance contracts? If yes, include Form 1099-LTC.		
Did you have any gambling or lottery winnings in 2025? Attach copies of your W-2G forms and gambling losses (losses listed by day if possible).		
Did you receive any unemployment benefits in 2025? Attach forms.		
Did you purchase a new "qualified fuel cell motor vehicle"?		
Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year?		
Did you receive a punitive damage award or an award from damages other than for physical illness or injury?		
Did you receive any payments from insurance companies, legal settlements, disability payments, or other taxable income?		
With respect to any trust you have created or for which you are the trustee, have any beneficiaries died during 2025?		
Did you engage in any bartering transactions?		
Did you create or transfer money or property to a foreign trust?		
Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country? If yes, Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts, must be filed. Failure to file can result in penalties ranging from \$25,000 to \$100,000.		
Did you receive an inheritance from a foreign country?		
Did you hold an interest in a foreign financial asset at any time during the year?		
Did you sell or exchange cryptocurrencies, such as Bitcoin? If yes, provide details.		
Have you been involved in a reportable transaction? These are transactions which produce questionable tax shelters, transactions which provide refunds of lost tax benefits, and/or require strict confidentiality of the transaction's tax benefits that result in significant amounts of losses with book to tax differences or provide tax credits with holding periods of less than 45 days. Tax avoidance transactions are included in this category.		
Miscellaneous (continued)	Yes	No
Does your residential jurisdiction require the filing of a local earned income tax/school tax or business privilege tax returns? Note: It is the taxpayer's responsibility to inform us if a local tax return is required within their resident jurisdiction. Please provide the local forms whenever possible.		
Check here if you would like to contribute \$3 to the Presidential Election Campaign Fund. <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> Taxpayer </div> <div style="text-align: center;"> <input type="checkbox"/> Spouse </div> </div>		
Illinois Use Tax	Yes	No
Total cost of general merchandise you purchased to use in Illinois on which you did not pay the required amount of Illinois Use Tax. If \$0, indicate this. \$		
If you had no major purchases and you do not have receipts to figure your purchases, use the Use Tax Table to calculate the Use Tax (approximates 0.06% of AGI).		

Authorization	Yes	No
With your authorization, the IRS and certain states allow us to verify credits, payments, etc., for your tax account online. Do we have your authorization to view this information, if necessary?		
Final Copy of Return		
<p>Would you prefer to receive the final copy of your return as a paper copy or as a paperless PDF file? If you'd like a PDF, please ensure you provide your email address on Page 1.</p> <p>Paper Copy <input type="checkbox"/> PDF <input type="checkbox"/></p>		

Kindly sign below and return this questionnaire to our office with your tax information. You can upload information securely on our website. www.cvcpagroup.com

Very truly yours,
Carlinville CPA Group, LTD.

I (We) have submitted this information for the sole purpose of preparing my (our) tax return. Each item can be substantiated by receipts, canceled checks, or other documents. This information is true, correct, and complete to the best of my (our) knowledge.

Accepted by: _____
 Taxpayer's signature

Date: _____

 Spouse's signature

Date: _____

2025 Business or Rental Income

Please complete the following schedule with as much detail as possible.

	<u>Business or Property #1</u>	<u>Property #2</u>	<u>Property #3</u>
<u>INCOME</u>			
Gross sales	_____	_____	_____
Rent received	_____	_____	_____
Other income	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>EXPENSES</u>			
Advertising	_____	_____	_____
Commissions and fees	_____	_____	_____
Insurance	_____	_____	_____
Interest - other	_____	_____	_____
Interest - mortgage	_____	_____	_____
Legal and professional	_____	_____	_____
Meals and entertainment	_____	_____	_____
Office expense	_____	_____	_____
Real estate taxes	_____	_____	_____
Rent or lease	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Travel	_____	_____	_____
Utilities	_____	_____	_____
Vehicle expense	_____	_____	_____
Wages	_____	_____	_____
Miscellaneous:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Capital improvements	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Equipment purchases	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Business mileage _____

Vehicle model, year, and date purchased _____

Do you actively participate in the management of the above activity?

YES

NO

2025 Farm Income

Please complete the following schedule with as much detail as possible.

INCOME

Corn sales	_____	
Soybean sales	_____	
Other crop sales	_____	
Custom work/machine hire	_____	
Government payments	_____	(Enclose Form 1099-G)
Livestock sales	_____	
Cash rent received	_____	
Patronage received	_____	(Enclose Form 1099-PATR)
Crop insurance received	_____	(Enclose Form 1099-MISC)
Other income	_____	(Enclose Form 1099-NEC)

EXPENSES

Cash rent	_____
Chemicals	_____
Dues and subscriptions	_____
Drying	_____
Feed purchases	_____
Fertilizer	_____
Fuel and oil	_____
Insurance	_____
Interest - other	_____
Interest - mortgage	_____
Lease payments	_____
Legal and professional	_____
Livestock	_____
Machine hire	_____
Real estate taxes	_____
Repairs - buildings	_____
Repairs - machine	_____
Seed	_____
Storage	_____
Supplies	_____
Taxes and licenses	_____
Utilities	_____
Vehicle	_____
Veterinary & medicine	_____
Wages	_____
Miscellaneous:	_____
_____	_____
_____	_____
_____	_____

Landlord reimbursements	_____	
Land/building improvements	_____	(include copies of invoices)

Equipment purchases	_____	(include copies of invoices)
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Business mileage _____ Miles

Vehicle model, year, and date purchased _____