

**Daniel Altobelli, CPA**  
**Tax Year 2025**  
**(609) 947-0319**  
**AltobelliCPA@gmail.com**  
**Tax Preparation Checklist**

**Personal Information (If you are returning client and no information has changed, you can leave dates of birth and social security numbers blank for security purposes)**

**If you are a new client, please provide a copy of your previous TWO years of federal tax returns.**

Full Name: \_\_\_\_\_ Date of Birth: [Click or tap to enter a date.](#)

Street Address: \_\_\_\_\_

Social security number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Driver's License Information – State: \_\_\_\_\_ Number: \_\_\_\_\_**

**Expiration:**

Were you legally married as of December 31, 2025?

YES  NO

If married, Spouse's name: \_\_\_\_\_

Date of Birth: [Click or tap to enter a date.](#) SSN: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Spouse's License Information – State: \_\_\_\_\_ Number: \_\_\_\_\_**

**Expiration:**

Do you want \$3 of your tax to go to the Presidential Election Fund?

YES  NO

Does anyone claim you as a dependent?

YES  NO

Do you have any children that you may claim as a dependent?

YES  NO

If so, dates of birth and social security numbers (Please check the LWY box if the child lives with you.):

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN \_\_\_\_\_ LWY

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN \_\_\_\_\_ LWY

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN \_\_\_\_\_ LWY

Are the children in any type of childcare?  YES  NO

Childcare provider and amount paid: (including the provider's name, address, and Tax ID number): \_\_\_\_\_

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Did your employer reimburse you for any of this care?  YES  NO

Did anyone else (other than your spouse or children) live in your home at some point during

the year or did you provide support to anyone who did not live with you?

YES  NO

**Income (Please provide all forms also: W-2's, 1099's, K-1s, etc)**

Did you receive income this year from work that you did as an employee?  YES  NO

Did you have more than one job this year?  YES  NO

If yes, which one best describes the situation?  Change Jobs  Second Job  Both

Did you receive income this year from work you did as an independent contractor?  YES  NO

Did you receive any retirement income (401K, Pension, IRA, or Social Security income)?  YES  NO

Were you required to take a required minimum distribution (RMD) in 2025?  YES  NO

To the best of your knowledge, did your employer make changes to your 401K?  YES  NO

Did you receive disability or pension benefits from the Dept of Veteran's Affairs?  YES  NO

Did you receive any savings or investment income (interest or dividends)?  YES  NO

Did you sell any investments this year? Please provide 1099-B form.  YES  NO

Did you have your own business during the year (self-employed)?  YES  NO

If yes, did this business provide healthcare to you or your employees?  YES  NO

Did you receive form 1099-K from any third-party payment processor (Ebay, Venmo)?  YES  NO

Are you a stakeholder in a partnership or S-Corporation?  YES  NO

Did you receive alimony from an ex-spouse?  YES  NO

Did you collect unemployment during the year?  YES  NO

Did you rent real estate to someone else this year?  YES  NO

Did you sell any rental real estate this year?  YES  NO



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Did you receive an Advanced Premium Tax Credit for any of the coverage listed above?  YES  NO  
Please provide the name(s) and policy number(s) of the healthcare insurance provider(s)

If you answered "No" to the first question, please explain who did not have coverage, for how long, and the reason that there was no coverage.

**"NEW FOR 2025" Items:**

Did you purchase or refinance a NEW car in 2025? If so, please provide the following:  YES  NO  
VIN#  Click or tap here to enter text. Interest paid:  Click or tap here to enter text.

Did you receive tips in an occupation that customarily and regularly receive tips?  YES  NO

How are these tips reported to you? (W-2, 1099-NEC, 1099-K, 4137 etc)  YES  NO

Did you work overtime (greater than 40 hours in a week) in 2025?  YES  NO

Is this information reported to you separately from other wages?  YES  NO

If not, please provide your final pay stub for 2025.

Did you open a sec.70204 (Trump) Accounting in 2025?  YES  NO

Did you receive any retroactive payments from Social Security related to your previous employment with an organization not subject to Social Security withholdings?  YES  NO

**"OUT AFTER 2025" Items:**

Did you install energy-efficient windows, insulation, a/c, furnace or water heater, exterior doors, new electric panel, or had an energy audit done in 2025?  YES  NO

Did you purchase a new or used electric, hybrid, or fuel-cell vehicle **before 10/1/2025**?  YES  NO

Did you make any energy efficient home improvements (including solar) in 2025?  YES  NO

**Refund Direct Deposit**

If you would like your refund direct deposited, please provide the routing and account number of your financial institution (**If it is the same account as last year, just write SAME**):

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Please provide any other information or questions you might have that you feel is relevant to your tax situation:

I attest that the information provided above is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_