

HOW TO USE YOUR 2025 COMPREHENSIVE TAX ORGANIZER

This organizer is designed to make preparing your 2025 tax return as simple and convenient as possible so you can spend your valuable time and energies elsewhere. It provides clear direction to help you know what (and what NOT) to include when submitting your documents, your options for HOW to submit them, and what to expect for next steps. So, grab a cup and let's do this.

Checking the Boxes will help you keep track of your progress.

STEP 1: Go through and ANSWER ALL Yes/No Questions:

The QUESTIONS help you and FSM determine the possible tax-related events that occurred in your life for Tax Year 2025. Please answer ALL of them – Do Not Leave Blank. For all questions with a YES answer (or for your spouse, if married-filing-jointly), please provide the corresponding form or documentation as indicated.

STEP 2: Gather / Prepare your Documents and Information: either as paper or electronic copies (PDF preferred)

- Complete the Personal Information Section – Page 2 - REQUIRED
- Complete the 2025 Payments and Penalties Section, if applicable
- Gather your documents, preferably in the order indicated by this organizer
- For returning clients with Self-Employment income, Rental Properties, Oil & Gas Royalties, or income from trusts, etc. your personalized worksheets based on last year's return are available upon request.
- If you have everything together but know that you are WAITING for that one document that always arrives late in the season, please gather and submit everything else and indicate what you are waiting for here: _____ . We will get to work on the rest and note the delayed document.
- Check this box if it's likely you'll need an extension. See Extension Information attached.

STEP 3: Submit your Completed Packet, including this Organizer no later than the due date.

DIGITAL: You may scan all your documents (including this Organizer) as one PDF and upload to your SmartVault folder (preferred). Or you may scan individual documents as you get them and upload to your SmartVault folder. iPhone users can use the SmartVault app to take photos of documents if you do not have a scanner. NOTE: You must convert photos to jpeg (.jpg) or PDF (.pdf) files as we cannot access .heic files (iPhone photos default file type), .tif, .html (weblinks), .pages, or .sheets.

PAPER: If you are submitting via paper, simply include this form along with COPIES of your documents. We will scan to your Vault and shred the copies promptly. ORIGINAL documents will be returned to you via regular mail. You are welcome to bring your documents to the office for our Scan-While-Wait service available by appointment. Call the office to schedule. Allow 30 minutes.

Step 4: Let us know when you're ready – once you have ALL your documents submitted, text "GO" or call 303-988-1411. We will prepare your return and your Advisor will call you when it is ready to be discussed.

Keep track of important notes and/or any questions you wish to discuss with your preparer here:

1.

2.

3.

4.

REQUIRED PERSONAL INFORMATION QUESTIONS

<input type="checkbox"/> Yes <input type="checkbox"/> No	Did your marital status change during the year? If yes, how? _____												
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive, sell, send, or exchange any virtual currency? If yes, include 1099-DA. You will need to provide cost basis (purchase price).												
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have an interest in, signature, or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? If yes, include bank statements from the foreign bank for the full year.												
<input type="checkbox"/> Yes <input type="checkbox"/> No	Could you be claimed as a dependent on another person's tax return for 2025? If yes, whose? Name: _____ SSN: _____												
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were there any changes in dependents for 2025? If you added a dependent(s), provide a copy of the Social Security card for each NEW dependent. If no longer claiming a dependent from last year, list name here: _____												
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2025? If yes, Child's name: _____												
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you adopt a child in 2025? If yes, provide copy of the Social Security card, and record of legal, medical, and transportation costs applicable to the adoption.												
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any children under age 18 or full-time students under age 24 at the end of 2025 with interest and dividend income in excess of \$1,350, or total investment income in excess of \$2,700? If yes, include 1099-INT and/or 1099-DIV statement.												
<input type="checkbox"/> Yes <input type="checkbox"/> No	Victim of Identity Fraud? Have you received an Identity Protection PIN# for Tax Year 2025 from the IRS? If yes, include IRS letter indicating the 6-digit PIN#. Note: We will not be able to E-file your tax return without this letter.												
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you notified or audited by either the IRS or a State taxing agency in 2025? If yes, include copy of government notice or audit papers. If you have previously supplied these, please disregard.												
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you or your spouse make any gifts to an individual that total more than \$19,000, or any gifts to a trust? If yes, complete chart.												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 25%;">Amount</th> <th style="width: 25%;">Address</th> <th style="width: 25%;">Relationship</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Amount	Address	Relationship								
Name	Amount	Address	Relationship										

2025 TAX PAYMENTS AND PENALTIES – QUESTIONS

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Did you apply an overpayment of 2024 taxes to your 2025 estimated tax (instead of being refunded)?</p> <p>If yes, include in chart on following page.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	If you have an overpayment of 2025 taxes, do you want the excess applied to your 2026 estimated tax (instead of being refunded)?
Option	<p>If you end up owing estimated taxes for next year, 2026, please check your preferred method of payment. FSM will confirm this choice during your return review call and answer any questions you may have.</p> <ul style="list-style-type: none"> <input type="radio"/> I will pay online on my own based on the suggested schedule in my return (recommended). <input type="radio"/> I authorize FSM to set up quarterly automatic withdrawals from my bank account provided on the quarterly due dates. I understand it is my responsibility to have the funds available to pay my quarterly taxes. <input type="radio"/> I prefer to send a check in with the estimate payment vouchers found in my completed return (not recommended). <input type="radio"/> I choose not to pay quarterly estimates and opt for the penalty.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you expect your 2026 taxable income and withholdings to be different from 2025? If so, please explain:

2025 TAX PAYMENTS AND PENALTIES – RECORD OF PAYMENTS**2025 Federal Quarterly Tax Estimate Payments Made**

2024 Refund Applied: \$_____

DUE DATE:	Actual Date Paid:	Amount:	Method:
4/15/2025		\$	
6/16/2025		\$	
9/15/2025		\$	
1/15/2026		\$	

Total Estimated Payment Amount: \$_____

2025 State of ___ Quarterly Tax Estimate Payments Made

2024 Refund Applied: \$_____

DATE:	Actual Date Paid:	Amount:	Method:
4/15/2025		\$	
6/16/2025		\$	
9/15/2025		\$	
1/15/2026		\$	

Total Estimated Payment Amount: \$_____

2025 State of ___ Quarterly Tax Estimate Payments Made

2024 Refund Applied: \$_____

DATE:	Actual Date Paid:	Amount:	Method:
4/15/2025		\$	
6/16/2025		\$	
9/15/2025		\$	
1/15/2026		\$	

Total Estimated Payment Amount: \$_____

 OR: THIS PAGE DOES NOT APPLY TO ME/US

2025 INCOME QUESTIONS

<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive employment income? If yes, include W-2 forms and any separate employer statements for OVERTIME AND TIPS .															
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive any interest income from banks or credit unions? If yes, include 1099-INT forms from each institution.															
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you cash any Series EE US Savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? If yes, include 1099-INT.															
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive any dividend income from investments? If yes, attach 1099-DIV forms from each institution.															
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive any Social Security income? If yes, include 1099-SSA forms.															
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive distribution from IRA, SEP, Simple, or 401K? If yes, include 1099-R.															
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you make any charitable contributions directly from your IRA via Qualified Distributions? If yes, complete chart, include separate sheet if needed. <table border="1" style="margin-left: 20px;"> <tr> <th>Date</th> <th>Amount</th> <th>Name of Charity</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Date	Amount	Name of Charity												
Date	Amount	Name of Charity														
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2025? If yes, include 1099-R.															
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you transfer or rollover any amount from one retirement plan to another IRA or retirement plan? If yes, include 1099-R if you have it. Note: not all rollover transactions will produce this form, so do not worry if you do not have it.															
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any Gambling Winnings, including online sports betting (DraftKings, FanDuel, etc) If yes, include W-2 G for winnings and list of gambling losses.															
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive income from sales on Facebook Marketplace, Etsy, YouTube, Paypal, Venmo, Zelle, Uber/Lyft, etc.? If yes, include 1099-NEC or 1099-MISC or 1099-K.															
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? If yes, include Form 1099-Q.															
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? If yes, include 1099-LTC.															

2025 INCOME QUESTIONS (continued)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust, or did you have an interest in any foreign assets or accounts? If yes, include K-1 and all supporting pages from the trust.												
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive unreported tip income of \$20 or more in any month? If yes, please list source, amounts. <table border="1"><thead><tr><th>Source</th><th>Total Received</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>	Source	Total Received										
Source	Total Received												
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive income from Jury duty, prizes, awards, legal settlements, scholarships, fellowships, lottery winnings, etc.? If yes, complete chart. <table border="1"><thead><tr><th>Type</th><th>Amount</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>	Type	Amount										
Type	Amount												
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sale or Exchange of Assets – Did you sell or exchange any real estate, securities, collectibles, personal property? If yes, provide the corresponding information: <ul style="list-style-type: none"> • Real Estate – Closing Disclosure Document for Sale/Exchange of Home • Securities – 1099-B • Collectibles and personal property – list with amounts and dates <table border="1"><thead><tr><th>Description</th><th>Amount</th><th>Dates</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>	Description	Amount	Dates									
Description	Amount	Dates											
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does anyone owe you money which has become uncollectible? If yes, complete chart. <table border="1"><thead><tr><th>Name</th><th>Amount</th><th>Date Fully Uncollectible</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>	Name	Amount	Date Fully Uncollectible									
Name	Amount	Date Fully Uncollectible											
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive Alimony (aka Maintenance) in 2025 for a divorce dated prior to Dec 31, 2018? If yes, complete chart. <table border="1"><thead><tr><th>Monthly Amt: \$</th><th># of Months:</th><th>Total: \$</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr></tbody></table>	Monthly Amt: \$	# of Months:	Total: \$									
Monthly Amt: \$	# of Months:	Total: \$											
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you earn any foreign income? If yes, complete chart. <table border="1"><thead><tr><th>Source</th><th>Total Received</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>	Source	Total Received										
Source	Total Received												

INCOME FROM BUSINESS, RENTALS, FARMS, OIL & GAS, TRUSTS AND/OR ESTATE

RETURNING CLIENTS:

For returning clients with Self-Employment income, Rental Properties, Oil & Gas Royalties, or income from trusts, etc. your personalized worksheets based on last year's return are available in SmartVault. Please complete these worksheets as part of your tax documentation. Failure to provide complete P&L information could result in additional bookkeeping fees and/or significant delays in filing.

For QuickBooks users, you can create a Backup copy and upload a .qbb file to your SmartVault. Please be sure to include Username and Password to access the file.

You may also provide your P&L in your preferred format.

Please check here for all that apply to you:

- Reporting for Self-Employed
- Reporting for Business Use of Home and/or Vehicle Expenses
- Reporting for Rental Properties
- Reporting for Farm Income
- Reporting for Income from Oil & Gas Royalties
- Reporting for Trusts, Estates, etc.

Please INSERT any of the above applicable documents after this page, if submitting paper.

If submitting digitally, please upload the applicable worksheets to your SmartVault folder.

If you need a bookkeeper referral, email tax@fsm-inc.com or call 303-988-1411 and our Tax Team will be happy to help you.

Yes	No	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? If yes, complete chart.		
		Date	Item	Amount

OR: THIS PAGE DOES NOT APPLY

ADJUSTMENTS TO INCOME – QUESTIONS

<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase health insurance through the Health Insurance Marketplace? If yes, include 1095-A only. No need to include 1095-B or 1095-C.										
<input type="checkbox"/> Yes <input type="checkbox"/> No	Self-Employed ONLY: Did you pay any Health, Dental and/or Long-Term Care insurance premiums in 2025? If yes, include year-end pension stub showing ALL insurance premiums deducted from your pension. <table border="1" style="width: 100%;"><thead><tr><th style="width: 30%;">Type</th><th style="width: 70%;">Total Premium Paid</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>	Type	Total Premium Paid								
Type	Total Premium Paid										
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you contribute to a Health Savings Account (HSA) outside of your employer? Total Amount Contributed: \$_____.										
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive any distributions from a Health Savings Account (HSA) in 2025? If yes, include 1099-SA.										
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you use the HSA distribution for qualified medical purposes?										
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay interest on a Student Loan? If yes, include 1098-E form.										
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay Alimony (aka Maintenance) for a divorce dated prior to December 31, 2018? Name of Payee: _____ SSN: _____ Date of Divorce Decree: _____ <table border="1" style="width: 100%;"><thead><tr><th style="width: 33%;">Monthly Amount</th><th style="width: 33%;"># of Months:</th><th style="width: 34%;">Total Paid</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr></tbody></table>	Monthly Amount	# of Months:	Total Paid							
Monthly Amount	# of Months:	Total Paid									
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station? If yes, include receipts for direct moving expenses. Note - Moving Expenses are no longer deductible unless they are related specifically to being in the military.										
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you engage the services of any household employees? If yes, include payroll documentation.										

DEDUCTIONS – SHOULD I ITEMIZE? OR TAKE THE STANDARD DEDUCTION?

If you Itemized last year, we have included your Schedule A in this packet or in your Vault for your reference.

The purpose of this section is to help you determine if it is better for you to itemize your deductions or claim the standard deduction based on your filing status. Having a sense of whether you will itemize will help you know what documentation you need to include in your packet. If you end up taking the standard deduction, then it is not necessary to include these documents. Save your time and go walk the dog instead.

How do you know? Generally speaking, it is a matter of which is larger – the total of the list below or the standard deduction, which is \$31,500 for joint filers, \$23,625 for heads of household, and \$15,750 for single filers and those married filing separately for tax year 2025.

Itemized Deductions

- Medical and dental expenses
- Taxes you paid
- Interest you paid
- Gifts to charity

Medical Expenses

Medical and Dental Expenses – You may only deduct the amount of total medical expenses that exceed 7.5% of your AGI (Adjusted Gross Income). These expenses include insurance premiums paid, payments to doctors, dentists, hospitals, prescriptions, nursing homes, and laboratories.

We suggest you gather all medical-related expenses and use this template to tally.

Prescription Medicines and Drugs	
Doctors, Dentists, and Nurses	
Hospitals and Nursing Homes	
Ins Premiums	
LTC Premiums Taxpayer / Spouse	
Insurance Reimbursement	
Lodging & Transportation	
Out-of-Pocket Expenses	
Medical Miles Driven _____	
Other Medical and Dental Expenses: _____	
TOTAL OF ALL MEDICAL EXPENSES:	\$

NO MEDICAL BILLS/RECEIPTS NEEDED: If you complete this chart, you do not need to submit any medical documentation to FSM for the purposes of completing your tax return. It is good practice to retain these receipts for your own records. You are welcome to store your medical receipt copies digitally in your SmartVault folder. (If you need assistance, we are happy to help; just reach out).

Note: If self-employed, health/dental/long-term care insurance premiums paid may be deductible, including payments for direct primary care arrangements and health care sharing ministries.

DEDUCTIONS – SHOULD I ITEMIZE? OR TAKE THE STANDARD DEDUCTION? (continued)

Taxes Paid – Check all that apply and include amounts and/or supporting documentation

- Real Estate Property Taxes – Paid for all properties, provide BOTH tax bills for 2024/2025 and 2025/2026
- Vehicle Registration – Provide copy, front & back, of vehicle registration forms paid in 2025
- Sales Tax – Paid on any vehicles or any recreational vehicles purchased in 2025. Include the purchase contracts
- State Income taxes paid
- Foreign Income Tax

Credit Interest Paid

- Form 1098 Mortgage Interest – Mortgage interest paid on ALL real estate
- Closing disclosure document on any Purchase or Refinance Transactions – principal residence
- Interest Paid – (finance charges) for recreational vehicles that have a kitchen, sleeping area, and toilet
- Investment Interest Expense

Charity

Charitable Donations to qualified organizations are likely tax deductible. Note: Crowdfunding donations are **not** deductible.

- Cash Contributions
- Volunteer Expense/Mileage
- Non-cash Charitable > \$500
- Other contributions > \$500
- Qualified Charitable Distributions

Be sure to include ALL Charitable Donation receipts, letters, etc. regardless of total amounts donated.

Donation	Organization	Date	Amount	Check #	Tax Ded.

Casualty and theft losses

- Casualty and Theft Losses: Deductible only if in Federally-declared disaster area. Report amount of damage, insurance, or other reimbursement if applicable, and police report if applicable.
- OR: THIS SECTION ON DEDUCTIONS DOES NOT APPLY TO ME/US**

CREDITS – QUESTIONS

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Did you pay for daycare in 2025?</p> <p>If yes, complete chart - list Provider's name, address, tax ID number, and amount paid for each child and each provider.</p> <table border="1"> <tr> <td>Name of Child</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Provider Name</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SSN or TIN</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Provider address</td> <td></td> <td></td> <td></td> </tr> <tr> <td>City State Zip</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Amount Paid</td> <td></td> <td></td> <td></td> </tr> </table>	Name of Child				Provider Name				SSN or TIN				Provider address				City State Zip				Amount Paid			
Name of Child																									
Provider Name																									
SSN or TIN																									
Provider address																									
City State Zip																									
Amount Paid																									
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Did you pay for Education expenses, including tuition, books, fees, computers, supplies, etc.?</p> <p>If yes, include Form 1098-T and list of expenses.</p>																								
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Did you make a contribution to a College Invest Colorado-sponsored 529 Educational plan?</p> <p>If yes, include your Dec 31, 2025 statement.</p>																								
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Did you purchase an Alternative Fuel Vehicle in 2025?</p> <p>If yes, include purchase contract and registration.</p>																								
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Did you make any residential energy-efficient improvements or purchases involving doors, windows, high efficiency furnace and A/C, solar, wind, geothermal, or fuel cell energy sources?</p> <p>If yes, include amount paid, date placed in service, and copy of contract.</p>																								
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Did you pay Long Term Care premiums in 2025?</p> <p>If yes, include the statement showing amount paid.</p>																								

CONGRATULATIONS! Please sign and date below and submit your document packet per instructions on page one.

This form was completed by:

Please Print Name:	Date:
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Step 4: Let us know when you're ready – once you have ALL your documents submitted, call or text “GO” to 303-988-1411. We will prepare your Tax Return and let you know when it is ready to discuss. Remember, if you have everything together but you are waiting for one document, ie: a K-1, you can still text “GO” and mention the missing document and let us know if you think an extension is necessary. We will get started and note the hold until your final document comes in. Once the return is completed, your Advisor will reach out to discuss the results and next steps.

For questions or assistance with submitting tax documents, please visit www.fsm-inc.com, email tax@fsm-inc.com, or call 303-988-1411. Thank you for the opportunity to serve you for your tax preparation needs. - **Your Tax Team at Financial Security Management**

- **Tax Agreement for Individuals (for new clients only)**
- **W-2's, Salaries, Wages** - For you and your spouse from all employers
- **NEW:** Statement from employer for overtime and/or tips
- **1099-INT & 1099-OID** - Interest earned
- **1099-DIV** - Dividends earned
- **1099-B** - Sale or exchange of stocks, bonds, mutual funds, or any type of investment security. Include date of purchase and cost of each, regardless of gain or loss (brokerage statements may provide this information)
- **NEW: 1099-DA** – Proceeds from digital asset transactions (Crypto, NFTs, etc)
- **1099-R** - Distributions and rollovers from pensions, retirement plans, 401(k) and 403(b) plans, IRA, Roth IRA, deferred compensation plans, retirement plan Roth conversions, annuities, insurance policies, and defaulted retirement plan loans
- **W-2G** - Gambling winnings and losses
- **1099-SSA** - Social Security Benefits / Alimony / Miscellaneous Income
- **1099-G** - State Tax Refund or Unemployment Benefits
- **1099-Q** - Education Distribution - Payments from qualified education programs, 529 Plans, CollegeInvest
- **1099-QA ABLE Distributions**
- **1099-SA Distributions from Health Savings Account (HSA, MSA, Medicare Advantage Plans)**
- **Form 1098-T** - Education Expenses
- **Form 1098-E** - Student Loan Interest Paid
- **Form 5498-SA** - Health Savings Account (HSA) Contributions
- **Form 1095-A Healthcare Advance Payment** - Insurance purchased on the Marketplace
- **1098-MTG - Mortgage Interest Statement** - Mortgage Interest paid on all real estate
- **1099-NEC or 1099-K or 1099-MISC** - Non-Employee Compensation for work you did for someone else, online sales, gigs, Venmo and Zelle transactions, Uber/Lyft, etc.
- **1099-LTC** - Long Term Care Policy Statement Page
- **1099-S & Closing Disclosure document from the Sale or Exchange of Real Estate**
- **1099-C and 1099-A** - Cancellation of Debt Loan Modifications, Foreclosure, Short Sale, Debt Cancellations, Debt or Loans Forgiven or Discounted
- **K-1's** - from Partnerships, LLC's, Investments, S-Corporations, Trusts, Estates (please include all pages)