



CRAFT & ASSOCIATES, LLC
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2025

Disclosure of Facts/Information for Tax Return Preparation

Tax Payer Information (Record personal details if changes from last year)

Last Name: _____ Last Name: _____

First Name: _____ First Name: _____

Middle Initial: _____ Suffix: _____ Date of Birth: _____ Middle Initial: _____ Suffix: _____ Date of Birth: _____

Social Security Number:

Occupation: _____ Occupation: _____

Work Phone: _____ Ext. _____ Work Phone: _____ Ext. _____

Mobile Phone: Mobile Phone:

Email Address: Email Address:

Address: _____ Apt. No. _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Fax No: _____

State of Residence for the year (if other than current): _____ Taxpayer: _____ Spouse: _____

State of residence for the year (if other than current): Taxpayer: Spouse:
Eligible to be claimed as a dependent on another return: Yes / No

Eligible to be claimed as a dependent on another return. Yes No

Dependent Information

Childcare & Preschool Expenses:

Provider Name	Address	Tax ID Number	Amount Paid

Higher Education Expenses*:

*Please include all 1098-T Forms

Student Name	College, University or Educational Institute	Tuition Costs	Other Costs

Total Qualified Student Loan Interest Paid*:

*Please include 1098-F Forms (if available)

Questions

Personal & Dependent Information		Yes	No				
1. Did your marital status change during the year?.....							
If yes, explain: _____							
2. Do you have dependents with Income? If a child & investment income > \$1,900, please inquire further.....							
3. Did you provide > half the support for any other person during the year?.....							
4. Did you incur adoption expenses during the year?.....							
Items Related to Income/Losses		Yes	No				
5. Did you buy, sell, trade, or exchange Cryptocurrency during the year? If so, please provide reports..... detailing the transactions, 1099-B forms or equivalent, and an explanation of your activities.							
6. Did you receive a distribution from an IRA or other Qualified Plan? If so Form 1099-R must be attached.... If yes, was the distribution rolled over into another IRA or qualified plan within 60 days?.....							
7. Did you receive tip or other income not reported by your employer or via form 1099?.....							
8. Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property?..... If yes, please attach closing or escrow/settlement statements.							
If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?.....							
9. Was any debt cancelled by a lender during the year? If so, please attach 1099-C or 1099-A, if applicable..							
10. Did you incur any casualty or theft losses during the year?.....							
11. Did you pay any individual for domestic services during the year?.....							
12. Did you buy or sell any stocks, bonds or other securities during the year? If so, please attach 1099-B....							
13. Did you purchase Health Insurance via an Exchange (healthcare.gov)? If so, 1095-A must be attached.							
14. Were you paid any overtime wages? If yes, please provide your last paycheck stub(s).....							
15. Did you purchase a brand new vehicle via a loan during 2025? If yes, provide the VIN & Interest below...							
VIN #:_____	Loan Interest paid in 2025:_____						
Refund and/or Tax Payment Designations							
Please provide the following information on your account if you want Direct Deposit or Withdrawal :							
Bank Name:_____	Checking	Savings					
Bank Rtg #:_____	Bank Account #:_____						
Estimated (Quarterly) Tax Payments							
Federal		State		Local			
Date	Amount	Date	Amount	ID	Date	Amount	ID
Other Information & Signature(s)							
_____ _____ _____							

AFFIRMATION:

I/we affirm that the information disclosed herein is accurate, true & complete to the best of my/our knowledge & instruct Craft & Associates, LLC to rely upon it for preparation of my/our tax return(s).

Taxpayer Name: _____ Signature: _____ Date: _____

Taxpayer Name: _____ Signature: _____ Date: _____

Income Sources

Provide all the following forms when applicable. If you believe you should have received a form, but did not, please let us know.

- | | |
|--|--|
| 1. W-2 Forms | Wages & Compensation |
| 2. SSA-1099: | Social Security Benefits |
| 3. 1099-B: | Stock or Securities Sales |
| 4. 1099-Div: | Dividend Income |
| 5. 1099-G: | Government Payments (including Unemployment) |
| 6. 1099-Int: | Interest Income |
| 7. 1099-Misc: | Miscellaneous Income |
| 8. 1099-Q: | Payments from Qualified Education Programs |
| 9. 1099-R: | Retirement, pension, annuity, etc. |
| a. Was any of this distribution rolled over or converted? Yes No | |
| b. If yes, please explain: _____ | |
| 10. 1099-S: | Sale of Real Estate |
| 11. 1099-SA: | Health Savings Account Distributions |
| 12. W-2G: | Gambling Winnings: _____ Gambling Losses: _____ |
| 13. K-1 Forms: | Partnership, S-Corporation, Trust or Estate Income |
| 14. Alimony: | Payers Name: _____ Soc. Sec. #: _____ Divorce Date: _____ |
| 15. Other Income: | Amount: _____ |
| 16. Crypto: | Purchase, Sale, Trade or Exchange of Cryptocurrency (forms will vary). |

Deductions

Retirement Contributions:	Taxpayer	Spouse
Traditional IRA contributions made during year:	_____	_____
Roth IRA contributions made during year:	_____	_____
SEP, Simple, Individual 401(k) or other contributions made during year:	_____	_____
Medical Expenses:		
Prescription Medications:	_____	Eye Glasses & Contacts: _____
Health Insurance Premiums:	_____	Medical Equipment & Supplies: _____
Health Savings Account (HSA) contributions:	_____	Miles driven for medical (log req.): _____
Doctors, Dentists, etc.:	_____	Lodging (\$50 max per night): _____
Hospitals, Clinics, Lab Fees, etc.:	_____	Other: _____
Long-Term Care Expenses:	_____	Other: _____

Taxes:		
Real Estate Taxes		
Principle Residence (provide stmt.):	_____	Sales Tax: _____
Additional homes or land (provide stmt.):	_____	Other Personal Property Taxes: _____
Vehicle (auto, boat, other) Registration Fees:	_____	Other: _____

Interest:		
Mortgage Interest (provide Form 1098):	_____	Margin (Investment) Interest: _____
Private Mortgage Insurance (PMI):	_____	*If you sold or purchased a home this year, please provide the settlement stmt(s).
Points Paid: New Loan: _____	Refinance: _____	

Charitable Contributions:		
Cash Contributions (list Donee Organization):	Non-Cash Contributions (list Org. & attach documents)	
_____	_____	_____
_____	_____	_____
_____	_____	_____

*If you made any repairs or improvements to your home relating to energy efficiency, please provide details.

Rental Property Income and Expenses (Duplicate if needed)

Basic Property Information

Property type: Commercial Residential

Location (street address): _____

City: _____ State: _____ Zip: _____ Foreign Country: _____

1. Is the property owned via an LLC or other entity? Yes No

If yes, Entity Name: _____ Entity EIN: _____

2. If owned personally, check property owner..... Taxpayer Spouse Joint Yes No

3. Enter the ownership percentage (if not 100%) _____

If not 100%, are you reporting 100% of the income and expenses?

4. Is this property rented to a family member?

5. Do you have rental contract?.....

6. Is this property rented at fair market value?

7. Did you have personal use of this rental property?

If yes, enter number of days: Rented: _____ Personal Use: _____ Owned: _____

8. Does this rental have multiple living units and you live in one of the units?.....

If yes, enter percentage of rental use: _____

9. Did you actively participate in this property's management during this tax year?

10. Did you materially participate in this property's management during this tax year?.....

11. Did you dispose of this property or change it's use?

Important: If Craft & Assoc. did not prepare preceding years return, include the following:

- Copy of the most recent historical depreciation record
- Copy of prior year Schedule E & Form 8582 if applicable.

Income

14. Rents Received

Expenses

15. Advertising

16. Automobile (mileage log required)

17. Cleaning and maintenance.....

18. Commissions.....

19a. Mortgage insurance premiums – qualified

 b. Other insurance

20. Legal and professional fees

21. Management fees

22a. Mortgage interest paid to banks – qualified

 b. Mortgage interest paid to banks – other

23. Other interest

24. Repairs*

25. Supplies.....

26a. Real estate taxes.....

 b. Other taxes.....

27. Utilities.....

28. Other expenses.....

.....

.....

.....

Total Rental Property Expenses (autosum):.....

*If any repairs or improvements to rental property relate to energy efficiency, please provide details.

Business Income & Expense Worksheet

General Information

*If you received an Employee Retention Credit refund do NOT include this with Revenue. Include only the interest portion of the payment.

1. Business Name _____				
2. Business Street Address _____	City _____	State _____	Zip _____	
3. Principal Business Profession.....	4. Tax ID # _____			
5. Type of Entity* Sole Proprietorship	Corporation	Partnership	LLC	Other: _____
6. Has an S-Election been filed for this entity? Yes	No			

Income	Amount	Assets	Amount	Date
5. Gross Receipts or Sales		Ending Bank Balance		
		Equipment Purchased		
6 Other Income (interest etc.)		Equipment Sold		

Cost of Goods Sold (if applicable)

7. Purchases (for resale, etc.) 8. Direct Materials.....

General Expenses

NOTE: If Any Expense is both Business & Personal; you must provide amounts or allocation %.

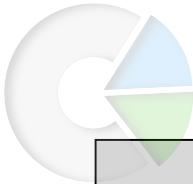
9. Accounting	32. Postage
10. Advertising	33. Printing & Reproduction
11. Bank Fees	34. Repairs & Maintenance
12. Cleaning	35. Rents
13. Commissions & Fees	a. Equipment Rental
14. Computer Services & Supplies	b. Property/Building Rental
15. Contract Labor/Outside Services ...	36. Salaries & Wages (attach W-3)
16. Credit & Collection Costs	a. Gross Wages
17. Delivery & Freight	b. Social Security & Medicare (FICA).....
18. Dues & Subscriptions	c. Federal Unemployment
19. Gifts	d. State Unemployment
20. Health Savings Account (HSA)	37. Security
21. Insurance	38. Supplies
a. Health Insurance	39. Taxes
b. Liability Insurance	a. State Income or Franchise Tax
c. Life Insurance	b. Property Taxes
d. Property Insurance	c. Other Misc. Taxes
22. Interest	40. Telephone
a. Finance Charges	41. Tools
b. Loan Interest	42. Training & Continuing Education
23. Internet Service	43. Travel (airfare, lodging, rental car)
24. Laundry	44. Uniforms
25. Legal & Professional	45. Utilities
26. Licenses	46. Vehicle Expenses
27. Meals & Entertainment	a. Vehicle:
28. Miscellaneous	b. Beg. Mileage: End Mileage:
29. Office Supplies	c. Business Mileage (log required):
30. Parking & Tolls	d. Fuel: Other:
31. Permits & Fees	

*If you have a new business entity or you are a new client, please provide the following documents at your first appointment:

- Articles of Incorporation or Organization
- Verification of Subchapter S-Corporation status, if applicable
- All business shareholder, partner or member names & social security/tax ID numbers, with percentage of ownership

Farm Income and Expenses

General Information		Yes	No
Name of this farm			
1	Check ownership	Taxpayer	Spouse
2	Principal Product.....	Joint	
3	Employer identification no.....		
5	Was this farm fully disposed of in a fully taxable transaction during 2017?.....		
6	Did you materially participate in the operation of this business during 2017?		
7	At-risk determination:		
a	Is all of the investment in this activity at risk?.....		
b	Is some of the investment in this activity not at risk?		
8	Did you have unallowed passive losses in the previous year?.....		
Farm Income			
9	Sales of livestock, etc. purchased for resale.....		
10	Cost/Basis of livestock, etc. purchased for resale		
11	Sales of livestock, produce, grains, etc. raised.....		
12 a	Total distributions received from cooperatives (provide 1099s)		
b	Taxable amount of distributions received from cooperatives		
13 a	Total agricultural program payments (provide 1099s)		
b	Taxable amount of agricultural program payments		
14 a	Crop insurance proceeds/federal crop disaster payments received in this tax year.....		
b	Taxable crop insurance proceeds/federal crop disaster payments.....		
c	Crop insurance proceeds/federal crop disaster payments deferred from prior year.....		
15	Custom hire (machine work) income.....		
16	Other income – include federal/state gas tax credit/refund.....		
Farm Expenses			
17	Car and truck expense (mileage log required).....		
18	Chemicals.....		
19	Conservation expenses.....		
20	Custom hire (machine work).....		
21	Employee benefit programs other than pension and profit-sharing plans.....		
22	Feed.....		
24	Freight and trucking.....		
25	Gasoline, fuel, and oil.....		
26a	Insurance (other than health).....		
b	Self-employed health insurance attributable to this farm business.....		
27	Interest:		
a	Mortgage (paid to banks, etc).....		
b	Other.....		
28	Gross wages.....		
29	Pension and profit-sharing plans.....		
30	Rent or lease:		
a	Machinery, equipment, etc		
b	Other (land, animals, etc).....		
31	Repairs and maintenance.....		
32	Seeds and plants purchased.....		
33	Storage and warehousing.....		
34	Supplies purchased.....		
35	Taxes.....		
36	Utilities.....		
37	Veterinary, breeding, and medicine.....		
38	Other expenses (specify):		
NEW EQUIPMENT PURCHASES: _____		Date: _____	
		Date: _____	



Long Haul Truck Driving

Gross Income (include all 1099's): _____

General Expenses:

Advertising: _____

ATM/Bank Fees: _____

Broker Fees: _____

Cell Phone: _____

Communications (fax, internet): ... _____

Contract Labor: _____

Dues & Subscriptions: _____

Education & Training: _____

Health Insurance: _____

Interest (include year end stmt): .. _____

Laundry & Uniforms: _____

Loading & Unloading Fees: _____

Medical (drug tests, physicals): _____

Office Supplies: _____

Postage & Shipping: _____

Printing & Reproduction: _____

Professional Fees: _____

Salaries & Wages (attach W-3): _____

Uniforms (work clothing): _____

Workers Comp. Insurance: _____

Out-of-Town Travel:

Number of Overnights: _____

Airfare: _____

Ground Transportation: _____

Lodging: _____

Showers: _____

In-Home Office:

Home-Owners Insurance: _____

Mortgage Interest (attach 1098): ... _____

Property Taxes: _____

Rent: _____

Repairs & Maintenance: _____

Square Footage: Office: House: _____

Utilities: _____

If a new client, please include the following*:

Business Name: _____

Start Date: Tax ID #: _____

Entity Type: _____

*Attach copy of S-Election verification if applicable

By completing this form, I affirm the information disclosed herein is accurate to the best of my knowledge, and instruct Craft & Associates to rely on it in the completion of the tax return.

Trucking Expenses:

Claims & Damages: _____

Equipment or Trailer Rent: _____

Fuel: _____

Insurance: _____

Licenses: _____

Oil & Fluids: _____

Parking: _____

Plates: _____

Repairs & Maintenance: _____

Scale Fees: _____

Supplies: _____

Tires: _____

Tolls: _____

Tools: _____

Washes: _____

Yard Rent: _____

Taxes:

Hwy Use (2290): _____

IFTA/Fuel Tax: _____

Payroll: _____

Other: _____

Equipment:

Personal Vehicle Mileage (log required):

Beg. Mileage: End Mileage: _____

Total Miles: Business Miles: _____

Equipment				
Description	Date	Amount	Bought/Sold	
			Bo.	So.

Other Expenses (include any items not listed or for which there are questions regarding):

Name: Signature: Date: _____

Mileage Log

Name: _____

Total Mileage recorded:

TOTAL MILEAGE:



Provided courtesy of  Craft & Associates, LLC

*Mileage "calc" field will automatically calculate based upon Odometer numbers.
If Odometer numbers not used, enter mileage in manual field