

## Disclosure of Facts/Information for Tax Return Preparation

*Spouse Information:*

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

Dependent Information:


### Childcare & Preschool Expenses:

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### Higher Education Expenses\*:

\*Please include all 1098-T Forms


# Questions

<b>Personal &amp; Dependent Information</b>		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?.....							
<b>Items Related to Income/Losses</b>		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 <b>overtime</b> 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: _____							
<b>Refund and/or Tax Payment Designations</b>							
Please provide the following information on your account if you want <b>Direct Deposit or Withdrawal</b> : Bank Name: _____      Checking      Savings Bank Rtg #: _____      Bank Account #: _____							
<b>Estimated (Quarterly) Tax Payments</b>							
Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID
<b>Other Information &amp; Signature(s)</b>							

## 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:

Traditional IRA contributions made during year: \_\_\_\_\_

Roth IRA contributions made during year: \_\_\_\_\_

SEP, Simple, Individual 401(k) or other contributions made during year: \_\_\_\_\_

**Taxpayer**

**Spouse**

### 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

Points Paid: New Loan: \_\_\_\_\_ Refinance: \_\_\_\_\_ year, please provide the settlement stmt(s).

### 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 %.

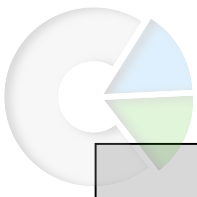
- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>9. Accounting .....</li> <li>10. Advertising .....</li> <li>11. Bank Fees .....</li> <li>12. Cleaning .....</li> <li>13. Commissions &amp; Fees .....</li> <li>14. Computer Services &amp; Supplies .....</li> <li>15. Contract Labor/Outside Services ...</li> <li>16. Credit &amp; Collection Costs .....</li> <li>17. Delivery &amp; Freight .....</li> <li>18. Dues &amp; Subscriptions .....</li> <li>19. Gifts .....</li> <li>20. Health Savings Account (HSA) .....</li> <li>21. Insurance               <ol style="list-style-type: none"> <li>a. Health Insurance .....</li> <li>b. Liability Insurance .....</li> <li>c. Life Insurance .....</li> <li>d. Property Insurance .....</li> </ol> </li> <li>22. Interest               <ol style="list-style-type: none"> <li>a. Finance Charges .....</li> <li>b. Loan Interest .....</li> </ol> </li> <li>23. Internet Service .....</li> <li>24. Laundry .....</li> <li>25. Legal &amp; Professional .....</li> <li>26. Licenses .....</li> <li>27. Meals &amp; Entertainment .....</li> <li>28. Miscellaneous .....</li> <li>29. Office Supplies .....</li> <li>30. Parking &amp; Tolls .....</li> <li>31. Permits &amp; Fees .....</li> </ol> | <ol style="list-style-type: none"> <li>32. Postage .....</li> <li>33. Printing &amp; Reproduction .....</li> <li>34. Repairs &amp; Maintenance .....</li> <li>35. Rents               <ol style="list-style-type: none"> <li>a. Equipment Rental .....</li> <li>b. Property/Building Rental .....</li> </ol> </li> <li>36. Salaries &amp; Wages (attach W-3)               <ol style="list-style-type: none"> <li>a. Gross Wages .....</li> <li>b. Social Security &amp; Medicare (FICA) .....</li> <li>c. Federal Unemployment .....</li> <li>d. State Unemployment .....</li> </ol> </li> <li>37. Security .....</li> <li>38. Supplies .....</li> <li>39. Taxes               <ol style="list-style-type: none"> <li>a. State Income or Franchise Tax ....</li> <li>b. Property Taxes .....</li> <li>c. Other Misc. Taxes .....</li> </ol> </li> <li>40. Telephone .....</li> <li>41. Tools .....</li> <li>42. Training &amp; Continuing Education .....</li> <li>43. Travel (airfare, lodging, rental car) ..</li> <li>44. Uniforms .....</li> <li>45. Utilities .....</li> <li>46. Vehicle Expenses               <ol style="list-style-type: none"> <li>a. Vehicle: .....</li> <li>b. Beg. Mileage: _____ End Mileage: _____</li> <li>c. Business Mileage (log required): _____</li> <li>d. Fuel: _____ Other: _____</li> </ol> </li> </ol> |
|---|--|

\*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      Joint
2	Principal Product.....		
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?.....		
<b>Farm Income</b>			
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.....		
<b>Farm Expenses</b>			
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.
			Bo. So.
			Bo. So.
			Bo. So.
			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:								
DATE	DESCRIPTION	PURPOSE	FROM	TO	ODOMETER		MILEAGE	
					START	FINISH	(calc)*	manual
TOTAL MILEAGE:								

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