

CORNERSTONE

TAX SERVICE

Firm Foundation, Solid Solutions



Taxpayer's Full Name: _____ **Spouse's Full Name (if married):** _____

Taxpayer's Social Security Number: _____ **Spouse's Social Security Number:** _____

Taxpayer's Date of Birth: _____ **Spouse's Date of Birth:** _____

Taxpayer's Occupation Title: _____ **Spouse's Occupation Title:** _____

Taxpayer's Mobile Phone Number: _____ **Spouse's Mobile Phone Number:** _____

Taxpayer's Email Address: _____ **Spouse's Email Address:** _____

Mailing Address (including zip code):

Home Phone Number: _____

What County did you and your spouse live in as of January 1, 2025? _____

Did you update your driver's license during the year? YES NO

If yes, please provide a copy of the updated driver's license

Do you have updated bank information or still need to provide it? YES NO

If yes, please provide the bank information or a copy of a blank, voided check. _____

On December 31st were you: Single, Married, or if Married but living apart since what date _____

Is there a signed Form 8332 or a divorce decree that allows someone else to claim your children? YES NO

If you claim Head of Household, do the children live with you more than 6 months of the year? YES NO

Can your parents or someone else claim you on their return? YES NO

List all dependents (not your spouse) living with you last year. Enter DOB & SSN only for new additions only.

First Name Last Name	Birth Date (Mo/day/year)	SSN	Relationship to you	Lived with you all year Y/N	Childcare/ Preschool Y/N	College Y/N	Private School Y/N

PLEASE CONTINUE ON BACK 

Did you pay Real Estate/Property Taxes last year? YES NO

Do you have a home equity loan or line of credit? YES NO (Must be used solely for home improvement)

Did you pay any amounts to an Ex-Spouse for alimony AND/OR maintenance for a divorce prior to 12/31/18? YES NO

If yes then enter your Former Spouse's Name & SSN _____

Did you receive any income in the form of alimony or maintenance from a divorce prior to 12/31/18? YES NO

Did you pay any Child Care Expenses (Nanny, Pre-school, before/after care) YES NO If yes, how much? _____

Name _____ Provider EIN# or SSN# _____

Provider's Address _____

Did you make any of the following Energy Improvements to your MAIN home in 2025? YES NO

QUALIFIED Doors, Windows, Skylights, Insulation, Water Heater, Furnace, A/C - See Energy Star's website for requirements

QUALIFIED Solar Electric System, Solar Water Heater, Fuel Cell Property, Small Wind Energy Property, or Geothermal Heat Pump

Will you be claiming any education credits? YES NO (You must have a 1098-T)

Will you be claiming any interest paid on student loans? YES NO (You must have a 1098-E)

Any Personal Property Taxes? (Ex. Excise tax on license plates, this does not apply in IL) YES NO

Any unearned income? (Ex. Dividends from stocks, Bank Interest from savings) YES NO

Did you have Medical, Dental, or Vision expenses in excess on 7.5% of your income? YES NO

Did you make any cash contributions or non-cash donations to charities and have receipts? YES NO

Did you contribute to an IRA (Individual Retirement Account) in 2025 or will you before 4/15/2026? YES NO

If yes, was it a Roth IRA or a Traditional IRA? _____

Did you have any 1099-R Retirement Distributions? YES NO

If yes, were any of the 1099-R Retirement Distributions made as Qualified Charitable Distributions (QCD)? YES NO

Did you have any self-employment income? YES NO

Did you sell any stocks or bonds? YES NO

Did you receive, sell, exchange, or dispose of any financial interest in digital assets (ie. Cryptocurrency, BitCoin?) YES NO

Did you have any rental property income? YES NO

Did you have any Social Security income? YES NO

Are there any years that you did not file your taxes? YES NO

If Yes, what years haven't been filed? _____

Did you send in Quarterly Estimated Federal or State tax payments? YES NO

Did you buy a vehicle, building materials, boat or make any other LARGE purchase incurring a LARGE amount of sales tax? YES NO

Did you receive tips in an occupation where tipping is customary? YES NO

If yes, please provide the total amount of tips you received during the year. _____

Did you earn qualifying W-2 overtime pay under Fair Labor Standards Act (FLSA) rules? YES NO

Union overtime qualifies only if your Collective Bargaining Agreement follows FLSA Section 7. If yes, provide final 2025 pay stub.

Do you have a car loan for a new vehicle purchased after December 31, 2024 with final assembly in the U.S.? YES NO

If yes, please provide the vehicle's year, make, model, VIN, and loan origination date. _____

(Indiana Residents only)

What County did you and your spouse work in as of January 1, 2025?

Taxpayer _____ Spouse _____

Did you pay rent? YES NO How many months did you pay rent? _____ How much was your monthly rent? \$ _____

Landlord's Name & Address _____

Taxpayer's Signature _____ Date _____

Spouse's Signature _____ Date _____