



# 2025 TAX CHECKLIST

TEL: (833) 801-3986

Email: [sdptaxsupport@pathwaywealthtax.com](mailto:sdptaxsupport@pathwaywealthtax.com)  
Website: [www.pathwaywealthtax.com](http://www.pathwaywealthtax.com)

**By MAIL:**  
4270 Riverwalk Parkway #102  
Riverside, CA 92505

**By Fax:** (951) 479-9199

I AM FILING A FAFSA FORM THIS YEAR



Tax Forms  
Download Link

**PLEASE NOTE: On any tax work/docs received after March 25, 2026 the preparation fees will be subject to a 25% RUSH CHARGE**

There are more changes in this year's checklist which we have added to keep up with new IRS rules and to help us give you the best possible return results.

Save money and taxes by **fully** completing this checklist. We'll be able to complete your taxes faster, find more deductions and plan for next year. Use this checklist to guide you in sorting your records. Add up the **totals** of your expenses. You will **NOT** need to provide canceled checks or receipts. Round to nearest dollar (\$2.50=\$3 \$2.49=\$2).

**The forms below are available in PDF format upon request and on website:**

**Moving Expense Form**

**Non-Cash Contributions Form**

**Rental Income Form**

**PLEASE PROVIDE: PLEASE NOTE: Any tax work/docs received after March 25, 2026 subject to a 25% RUSH CHARGE!**

- A copy of your previous year's Federal and State tax returns (if it was not prepared by our firm).
- ALL W-2 and 1099, 1099R, SSA-1099 (Social Security) forms and ALL 1098 forms & Form 1095 (copies OK).**
- Escrow settlement (closing) statements of real estate bought or sold during the year.
- If you received payment assistance with health insurance, **we MUST HAVE your form 1095-A from the insurer.**

**Y    N    Did you have money in OR signature authority over any foreign bank or financial account?**

**Y    N    Did all foreign accounts total \$10,000 or more at any time during 2025? (Report due 04/15/2026)**

## GENERAL INFORMATION

 If we already have this, just fill in your name and add any new information.

	Title	Name (Last, First, MI)	Occupation	Birthdate	Social Security #	Full-Time Student?
<b>Self</b>						
<b>Spouse</b>						
<b>Dependents</b>						

PLEASE UPDATE Student status (a "full-time student" attended for a part of each of 5 calendar months)

Current Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_ School District \_\_\_\_\_

E-mail \_\_\_\_\_



Cell

Cell/Spouse

Home

FAX

# QUESTIONNAIRE *These items could lead to more deductions. PLEASE CHECK ALL THAT APPLY.*

Page 2

## YES NO

1. Did you pay post-high tuition for a family member? Student's name \_\_\_\_\_  
Year of Study (1=Freshman) \_\_\_\_\_ School or college \_\_\_\_\_ Amount \$ \_\_\_\_\_
2. Provide 1098-T. Amount paid for books and materials \$ \_\_\_\_\_
3. Do you have a Form 4361 Exemption From Social Security Tax? Please make sure we have an IRS-approved copy.
4. Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?
5. Is anyone in your household 65 years or older? Blind? (Vision in best eye 20/200 or worse? \_\_\_\_\_)
6. Is anyone other than your spouse and children living with you? If so supply name, social security number, the amount of support given them, their relationship to you, the amount of their income and its source.
7. Are you or your spouse permanently disabled?
8. If you do not wish to e-file, there is an additional **\$75 fee** for non-efiled work.
9. Do you plan to buy a home in the next 26 months?
10. Does anyone owe you money you can't collect? Supply their name, address, SS#, loan amount, date, and steps you have taken to collect.
11. Did any stock or securities you own become worthless in 2025? If so, supply details.
12. Did you change denominations in the past two years? (ministers only)
13. Did you or your spouse Pay or Receive spousal support? If so, list name, SS# and amount received or paid: Name \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \$ \_\_\_\_\_
14. Do you use a room in your home as a primary office? If so, please supply the total square feet of your home (subtract hallways, stairs, entryways) \_\_\_\_\_, and the square feet used for business \_\_\_\_\_. Complete Housing Expense Section, next page.\*\*
15. Did you replace exterior doors, windows, water heater, furnace, or install solar/wind energy? Please provide purchase contract.

<b>Retirement Plans</b>		<b>Plan Total</b>		<b>Amount You Added 2025</b>	
		Self	Spouse	Self	Spouse
<input type="checkbox"/>	Do you have a "dormant" retirement plan? If so, please supply details.	TSA/403(b)	\$ _____	\$ _____	\$ _____
Y/N		IRA or SEP IRA	\$ _____	\$ _____	\$ _____
<input type="checkbox"/>	Did you or your employer contribute to a plan?	Roth IRA	\$ _____	\$ _____	\$ _____
Y/N		401K	\$ _____	\$ _____	\$ _____
<b>Please provide copies of year-end statements</b>		Employer Plan	\$ _____	\$ _____	\$ _____
		Other	\$ _____	\$ _____	\$ _____

## Estimated Tax Payments

	<b>Federal</b>	<b>State</b>	<b>Date Paid</b>
Last year's overpayment credited to this year's tax:	\$ _____	\$ _____	
Amount paid with extension (with Form 4868)	\$ _____	\$ _____	_____/_____/____
Voucher 1 Estimated tax payments (Due April 15):	\$ _____	\$ _____	_____/_____/____
Voucher 2 Estimated tax payments (Due June 17):	\$ _____	\$ _____	_____/_____/____
Voucher 3 Estimated tax Payments (Due Sept. 16):	\$ _____	\$ _____	_____/_____/____
Voucher 4 Estimated tax payments (Due Jan. 15.2026)	\$ _____	\$ _____	_____/_____/____

## INCOME DO NOT INCLUDE "ACCOUNTABLE REIMBURSEMENT PLAN" REIMBURSEMENTS

<b>SOURCE</b>	<b>Self</b>	<b>Spouse</b>	<b>INTEREST INCOME (Provide all 1099-INTs)</b>
Income from 1099's [Provide Forms]	\$ _____	[Provide Forms]	From _____ \$ _____
Income from W-2's [Provide Forms]	\$ _____		From _____ \$ _____
Other Minister's Income	\$ _____	\$ _____	From _____ \$ _____
Housing Allowance	\$ _____	\$ _____	From _____ \$ _____
Rental Value of Parsonage	\$ _____	\$ _____	From _____ \$ _____
Honoraria	\$ _____	\$ _____	From _____ \$ _____
State Tax Refund for 20____	\$ _____	\$ _____	From _____ \$ _____
Social Security [provide SSA-1099s]	\$ _____	\$ _____	
Pensions/Annuities/IRA's	\$ _____	\$ _____	
Unemployment/Disability Income	\$ _____	\$ _____	
Jury Duty	\$ _____	\$ _____	
Prizes & Awards	\$ _____	\$ _____	
Sales of coins, jewelry, art, gold, etc,	\$ _____	\$ _____	
Sales on eBay, Craig's list, etc.	\$ _____	\$ _____	
			<b>STOCK DIVIDENDS (Provide all 1099-DIVs)</b>
			From _____ \$ _____
			From _____ \$ _____
			From _____ \$ _____
			From _____ \$ _____

## SALE/EXCHANGE OF STOCK & PROPERTY - Include Vehicles

Page 3

MUTUAL FUND SALES: If you were not given an Average Cost Statement, provide all annual statements since purchase.

What You Sold	Purchase Date	Date Sold	Sales Price	Cost or Basis	Selling Expense	Gain/Loss (Optional)

Provide escrow "Settlement or Closing Statement" if you bought or sold a home or other property.

### HOUSING EXPENSE *[This section for ministers only, and/or office in home]*

Date you purchased home	Maintenance & Repairs	\$	Utilities (Except Phone)	\$
Rent/Mortgage Payments	Decorations	\$	Cleaning Supplies	\$
Property Taxes*	Furnishings	\$	Miscellaneous	\$
Insurance*	Gardening, Pool Service	\$	Telephone Base Rate	\$
*If not included in rent/mortgage payment. List property tax also on Page 4.				<b>TOTAL</b>

### AUTO EXPENSE *Enter 1 vehicle/1 use per column, so one car may be listed in two or more columns. Reimbursed at less than \$.70 /mile.*

Business/Professional use by:	Self <input type="checkbox"/>	Spouse <input type="checkbox"/>						
Activity (Ministry, Honoraria, Job, etc.)								
Year, Make and Model of Vehicle								
Purchase Price	\$	\$	\$	\$	\$	\$	\$	\$
Date of Purchase/Lease*	/	/	/	/	/	/	/	/
Mileage: <b>Total driven</b>								
Mileage: Professional								
Mileage: Notes								
Parking, Tolls	\$	\$	\$	\$	\$	\$	\$	\$
Gas, Oil, Repairs, Car Wash, Tires, etc.	\$	\$	\$	\$	\$	\$	\$	\$
Insurance Premium (Annual)	\$	\$	\$	\$	\$	\$	\$	\$
Auto Club	\$	\$	\$	\$	\$	\$	\$	\$
Auto License Renewal Fee (All)	\$	\$	\$	\$	\$	\$	\$	\$
Car Loan Interest Paid this Year	\$	\$	\$	\$	\$	\$	\$	\$
Car Lease/Rental	\$	\$	\$	\$	\$	\$	\$	\$

Round-trip commute distance between home and office: Self \_\_\_\_\_ Spouse \_\_\_\_\_

Was vehicle available for personal use after hours? **Yes** **No** Was another vehicle available for personal use? **Yes** **No**

Personal miles driven on employer-owned vehicle? Self \_\_\_\_\_ Spouse \_\_\_\_\_ \*Enter ALL expenses for leased Vehicles

### PROFESSIONAL/EMPLOYMENT EXPENSES

Up to \$25 per recipient for:	SELF	SPOUSE
-Gifts associated with profession:	\$	\$
-Money to transients/indigents:	\$	\$
Hired Services	\$	\$
Professional Dues/Required Tithes	\$	\$
Prof/Business Interest Paid	\$	\$
IncomeTax Preparation	\$	\$
Other office & computer expenses	\$	\$
Repairs	\$	\$
Postage/Stationery/Cards Etc.	\$	\$
Books/Periodicals/Papers/DVDs	\$	\$
Travel: Transportation	\$	\$
Lodging, Misc.	\$	\$
Meals	\$	\$
Professional Entertainment*	\$	\$

Do not include expenses reimbursed by an accountable reimbursement plan

SELF	SPOUSE	
Purchase/Cleaning/ Prof. Garments	\$	\$
Internet/DSL Services	\$	\$
Cell Phone/Pager (Prof. Use Only)	\$	\$
Long Distance/Message Units	\$	\$
Formal Education Expenses	\$	\$
Name of School _____		
Seminars/Conferences/Prof.Growth	\$	\$
Meeting Expenses	\$	\$
Other (List) _____	\$	\$
Other _____	\$	\$
Other _____	\$	\$
Other _____	\$	\$
Other _____	\$	\$

\*Entertaining at home, office or restaurants and associated with the active conduct of your profession.

### EQUIPMENT PLACED IN SERVICE THIS YEAR: (ENTER HERE ONLY)

Date	Description	%Business Use	Spouse or Self?	Purchase Price
Mo/Day				\$
/	_____	_____	_____	\$
/	_____	_____	_____	\$
/	_____	_____	_____	\$

### NEW CLIENTS ONLY (For depreciation):

Current Value Prof. Library	\$	\$
Current Value all equipment, office & professional [Provide List]	\$	\$

## DEDUCTIONS

### MEDICAL EXPENSES

A. Medical/Disability Premiums \$\_\_\_\_\_ (Non-Medicare)

Long-Term Care Premiums:

For you \$\_\_\_\_\_ For Spouse \$\_\_\_\_\_

B. Medical services **not** reimbursed by insurance:

\***These specifics NOT required, just the total.**

Prescriptions \* \$\_\_\_\_\_

Doctors & Dentists \* \$\_\_\_\_\_

Hospitals & Clinics \* \$\_\_\_\_\_

Lab. Fees/X-Rays \* \$\_\_\_\_\_

Physical Therapy \* \$\_\_\_\_\_

Glasses/Contacts \* \$\_\_\_\_\_

Orthopedic Equipment \* \$\_\_\_\_\_

Hearing Aids/Batteries \* \$\_\_\_\_\_

Other \* \$\_\_\_\_\_

**TOTAL of B. only** \$\_\_\_\_\_

C. Medical Travel miles \_\_\_\_\_

Parking, tolls \$\_\_\_\_\_

Insurance Reimbursement for medical travel: \$\_\_\_\_\_

**TAXES** Your local sales tax rate \_\_\_\_\_ %

Property Taxes \$\_\_\_\_\_

Auto License Fees \$\_\_\_\_\_

Tax Paid to Other States \$\_\_\_\_\_

Sales Tax on High-Cost Items\* \$\_\_\_\_\_

\* (Vehicles, boats, planes, homes, home building materials)

### HOME MORTGAGE INTEREST (Provide 1098's).

1ST Home Mortgage \$\_\_\_\_\_

2ND Home Mortgage \$\_\_\_\_\_

Home Improvement/Equity Loan \$\_\_\_\_\_

Mortage Paid to Individual:	\$_____
Paid to (Name)	_____
Address	_____
Social Security Number	_____

### CONTRIBUTIONS

Cash donations with NO receipt/check \$\_\_\_\_\_

Small donations WITH receipt/check \$\_\_\_\_\_

### Churches & Charitable Organizations:

Name \$\_\_\_\_\_

Charitable/Volunteer Travel (in miles) \_\_\_\_\_

### Contributions Of Goods (w/receipt) \$\_\_\_\_\_

If non-cash donations exceed \$500 please supply name of charity, address, type of property and amount of donations. Request and Use **Non-Cash Contribution Form** on website.

\$\_\_\_\_\_

### Child or Dependent Care

 Check here if had FSA \_\_\_\_\_

If more than one person, supply list. **ALL info below required.**

#### Child or Dependent's Name

Amount paid for care \$\_\_\_\_\_

Provider Name \_\_\_\_\_

Address \_\_\_\_\_

Tax ID# or SS# \_\_\_\_\_

Telephone (If California) \_\_\_\_\_

Union Dues \$\_\_\_\_\_

Investment Expenses \$\_\_\_\_\_

Job Seeking Expenses \$\_\_\_\_\_

Uniforms/Purchase/Cleaning \$\_\_\_\_\_

Other (List) \$\_\_\_\_\_

### CASUALTY LOSSES (Unreimbursed portion only)

Fire/Theft/Storm \$\_\_\_\_\_

Auto Accident \$\_\_\_\_\_

Property Damage \$\_\_\_\_\_

"Federal deductibility may be limited/suspended through 2025; we will apply where allowed."

## CONSUMER DEBT

Credit Cards Balance Interest Paid

Lender \$\_\_\_\_\_ \$\_\_\_\_\_

Was family covered by employer plan all year? Y N

**We cannot deliver your return to you without your signature(s) below:**

**TAXPAYER STATEMENT:** ALL INFORMATION CONTAINED IN THIS TAX CHECKLIST IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. EACH ITEM CAN BE SUBSTANTIATED BY RECEIPTS, CHECKS AND/OR OTHER DOCUMENTATION. I HAVE REPORTED ALL INCOME.

CLIENT SIGNATURE \_\_\_\_\_

SPOUSE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_