



2025 TAX CHECKLIST

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☐ **BY MAIL:**
4270 Riverwalk Parkway #102
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I AM FILING A FAFSA FORM THIS YEAR

☐ **BY Fax: (951) 479-9199**



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?
Self						
Spouse						
Dependents						

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

Telephone

Cell/Spouse

Home

FAX

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 \$ _____
Provide 1098-T. Amount paid for books and materials \$ _____
2. Do you have a Form 4361 Exemption From Social Security Tax? Please make sure we have an IRS-approved copy.
3. Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?
4. Is anyone in your household 65 years or older? Blind? (Vision in best eye 20/200 or worse? _____)
5. 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.
6. Are you or your spouse permanently disabled?
7. If you do not wish to e-file, there is an additional **\$75 fee** for non-efiled work.
8. Do you plan to buy a home in the next 26 months?
9. Does anyone owe you money you can't collect? Supply their name, address, SS#, loan amount, date, and steps you have taken to collect.
10. Did any stock or securities you own become worthless in 2025? If so, supply details.
11. Did you change denominations in the past two years? (ministers only)
12. Did you or your spouse Pay or Receive spousal support? If so, list name, SS# and amount received or paid: Name _____ SS# _____ - _____ - _____ \$ _____
13. Do you or your spouse 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.**
14. Did you replace exterior doors, windows, water heater, furnace, or install solar/wind energy? Please provide purchase contract.

Retirement Plans

- ☐ ☐ Do you have a "dormant" retirement plan? If so, please supply details.
Y / N
- ☐ ☐ Did you or your employer contribute to a plan?
Y / N

Please provide copies of year-end statements

TSA/403(b)
IRA or SEP IRA
Roth IRA
401K
Employer Plan
Other _____

Plan Total

Self	Spouse
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Amount You Added 2025

Self	Spouse
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Estimated Tax Payments

	Federal	State	Date Paid
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**

SOURCE

Income from 1099's [Provide Forms] \$ _____
 Income from W-2's [Provide Forms] \$ _____
 Other Minister's Income \$ _____
 Housing Allowance \$ _____
 Rental Value of Parsonage \$ _____
 Honoraria \$ _____
 State Tax Refund for 20____ \$ _____
 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. \$ _____

Self

Spouse

[Provide Forms]

INTEREST INCOME (Provide all 1099-INTs)

From _____	\$ _____
From _____	\$ _____
From _____	\$ _____
From _____	\$ _____
From _____	\$ _____
From _____	\$ _____

STOCK DIVIDENDS (Provide all 1099-DIVs)

From _____	\$ _____
From _____	\$ _____
From _____	\$ _____
From _____	\$ _____
From _____	\$ _____

SALE/EXCHANGE OF STOCK & PROPERTY - Include Vehicles

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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. **TOTAL** \$ _____

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"/>	Self <input type="checkbox"/> Spouse <input type="checkbox"/>	Self <input type="checkbox"/> Spouse <input type="checkbox"/>	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: Total driven _____	_____	_____	_____
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:

-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*

SELF

SPOUSE

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Do not include expenses reimbursed by an accountable reimbursement plan

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.

SELF

SPOUSE

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

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\$ _____

\$ _____

\$ _____

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 \$_____

Mortgage Paid to Individual: \$_____

Paid to (Name) _____

Address _____

Social Security Number _____

CONTRIBUTIONS

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Cash donations with NO receipt/check \$_____

Small donations WITH receipt/check \$_____

Churches & Charitable Organizations:

Name \$_____

Name \$_____

Name \$_____

Name \$_____

Name \$_____

Name \$_____

Name \$_____

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		Balance	Interest Paid
Lender _____	\$_____	\$_____	Student Loans	\$_____	\$_____
Lender _____	\$_____	\$_____	Car Loan	\$_____	\$_____
Lender _____	\$_____	\$_____	Car Loan	\$_____	\$_____
Lender _____	\$_____	\$_____	Other _____	\$_____	\$_____

USE TAX: If your state, (including CA, KY, LA, MA, ME, MI, NY, OH, OK, RI, SC, UT, VT, VA) charges use tax on out-of-state purchases, what is total amount of purchases on which you owe use tax? \$_____

NOTES AND ADDITIONAL INFORMATION:

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 _____