DRTAXGUY LLC
2026

To get started click on the **"PERSONAL"** tab below and scroll to all other tabs that apply to you.
*After completing this workbook, please upload to your **SmartVault** under the "**Original Workbook Submitted by Client**" folder.*

ï Please Read & Sign the Data Verification & Fee Structure Forms ð
do not provide these signed within the Workbook
*(provided as separate PDF's for convinience - also located separately within the **Public Folder** of your **SmartVault** account !!)*
ï Returns will not be prepared without signatures of these forms ð
*Upon signing, please upload to your **SmartVault Account** under the "**Original Workbook Submitted by Client**" folder.*

Long standing CLIENTS WHO TYPICALLY DROP OFF MATERIALS: Email con contact@drtaxguy.com *ıke arrangements.*

Client Fillable Areas within the entire Workbook are WHITE.

Each year, Workbook formulas undergo revisions to ensure compliance with Tax Laws. We respectfully request that you complete a new Workbook each year AND refrain from altering formulas, entering text where only numbers are required, or adding tabs. Although Workbooks are not tax returns, they serve as a resource for our team.

DrTaxGuy is not responsible for ANY modified formulas, text where numbers are required, manipulated areas outside of the white areas mentioned above, or additional tabs that may result in inaccurate results.

DRTAXGUY LLC

2026

DATA VERIFICATION

Important information regarding data the taxpyer(s) provide and the responsibility as the taxpayer(s).
Please read this notice carefully.
We must have a signed copy accessible to us before rendering service(s)

Due to tax preparer regulations implemented by the IRS, Tax preparers must follow certain procedures, which are designed to protect you, the client.
We agree to follow all federal codes and regulations that apply to the representation of your tax returns or your tax issues.

DrTaxGuy LLC's liability is restricted to the work we perform.
► Should information be withheld and additional taxes, penalties, or interest occur, the taxpayer(s) will bear the responsibility.

► DrTaxGuy LLC provides an email once the preparation of tax returns are complete; it is incumbent upon the taxpayer(s) to review their tax returns and E-File Authorization forms. From the time of the taxpayer(s) meeting, to the preparation and completion of tax returns - certain aspects may be subject to modification.
• Should this information be overlooked and additional taxes, penalties, or interest occur, the taxpayer(s) will bear the responsibility.

► DrTaxGuy LLC provides a one-time complimentary email reminder for the following (*if applicable*):
PAYMENT VOUCHERS + ESTIMATED PAYMENT VOUCHERS + FORMS TO BE PRINTED, SIGNED, & SNAIL MAILED
• If this email, along with tax returns and/or E-File Authorization forms encompassing owed/refund(s) is overlooked and additional taxes, penalties, or interest occur, the taxpayer(s) will bear the responsibility.

The extent of DrTaxGuy LLC's liability is limited to the amount of any penalty and interest arising from any error(s) we make in the representation of your tax returns.

I/we have supporting records (receipts, bank statements, credit card statements, diary, date book, journal) for mileage, business expenses, charitable contributions, as well as all other expenses claimed.

All W-2's and 1099's are reported. They are correct and complete, except as noted (*if there are errors, please provide an explanation - sometimes the documents are wrong*). All income from all sources (*including investments*), domestic (*USA*) and worldwide, has been reported. All income received in cash or via barter or trades has been reported.

I/we acknowledge that DrTaxGuy LLC cannot be held liable for any omissions within my tax return if I simply recorded the document(s) within my workbook without supplying the appropriate supporting document(s). I/we have provided all required supporting documents.

Please mark ____Yes or **___ No**: We employed household help in 2026.
*Household help = child or dependent care providers, tutors, housekeepers, gardeners, companions, etc. If they were paid at least $2,400 for the year, you must report the earnings and file the W2s and related payroll tax returns by **February 1st, 2027**.*

If you paid any individual $600 or more for services performed in the course of business, **you must file 1099's no later than February 1st, 2027**.
(Includes: Attorneys, Landlords, Commissions, Part-time Help, etc.)
If you do not meet the 1099 submission deadline, you may incur penalties as well as lose deductions for the expenses in the event of an audit.
(If you would like us to prepare your 1099's on time, you MUST provide us with the payee information no later than January 15th, 2027; see fee structure for rates.)

Please mark ____Yes or **___ No**: Our 2026 earned income comprises of income as employees receiving Forms W2s only (no *1099-NEC* or *1099-MISC*). We acknowledge that unreimbursed employee expenses are non-deductible for Federal purposes and we elect to deduct such expenses for State purposes only (*if allowed by State law*).

Earned Income Tax Credit (EITC) - if you are eligible for EITC, you certify that the child(ren) in question is (are) your legal dependent(s). You are not filing a fraudulent Head of Household return while you are married. Your child(ren) is (are) legal resident(s) of the United States. You are not collecting Aid to Families with Dependent Children (AFDC). No one else is claiming you as a dependent.

Please Upload copies of the social security cards for yourself and your dependents. Or confirm that you can undoubtedly verify the numbers shown within your workbook, to which you have entered, are correct.

ACKNOWLEDGEMENT

I hereby certify that all information submitted within my (our) Workbook, including notes, accompanying documentation, and schedules, is accurate and truthful according to my knowledge. Furthermore, I acknowledge the comprehension of the term 'Base Rate' as it pertains to the fees associated with my tax return(s).

I understand that upon the COMPLETION OF MY TAX RETURN(S), I am exclusively making payment(s) related to the preparation of my tax return(s); any other service(s), including zoom follow-ups, will incur separate and additional charge(s). Additionally, I acknowledge that DrTaxGuy provides a one-time complimentary email regarding E-FILE AUTHORIZATION FORMS and PAYMENT upon completion of my tax return. It is my sole responsibility to ensure that these forms are duly signed and submitted in a timely manner. Should DrTaxGuy decide to issue another reminder in the future, DrTaxGuy shall not be liable for late filing due to my negligence. Upon completion, I also understand that my tax returns are filed only when both my E-File Authorization form(s) and payment(s) are received.

By signing and dating in the spaces provided below, I am affirming this agreement.

As a requirement, please ensure BOTH signed and printed names are included and date this document.
If filing MFJ, BOTH parties must sign and date this document.

Primary Taxpayer's ***Signature*** _____ ***Date*** _____

Print Name: _____

Spouse's ***Signature*** _____ ***Date*** _____

Print Name: _____

Emailed version of this DATA VERIFICATION FORM:
Kindly print, sign, & scan or utilize an application that enables you to sign documents, then upload this form to your SmartVault under the "*Original Workbook Submitted by Client*" folder.

DRTAXGUY LLC

2026

FEE STRUCTURE, TERMS, & OTHER AVAILABLE SERVICES

Important information regarding the services we provide and the responsibility as the taxpayer(s).
Please read this notice carefully
We must have a signed copy accessible to us before rendering service(s)

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We agree to follow all federal codes and regulations that apply to the representation of your tax returns or your tax issues.

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PAYMENT VOUCHERS + ESTIMATED PAYMENT VOUCHERS + FORMS TO BE PRINTED, SIGNED, & SNAIL MAILED
• If this email, along with tax returns and/or E-File Authorization forms encompassing owed/refund(s) is overlooked and additional taxes, penalties, or interest occur, the taxpayer(s) will bear the responsibility.

The extent of DrTaxGuy LLC's liability is limited to the amount of any penalty and interest arising from any error(s) we make in the tax return representation.

DrTaxGuy LLC possesses the authority to engage the services of consultants, bookkeepers, associates, and other essential personnel to facilitate in the completion of returns. Should unforeseen issues arise that were not specified at the time of signing this agreement, any extra costs incurred for time, research, forms, and other necessities to finalize the assignment will be the responsibility of the taxpayer(s). We will strive to inform the taxpayer(s) of any additional costs; however, if urgency arises due to filing deadlines, liens, levies, or similar situations, it may become necessary to proceed without the availability of the taxpayer(s).

Tax Preparation Fee Structure
We accept Bank Cards and most Major Credit Cards for Payment of our Services (NO ACH or MAILED IN CHECKS)

Tax preparation fees are determined by the complexity of your tax return. No forms, schedules, supporting statements, or state documents will be prepared unless mandated by taxing authorities or it decreases the taxpayer(s) tax liability by the amount of their cost or more. All fees are required to be settled at the time we deliver the completed tax returns. Once, tax returns are finalized, if taxpayer (s) provide additional materials after the tax return has been completed, a reprint fee of **$25** will be charged.

Service	Rates
Individual Tax Return Base Fee Includes federal form 1040, 3 forms, schedules, or supporting statements and one (1) state form	**BASE RATE $525** for **Individuals, Head of Household, & Married Filing Separate** **BASE RATE $550** for **Married Filing Joint**
Additional federal forms, schedules, supporting statements, or state forms, schedules, supporting statements.	**$25 Each** (*exceptions apply, several complex forms are **$50-$75 each***)
Corporate, Partnership, Non Profit, Trust Tax Returns Base Fee	**$900** (*based on complexity, additional fees may apply*)

Other Services Available for Businesses
We accept Bank Cards and most Major Credit Cards for Payment of our Services (NO ACH or MAILED IN CHECKS)

W-2's	**$250** for 1st 6 Employees
Additional employees	**$15** each
1099's - FILING DUE DATE - FEBRUARY 1ST, 2027	**$250** for 1st 6 Payees (*if you have less than 6, contact us for a quote*)
Additional Payees	**$15** each
Tax Season **Consultations**, (*January 11 - April 15*)	**$550** per ½ hour
Off Tax Season **Consultations**	**$175** per ½ hour
Federal Audit Representation	**$500** retainer; **$250** per hour towards work completed
State Audit Representation	Limited to providing guidance

During the tax season (*January 11th to April 15th*), securing appointments can be challenging; therefore, we suggest allowing us to file a **Complimentary Extension** to provide additional time for completing taxpayer(s) filings. **All appointments necessitate a 24-hour advance notice for cancellations.** We understand that providing advance notice may not always be possible; nonetheless, we trust that taxpayer(s) will understand that a **$50 fee** will apply for cancellations that do not adhere to the required advance notice. **Any requests for rescheduling will be processed once we have received all necessary requirements.** Should the taxpayer(s) choose not to proceed with our services following their tax appointment with our accountant, they will be responsible for the **$525 Base/Consultation Fee**, which must be paid in full.

ACKNOWLEDGEMENT

I hereby certify that all information submitted within my (our) Workbook, including notes, accompanying documentation, and schedules, is accurate and truthful according to my knowledge. Furthermore, I acknowledge the comprehension of the term 'Base Rate' as it pertains to the fees associated with my tax return(s).

I understand that upon the COMPLETION OF MY TAX RETURN(S), I am exclusively making payment(s) related to the preparation of my tax return(s); any other service(s), including zoom follow-ups, will incur separate and additional charge(s). Additionally, I acknowledge that DrTaxGuy provides a one-time complimentary email regarding E-FILE AUTHORIZATION FORMS and PAYMENT upon completion of my tax return. It is my sole responsibility to ensure that these forms are duly signed and submitted in a timely manner. Should DrTaxGuy decide to issue another reminder in the future, DrTaxGuy shall not be liable for late filing due to my negligence. Upon completion, I also understand that my tax returns are filed only when both my E-File Authorization form(s) and payment(s) are received.

By signing and dating in the spaces provided below, I am affirming this agreement.

As a requirement, please ensure BOTH signed and printed names are included and date this document.
If filing MFJ, BOTH parties must sign and date this document.

Primary Taxpayer's ***Signature*** _____ ***Date*** _____

Print Name: _____

Spouse's ***Signature*** _____ ***Date*** _____

Print Name: _____

Emailed version of this DATA VERIFICATION FORM:
Kindly print, sign, & scan or utilize an application that enables you to sign documents, then upload this form to your SmartVault under the "*Original Workbook Submitted by Client*" folder.

DRTAXGUY LLC

Noteable HEALTH COVERAGE Mention:

The ACA (Affordable Care Act) individual mandate penalty was eliminated at the end of 2018. Beginning in 2019, the Federal penalty changed to $0, and there's no longer a Federal penalty for not having ACA-mandated coverage.

While the Federal penalty for not having Health Insurance was eliminated, several States have implemented their own individual mandates and penalties.

In order to avoid a penalty for non-compliance at the state level, you must UPLOAD form 1095 A, B, and/or C (*your health insurance provider and/or employer must make these forms available to you*) or a certificate of exemption if you qualify for those provisions.

Failure to provide one of these forms will cause you to incur a penalty which will be added to your total tax liability.

Healthcare Forms

1095-A

Form 1095-A will be used by Health Care Exchanges (HCE) – web-based health insurance marketplaces. This form will provide information on each individual enrolled in the 'qualified health plans' (QHPs). Every year the HCE will be required to provide Form 1095-A to individual(s). This form will include information such as the level of coverage, identifying information for the primary insured, premium amounts, and advance credit payments for coverage. Other information necessary to determine if a taxpayer has received the appropriate advance credit payments will also be reported on this form. Every month, marketplaces will be required to report to the Department of Health and Human Services, who will in turn report to the IRS.

Other Healthcare Forms

1095-B

Form 1095-B will be provided by the health insurance provider to the individual member in order to report on the type of coverage provided, period of coverage, and for whom coverage was provided– including each dependent. The health insurance provider will also be required to send a transmittal (1094-B) of coverage information to the IRS.

1095-C

Form 1095-C will be provided by large employers to their employees in order to report on the type of coverage provided as well as identification information for each employee and their dependents. Large employers will also be required to send a transmittal (1094-C) of coverage information to the IRS.

Health Exemption Certificate

A formal document that exempts an individual from a particular health-related obligation is necessary. The purpose and issuance of this document can differ significantly based on specific requirement from which you are being excused.

States that have implemented their own penalty for not having health insurance coverage: **CA, DC, MA, NJ, RI**

- You're uninsured for less than 3 months of the year
- The lowest-priced coverage available to you would cost more than 9.61% of your household income
- You are not required to file a tax return because your income is too low
- You're a member of a federally recognized tribe or eligible for services through an Indian Health Services provider
- You're a member of a recognized health care sharing ministry
- You're a member of a recognized religious sect with religious objections to insurance, including SS and Medicare
- You're incarcerated (either detained or jailed), and not being held pending disposition of charges
- You're not lawfully present in the U.S.
- You qualify for a hardship exemption. Learn more about hardship exemptions.

Click here to learn how to apply for any of these exemptions.

Other Important Information

FSAs, HSAs and HRAs

These types of plans are not subject to Form 1095-B's filing requirement since they do not provide Minimum Essential Benefits and therefore by themselves do not relieve the employee from the individual mandate penalty tax.

Individual Shared Responsibility Payment - (Penalty)

The Federal individual mandate (penalty) was eliminated at the end of 2018. However, NJ, DC, and MA have penalties for not having minimum essential health insurance coverage starting at the 2019 tax year. Starting in 2020, CA and RI have also implemented penalties of their own.

DRTAXGUY LLC

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Married Filing Joint

PRIMARY TAXPAYER INFORMATION (person who's name appears first on smartvault)		SPOUSE INFORMATION	
Personal Information		**Personal Information**	
Name (Last, First, Middle Initial)		**Name** (Last, First, Middle Initial)	
Social Security #		**Social Security #**	
Occupation		**Occupation**	
Date of Birth		**Date of Birth**	
PRIMARY TAXPAYER CONTACT INFORMATION		**SPOUSE CONTACT INFORMATION**	
Email		**Email**	
Contact Number		**Contact Number**	

Upload your VALID Drivers License/State ID for each Individual on your Tax Return

PERMANENT LEGAL ADDRESS	
FULL Street Address *(include APT#)*	
City	
State	Choose State
Zip Code	

PRIMARY 2026 IP PIN u (if applicable)		SPOUSE 2026 IP PIN u (if applicable)	

Direct Deposit of Refunds (Must Provide Voided Check)		Residency	
u THE IRS HAS *PHASED OUT* PAPER REFUND CHECKS t		**Resident State as of December 31st**	Choose State
Bank Name		**If relocated during the year, from which State**	Choose State
Type of Account	Choose	**Date moved**	
Routing #		**Total Moving Expenses** - REPEALED FOR IRS	
Account #			

Dependent Information

DEPENDENT NAME	RELATIONSHIP	SOCIAL SECURITY #	DATE of BIRTH	529 Contribution AMOUNT	Sponsoring State
	Choose One				Choose State
	Choose One				Choose State
	Choose One				Choose State
	Choose One				Choose State
	Choose One				Choose State
	Choose One				Choose State

Child & Dependent Care Expenses

PROVIDER Name	PROVIDER SSN or EIN #	Care Provided for (Child Name)	Amount YOU Paid	Amount on W2 Box 10 Paid Thru FSA (or Reimbursed by Employer)

Phone: 215-892-8768 or 484-966-1397 | Email: contact@drtaxguy.com

www.drtaxguy.com

&		2026
QUESTIONNAIRE		
PLEASE ANSWER EACH QUESTION TO THE BEST OF YOUR ABILITY. (*where appropriate, choose from the drop down menu or enter requested information*)	**Yes** / **No**	**Other**
NEW MANDATORY IRS REQUIREMENT (MUST be ANSWERED, regardless of filing status)		
At the time your tax return is filed, filing MFJ (*Married Filing Joint*), SINGLE, HOH or MFS (*Married Filing Single*): are you a U.S. citizen, U.S. national, or an alien lawfully authorized to work in the U.S.?	Choose Choose	**PRIMARY** **SPOUSE**
MARITAL STATUS		
WHAT WAS YOUR MARITAL STATUS AS OF DECEMBER 31st, 2026?	**Choose One**	
If married & filing separate, did you reside with your spouse at any point during the calendar year ending December 31st, 2026?	**Choose**	
Were you married as of December 31st, 2026 (*opposite or same sex*) and would like to discuss options of filing a "Separate" vs "Joint" return?	**Choose**	**If YES, continue filling in this WORKBOOK!**
TUITION		
		If CLAIMING a DEDUCTION for TUITION PAID, please answer the following questions:
Name of Student		
What year of higher education is the student attending?	**Choose One**	
Is the student attending full time study?	**Choose**	
		EDUCATION EXPENSES:
Tuition paid		
Student Loan Interest		
Books and other Supplies		
Computer and Software Expenses		
Room & Board		
Total Education Expenses:		**$0.00**
DEPENDENT		
DID YOU PROVIDE 50% OR MORE OF LIVING EXPENSES FOR ALL DEPENDENTS LISTED ON THE "*Personal*" TAB?	**Choose**	
How many months did the dependent live with the taxpayer(s)?		
Is the dependent a US Citizen or a US Resident Alien	**Choose**	
CHILD CARE		
ARE YOU CLAIMING A DEDUCTION FOR CHILD & DEPENDENT CARE EXPENSES?	**Choose**	**If YES, please answer the following questions:**
Is the Provider an individual or institution?	**Choose One**	
If an individual, did you file W2 forms and required state unemployment wage reporting returns/payments?	**Choose**	
HEALTH CARE		
IF YOU PURCHASED HEALTH COVERAGE INSURANCE, DID YOU RECEIVE A 1095-A?	**Choose**	
Were you and all members of your tax family covered for all 12 months of the year?	**Choose**	
Did you purchase insurance through a Health Insurance Marketplace?	**Choose**	
Are you self-employed?	**Choose**	
RENTAL INCOME		
DID YOU RECEIVE RENTAL INCOME FROM RENTAL PROPERTY YOU OWNED IN 2026?	**Choose**	**If YES, please answer the following questions:**
Number of days rented:		
Number of days used for personal purposes:		
BUSINESS		
DID YOU OWN A BUSINESS IN 2026?	**Choose**	**If YES, please answer the following questions:**
What is the name of the Company?		
Enter Company EIN *(SINGLE MEMBER LLC ONLY - enter SSN if no EIN assigned)*:		
What type of entity is the company?	**Select Entity**	
When did you start the business?		
What State is your Business organized?	**Choose State**	
What is the primary service or merchandise you provide?		
What is your business bank account balance as of 12/31/2026?		
What is your business credit card account balance as of 12/31/2026?		
Total amount of contributions from personal (*bank account and/or cash*) funds deposited into business account?		
Was any of your business income received via credit card, paypal, venmo, applepay or similar cash apps?	**Choose**	
Did you pay any individuals $600 or more in the course of business during 2026?	**Choose**	
If YES, did you issue 1099-NEC or 1099-MISC forms?	**Choose**	
Do you maintain a log/journal of business mileage used during the year?	**Choose**	
Is your home office exclusively used for business?	**Choose**	
OTHER		
Did you make 2026 Estimated tax Payments?	**Choose**	**If YES, fill in Estimates on ITEMIZED DEDUCTIONS tab!**
Do you have any foreign bank accounts whose balances combined at any time during the year was $10,000.00 or more?	**Choose**	**If YES, MUST fill in FOREIGN INCOME tab!**
Did you receive *(as a reward, award or payment for property or services)***, sell, exchange, gift or otherwise dispose of a digital asset** *(or a financial interest in one)* **in 2026?**	**Choose**	
Are you claiming a credit for the purchase of alternative energy equipment?	**Choose**	
Are you claiming a credit for Qualified Adoption Expenses?	**Choose**	
Did you have any debt cancellation during 2026?	**Choose**	
Credit Cards, Loans/Lines of Credit, Foreclosures?:	**Choose**	

ADDITIONAL INFORMATION

ANY ADDITIONAL INFORMATION (QUESTIONS / CONCERNS YOU MAY HAVE AHEAD OF YOUR APPOINTMENT) - CAN BE ADDED BELOW
DO NOT ADD LINES ABOVE - ONLY FILL IN WHITE BOXES
DO NOT PLACE LIFE CHANGES HERE - INSTEAD, ADD ANY LIFE CHANGES TO THE BOTTOM OF THE TP INCOME or SP INCOME TAB(s)

Primary TAXPAYER Income
(person who's name appears first on smartvault)

2026

W2 Income : Withholding (W/H) Taxes
UPLOAD Forms!!!

EMPLOYER NAME	Wages (BOX 1)	FED W/H (BOX 2)	Soc. Sec. (BOX 4)	Medicare (BOX 6)	NYS W/H (BOX 17)	NYC W/H (BOX 19)	Other State Tax (BOX 17)	Other State Name (BOX 15)	Other State Wages (BOX 16)	Other City Tax (BOX 19)
			0.00	0.00				Please Choose		
			0.00	0.00				Please Choose		
			0.00	0.00				Please Choose		

SPOUSE Income 2026

W2 Income : Withholding (W/H) Taxes

UPLOAD Forms!!!

Employer Name	Wages (BOX 1)	FED W/H (BOX 2)	Soc. Sec. (BOX 4)	Medicare (BOX 6)	NYS W/H (BOX 17)	NYC W/H (BOX 19)	Other State Tax (BOX 17)	Other State Name (BOX 15)	Other State Wages (BOX 16)	Other City Tax (BOX 19)
			0.00	0.00				Please Choose		
			0.00	0.00				Please Choose		
			0.00	0.00				Please Choose		
			0.00	0.00				Please Choose		
			0.00	0.00				Please Choose		
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			0.00	0.00				Please Choose		
			0.00	0.00				Please Choose		
			0.00	0.00				Please Choose		
SPOUSE W-2 INCOME	0	0	0	0	0	0	0		0	0

Form(s) 1099-K | 1099-NEC | 1099-MISC | INCLUDING Cash or Other Self-Employment Income

UPLOAD Forms!!!

1099 ISSUER		AMOUNT	1099 ISSUER		AMOUNT
	PLEASE SELECT SOURCE			PLEASE SELECT SOURCE	
	PLEASE SELECT SOURCE			PLEASE SELECT SOURCE	
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	PLEASE SELECT SOURCE			PLEASE SELECT SOURCE	
	PLEASE SELECT SOURCE			PLEASE SELECT SOURCE	
			1099 TOTAL (SP INCOME):		0

UNEMPLOYMENT

	UI BOX 1 ¤		UI BOX 4 ¤		UI BOX 11 ¤	
Unemployment Income		FED W/H Amount:		STATE W/H Amount:		Choose State
Unemployment Income		FED W/H Amount:		STATE W/H Amount:		Choose State

Form(s) 1099-R : Distribution of Retirement Funds

UPLOAD Forms!!!

ISSUER NAME	IRA or SEP	BOX 1 (Gross Dist.)	BOX 2a (Taxable Amt)	BOX 2b	BOX 4 (FED Tax W/H)	BOX 5 (Contrib.)	BOX 7 (Dist. Code)	BOX 14 (STATE Tax W/H)	BOX 15
	Please Choose			Please Choose					Choose State
	Please Choose			Please Choose					Choose State
	Please Choose			Please Choose					Choose State
	Please Choose			Please Choose					Choose State
	Please Choose			Please Choose					Choose State
	Please Choose			Please Choose					Choose State
	Please Choose			Please Choose					Choose State
TOTALS		0.00	0.00		0.00	0.00		0.00	

OTHER INCOME • UPLOAD Forms!!	AMOUNT
Social Security Income:	
Alimony Received/Paid (enter Alimony Paid as a negative number) For Agreements Finalized Pre-2019:	
Cancellation of Debt:	
Jury Duty:	
Gambling/Lottery Winnings:	
Other Income Amount (Please Explain Below):	

Please list any major life changes:
(*purchases | sales | marriage | divorce | birth | death | sale of home | improvements | car | business, etc.*):

& 2026

Investment Income

1099-INT Form(s) : Interest Income
UPLOAD Forms!!!

	Gross Interest (BOX 1)	Exempt Interest (BOX 8)	US Savings Bonds (BOX 3)	FED Tax W/H (BOX 4)	Early Withdrawal (BOX 2)	STATE (BOX 15)
						Choose State
						Choose State
						Choose State
						Choose State
						Choose State
						Choose State
Total	0	0	0	0	0	
	account 1 ¤	account 2 ¤	account 3 ¤	Total		
Margin / Investment Interest Expense				0		

WHITE BOXES are fillable areas!

1099-DIV Form(s) : Div Income
UPLOAD Forms!!!

	Ordinary Dividends (BOX 1a)	Qualified Dividends (BOX 1b)	Cap Gain Distribution (BOX 2a)	Unrecap. Sec. 1250 (BOX 2b)	FED Tax W/H (BOX 4)	Foreign Tax Paid (BOX 7)	Sec. 199A Dividends (BOX 5)
Total	0	0	0	0	0	0	0

1099-B Form(s) : Capital Gains & Losses
UPLOAD Forms!!!

Note: Your 1099-B Form may not supply all necessary stock sale information.
Please contact your financial institution and request a *"statement of realized gains / losses".*

A B C	Stock/Bond	SALE DATE	PURCHASE DATE	GROSS PROCEEDS	COST BASIS	GAIN / LOSS	Long Term Short Term
						0	Choose
						0	Choose
						0	Choose
						0	Choose
						0	Choose
						0	Choose
						0	Choose
						0	Choose
						0	Choose
						0	Choose
	Total			0	0	0	

& 2026

FOREIGN INCOME
(FinCEN | FBAR)

Full NAME of Financial Institution:		Full NAME of Financial Institution:	
Account Number:		Account Number:	
Account Type:		Account Type:	
Full ADDRESS of Financial Institution:		Full ADDRESS of Financial Institution:	
ADDRESS (LINE 1):		ADDRESS (LINE 1):	
ADDRESS (LINE 2):		ADDRESS (LINE 2):	
ADDRESS (LINE 3):		ADDRESS (LINE 3):	
COUNTRY:		COUNTRY:	
STATE | PROVINCE | REGION:		STATE | PROVINCE | REGION:	
CITY | TOWN:		CITY | TOWN:	
ZIP | POSTAL CODE:		ZIP | POSTAL CODE:	
CHOOSE ONE Name:		CHOOSE ONE Name:	
Account Max Value: (ENTER AMOUNT IN COUNTRY'S CURRENCY)		Account Max Value: (ENTER AMOUNT IN COUNTRY'S CURRENCY)	
Was the account OPEN or CLOSED during the current tax year?	CHOOSE	*Was the account OPEN or CLOSED during the current tax year?*	CHOOSE

Full NAME of Financial Institution:		Full NAME of Financial Institution:	
Account Number:		Account Number:	
Account Type:		Account Type:	
Full ADDRESS of Financial Institution:		Full ADDRESS of Financial Institution:	
ADDRESS (LINE 1):		ADDRESS (LINE 1):	
ADDRESS (LINE 2):		ADDRESS (LINE 2):	
ADDRESS (LINE 3):		ADDRESS (LINE 3):	
COUNTRY:		COUNTRY:	
STATE | PROVINCE | REGION:		STATE | PROVINCE | REGION:	
CITY | TOWN:		CITY | TOWN:	
ZIP | POSTAL CODE:		ZIP | POSTAL CODE:	
CHOOSE ONE Name:		CHOOSE ONE Name:	
Account Max Value: (ENTER AMOUNT IN COUNTRY'S CURRENCY)		Account Max Value: (ENTER AMOUNT IN COUNTRY'S CURRENCY)	
Was the account OPEN or CLOSED during the current tax year?	CHOOSE	*Was the account OPEN or CLOSED during the current tax year?*	CHOOSE

WHITE BOXES are fillable areas!

FOREIGN EARNED INCOME
(FORM 2555)

CHOOSE ONE	NAME:	CHOOSE ONE	NAME:
Full Employer Name:		Full Employer Name:	
Occupation:		Occupation:	
Location Resided In During Employment		Location Resided In During Employment	
ADDRESS (LINE 1):		ADDRESS (LINE 1):	
ADDRESS (LINE 2):		ADDRESS (LINE 2):	
ADDRESS (LINE 3):		ADDRESS (LINE 3):	
COUNTRY:		COUNTRY:	
STATE | PROVINCE | REGION:		STATE | PROVINCE | REGION:	
CITY | TOWN:		CITY | TOWN:	
ZIP | POSTAL CODE:		ZIP | POSTAL CODE:	
Housing Expenses: (ENTER AMOUNT IN COUNTRY'S CURRENCY)		Housing Expenses: (ENTER AMOUNT IN COUNTRY'S CURRENCY)	
Dates Resided In Country w	START DATE:	Dates Resided In Country w	START DATE:
	END DATE:		END DATE:
Total wages, salaries, bonuses, commissions, etc.:		Total wages, salaries, bonuses, commissions, etc.:	

FOR OFFICE USE: CURRENCY EXCHANGE RATES

& 2026

ITEMIZED DEDUCTIONS UPLOAD All Forms!!!

WHITE BOXES are fillable areas!

RETIREMENT CONTRIBUTIONS (*other than 401K deducted from taxable salary*)

Did you make a contribution to a retirement account for 2026? **(Choose YES or NO)**:	Choose One

If **YES** - choose **T** or **S**, choose **Type** from Drop Down, then enter **Amount** of contribution

Choose T or S	Choose Type	Amount:	
Choose T or S	Choose Type	Amount:	
Choose T or S	Choose Type	Amount:	

HEALTH EXPENSES

Total paid for Health Insurance Premiums:		Policy Holder:	Choose T or S
Do you have a Health Savings Account (HSA)?	Choose One	Were any HSA contributions or distributions made in 2026?	Choose One
HSA CONTRIBUTIONS:	HSA DISTRIBUTIONS:	EMPLOYER HSA CONTRIBUTIONS:	
Out of pocket medical expenses - *doctors, prescriptions, dental, therapy, eye glasses/lenses, chiropractor, co-pay, etc.* (*do not include amounts reimbursed by Health Insurance*):			
Travel expenses for medical purpose:		TOTAL MED. & INS. EXPENSES:	0

1098 Form(s) : MORTGAGE INTEREST

ISSUER / Bank Name / Mortgage Name	Mortgage Interest	Real Estate Taxes
TOTALS:	0	0

CHARITABLE CONTRIBUTIONS (*if **$500 or over**, must provide receipts*)

Name	Address	Goods	MARKET VALUE	CASH
		TOTALS:	0	0

STATE INCOME TAX REFUNDS in 2026

(not from W2!)

Choose State	Amount Refunded:	
Choose State	Amount Refunded:	
Choose State	Amount Refunded:	
Choose State	Amount Refunded:	

ESTIMATED TAX - PERSONAL ONLY

PAYMENTS	DATE PAID	FEDERAL AMOUNT	Choose State Amount	Choose State Amount
Refund applied to estimated payments from last year:				
Estimated Payment #Q1				
Estimated Payment #Q2				
Estimated Payment #Q3				
Estimated Payment #Q4				
Paid w/ 2026 Extension in 2027				
TOTALS:		0	0	0

HOME INFORMATION | HOME OFFICE DEDUCTION

Office Sq Ft	1	Home Owns | Renters Ins.		Office Repairs	0	
Total Sq Ft	5	Mon. Rent. X 12		Subtotal	0	0
H/O %	20%	Mon. Maint. X 12		H/O %	0	0
If Private Home, PURCHASE PRICE:		Mon. Utility X 12		TENT. DEDUCTION:		0

&											2026
Property #	**1**		**2**		**3**		**4**		**5**		
Property address											**Totals**
	01/01/26		01/01/26		01/01/26		01/01/26		01/01/26		
Days Available for Rent in 2026	0		0		0		0		0		
Days of Property Ownership '26	365		365		365		365		365		
Rental Percentage	0.00%		0.00%		0.00%		0.00%		0.00%		
Annual Rental Income		0		0		0		0		0	0
Expenses											
Percentage of Expense	*100%*	*0%*	*100%*	*0%*	*100%*	*0%*	*100%*	*0%*	*100%*	*0%*	
Advertising		0		0		0		0		0	0
Travel		0		0		0		0		0	0
Cleaning & Maintenance		0		0		0		0		0	0
Agent/Broker Commissions		0		0		0		0		0	0
Mortgage Premium Insurance		0		0		0		0		0	0
Owners Insurance		0		0		0		0		0	0
Legal Fees		0		0		0		0		0	0
Management Fees		0		0		0		0		0	0
Mortgage Interest		0		0		0		0		0	0
Repairs		0		0		0		0		0	0
Supplies		0		0		0		0		0	0
Real Estate Taxes		0		0		0		0		0	0
Utilities		0		0		0		0		0	0
		0		0		0		0		0	0
		0		0		0		0		0	0
		0		0		0		0		0	0
Subtotal Expenses		0		0		0		0		0	0
Mark "X" for non-residential											
Property Purchase Price											0
Capital Improvements											0
Estimated Depreciation	0	0	0	0	0	0	0	0	0	0	0
Total Expenses Allocated to Rental		0		0		0		0		0	0
Estimated Rental Income/(Loss)		0		0		0		0		0	0

WHITE BOXES are fillable areas!

PRIMARY TAXPAYER's EXPENSES 2026

Expenses Related to Career as: **PERFORMER (Actor, Dancer, Etc.)**

Advertising		Professional Education		Away Expenses	
Supplies (Paper, Pens, Etc.)		Acting Lessons			
Photos & Resumes		Voice Lessons		Away City # 1	Choose State
Postage, FedEx, Delivery		Dance Lessons		# of Days	
Demos		Conferences/Seminars/Webinars		Perdiem Rcv'd	
Website/Promo/Publicity		TOTAL:	0	Lodging	
Other Advertising		**Professional Expenses**		Airfare	
TOTAL:	0	DanceWear & Shoes		Taxi/Car Rental	
Reference Material		Costumes & Props		Buses & Trains	
Reference Books, Scripts, Plays		Costume/dancewear cleaning		Phone	
Sheet Music		Makeup & Hair		Meal Estimate	
Audio Reference & iTunes		Backstage Tips		DEDUCTIBLE %	0
Visual Reference		TOTAL:	0	Away City # 2	Choose State
TOTAL:	0	**Other Expenses**		# of Days	
Communication Expense		Equip./Instrument Repair		Perdiem Rcv'd	
Cellular Phone		Rehearsal Studios		Lodging	
Answering Service		Accompanists / Musicians		Airfare	
Home Phone Business Use		Hired Labor / Contract Labor		Taxi/Car Rental	
TOTAL:	0	TOTAL:	0	Buses & Trains	
Local Business Transportation		#REF!		Phone	
Taxis, Uber/Lyft Etc.				Meal Estimate	
Subways & Path				DEDUCTIBLE %	0
Other Local Travel				Away City # 3	Choose State
TOTAL:	0			# of Days	
Professional Research				Perdiem Rcv'd	
Digital Rentals, Netflix/Hulu		TOTAL:	0	Lodging	
Cable TV		**Business Meals**		Airfare	
Live Theatre Tickets		*With associates in your profession including friends where business was discussed.* **Please enter total only.**		Taxi/Car Rental	
Movies				Buses & Trains	
Concerts & Museums				Phone	
Internet Access Charges				Meal Estimate	
Other Research		**Depreciable Equipment**		DEDUCTIBLE %	0
TOTAL:	0	*Tablet, TV, Cell Phone, Computer & Peripherals, Printer, Camera, Etc.* **Please enter total only.**		Away City # 4	Choose State
Professional Publications				# of Days	
Backstage				Perdiem Rcv'd	
Variety				Lodging	
Ross Reports		**Other Misc. Expenses**		Airfare	
Other		UBT/MCTA Business Tax		Taxi/Car Rental	
TOTAL:	0	Other/explain:		Buses & Trains	
Gifts (Max. $25.00/person/yr)		Other/explain:		Phone	
Professional Memberships		Other/explain:		Meal Estimate	
SAG-AFTRA		Other/explain:		DEDUCTIBLE %	0
Other/explain:		Other/explain:		FOR OFFICE ONLY	
AEA		Other/explain:			
AEA % Dues		Other/explain:		Total # of Days	0
Other Prof.Memberships		Other/explain:		Perdiem Rcv'd	0
TOTAL:	0	Other/explain:		Lodging	0
Professional Fees		Other/explain:		Airfare	0
Tax Return Prep. Fees		Other/explain:		Taxi/Car Rental	0
Legal & Accounting Fees		Other/explain:		Buses & Trains	0
TOTAL:	0	Other/explain:		Phone	0
Business Use of Car Information				Meal Estimate	0
JANUARY - JUNE				_____ diem	0
Total Business Miles:		Total Miles Driven:			
Parking:		Tolls:			
JULY - DECEMBER					
Total Business Miles:		Total Miles Driven:			
Parking:		Tolls:			
TOTAL CAR (j-j):	0	TOTAL EXP:	0	HOME OFFICE:	0
TOTAL CAR (j-o):	0	w/perdiem:	0		

FOR OFFICE ONLY

TOTAL EXP W/HO:	0
	0

FOR OFFICE ONLY

PRIMARY TAXPAYER OCCUPATION

PLEASE PLACE "X" IN ONE (1) BOX ONLY FOR YOUR OCCUPATION TO GENERATE & POPULATE EXPENSE SHEET

X	PERFORMER - Actor, Singer, Dancer
	ADMINISTRATIVE, BOOKEEPER
	ADVERTISING, SALES
	AGENT/MANAGER
	ARCHITECT
	ARTIST - Painter, Sculptor
	ATTORNEY
	CASTING/FILM DIRECTOR
	CHOREOGRAPHER OR DIRECTOR
	COMPUTER CONSULTANT / PROGRAMER
	CONSTRUCTION - Contractor, Painter...
	COSTUMER, CLOTHING DESIGNER
	DRESSER, WARDROBE, SEAMSTRESS
	EDITOR, JOURNALIST
	EVENT PLANNER, CATERER
	EXECUTIVE
	FILM/VIDEO PRODUCTION
	GRAPHIC ARTIST
	INTERIOR/FASHION DESIGN
	JEWELER
	LIGHTING DESIGNER
	MASSAGE OR PHYSICAL THERAPIST
	MODEL
	MUSICIAN, MUSIC PRODUCTION
	OFFICE MANAGER, SECRETARY
	PERSONAL TRAINER/YOGA INSTRUCTOR
	PHOTOGRAPHER
	PUBLIC RELATIONS
	REAL ESTATE
	RETIRED
	SET DESIGNER
	SOUND DESIGN
	STAGE HAND
	STAGE MANAGER OR TECHNICAL DIRECTOR
	TEACHER / STUDENT
	WAITER, BARTENDER, FOOD SERVICE
	WRITER - Novelist, Poet, Play/Script Writer

PRIMARY TAXPAYER Select Occupation on THIS TAB to populate appropriate expenses.

WHITE BOXES are fillable areas!

SPOUSE's EXPENSES 2026

Expenses Related to Career as: **PERFORMER**

Advertising		Professional Education		Away Expenses	
Supplies (Paper, Pens, Etc.)		Acting Lessons			
Photos & Resumes		Voice Lessons		Away City # 1	Choose State
Postage, FedEx, Delivery		Dance Lessons		# of Days	
Demos		Conferences/Seminars/Webinars		Perdiem Rcv'd	
Website/Promo/Publicity		TOTAL:	0	Lodging	
Other Advertising		**Professional Expenses**		Airfare	
TOTAL:	0	DanceWear & Shoes		Taxi/Car Rental	
Reference Material		Costumes & Props		Buses & Trains	
Reference Books, Scripts, Plays		Costume/dancewear cleaning		Phone	
Sheet Music		Makeup & Hair		Meal Estimate	
Audio Reference & iTunes		Backstage Tips		DEDUCTIBLE %	0
Visual Reference		TOTAL:	0	Away City # 2	Choose State
TOTAL:	0	**Other Expenses**		# of Days	
Communication Expense		Equip./Instrument Repair		Perdiem Rcv'd	
Cellular Phone		Rehearsal Studios		Lodging	
Answering Service		Accompanists / Musicians		Airfare	
Home Phone Business Use		Hired Labor / Contract Labor		Taxi/Car Rental	
TOTAL:	0	TOTAL:	0	Buses & Trains	
Local Business Transportation		**Agents & Manager Fees**		Phone	
Taxis, Uber/Lyft Etc.				Meal Estimate	
Subways & Path				DEDUCTIBLE %	0
Other Local Travel				Away City # 3	Choose State
TOTAL:	0			# of Days	
Professional Research				Perdiem Rcv'd	
Video/DVD Rentals, Netflix/Hulu		TOTAL:	0	Lodging	
Cable TV		**Business Meals**		Airfare	
Live Theatre Tickets				Taxi/Car Rental	
Movies		*with associates in your profession including friends where business was discussed. Please enter total only.*		Buses & Trains	
Concerts & Museums				Phone	
Internet Access Charges				Meal Estimate	
Other Research		**Depreciable Equipment**		DEDUCTIBLE %	0
TOTAL:	0			Away City # 4	Choose State
Professional Publications		*Tablet, TV, Cell Phone, Computer & Peripherals, Printer, Camera, Etc. Please enter total only.*		# of Days	
Backstage				Perdiem Rcv'd	
Variety				Lodging	
Ross Reports		**Other Misc. Expenses**		Airfare	
Other		UBT/MCTA Business Tax		Taxi/Car Rental	
TOTAL:	0	Other/explain:		Buses & Trains	
Pr. Gifts $25.00/pers/year		Other/explain:		Phone	
Professional Memberships		Other/explain:		Meal Estimate	
SAG-AFTRA		Other/explain:		DEDUCTIBLE %	0
Other		Other/explain:			
AEA		Other/explain:		FOR OFFICE ONLY	
AEA % Dues		Other/explain:			
Other Prof.Memberships		Other/explain:		**Total # of Days**	**0**
TOTAL:	0	Other/explain:		**Perdiem Rcv'd**	**0**
Professional Fees		Other/explain:		**Lodging**	**0**
Tax Return Prep. Fees		Other/explain:		**Airfare**	**0**
Legal & Accounting Fees		Other/explain:		**Taxi/Car Rental**	**0**
TOTAL:	0	Other/explain:		**Buses & Trains**	**0**
Business Use of Car Information				**Phone**	**0**
JANUARY - JUNE				**Meal Estimate**	**0**
Total Business Miles:		Total Miles Driven:		**_____ diem**	**0**
Parking:		Tolls:			
JULY - DECEMBER				£ FOR OFFICE ONLY	
Total Business Miles:		Total Miles Driven;			
Parking:		Tolls:			

TOTAL CAR (J-J):	0	TOTAL EXP:	0	HOME OFFICE:	0	TOTAL EXP W/HO:	0
TOTAL CAR (J-D):	0	w/perdiem:	0				0

SPOUSE OCCUPATION	
PLEASE PLACE "X" IN ONE (1) BOX ONLY FOR YOUR OCCUPATION TO GENERATE & POPULATE EXPENSE SHEET	
X	PERFORMER - Actor, Singer, Dancer
	ADMINISTRATIVE, BOOKEEPER
	ADVERTISING, SALES
	AGENT/MANAGER
	ARCHITECT
	ARTIST - Painter, Sculptor
	ATTORNEY
	CASTING/FILM DIRECTOR
	CHOREOGRAPHER OR DIRECTOR
	COMPUTER CONSULTANT / PROGRAMER
	CONSTRUCTION - Contractor, Painter...
	COSTUMER, CLOTHING DESIGNER
	DRESSER, WARDROBE, SEAMSTRESS
	EDITOR, JOURNALIST
	EVENT PLANNER, CATERER
	EXECUTIVE
	FILM/VIDEO PRODUCTION
	GRAPHIC ARTIST
	INTERIOR/FASHION DESIGNER
	JEWELER
	LIGHTING DESIGNER
	MASSAGE OR PHYSICAL THERAPIST
	MODEL
	MUSICIAN, MUSIC PRODUCTION
	OFFICE MANAGER, SECRETARY
	PERSONAL TRAINER / YOGA INSTRUCTOR
	PHOTOGRAPHER
	PUBLIC RELATIONS
	REAL ESTATE
	RETIRED
	SET DESIGNER
	SOUND DESIGN
	STAGE HAND
	STAGE MANAGER OR TECHNICAL DIRECTOR
	TEACHER / STUDENT
	WAITER, BARTENDER, FOOD SERVICE
	WRITER - Novelist, Poet, Play/Script Writer

SPOUSE TAXPAYER Select Occupation on THIS TAB to populate appropriate expenses.

WHITE BOXES are fillable areas!