



Thank you for choosing EWH SMALL BUSINESS ACCOUNTING to assist you with your 2025 taxes. This letter confirms the terms of engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2025 federal and state income tax returns. To prepare complete and accurate returns, we will rely upon, without further verification, information you provide to us from 3<sup>rd</sup> parties including, but not limited to, K1s, 1099s, 1098s, receipts and similar items. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. A Tax Organizer can be found on our website, [www.ewhsba.com](http://www.ewhsba.com) to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we may discover.

The law imposes penalties on taxpayers for failure to disclose participation in reportable transactions or abusive tax shelters on their tax returns. EWH will not be liable for any penalties in regard to the above unless EWH has been advised in writing of such participation and investments. EWH must also receive all paperwork from the taxpayer in regard to those transactions or tax shelters.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, cancelled checks, etc. as these items may later be needed to prove accuracy and completeness of a return.

Our engagement is to prepare your 2025 tax returns and will conclude when you have received the completed returns. You must pay for the tax preparation and any related services we provide at this time. Review all tax return documents carefully before signing them. If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, *please sign this letter in the space indicated and return it to us in the envelope provided.*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature (if MFJ status)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

20670 Watertown Road, Waukesha, WI 53186

1613 Main Street, Ste 4, Onalaska, WI 54650

2021 S 18th Avenue Ste 201, West Bend, WI 53095

2810 Crossroads Drive, Ste 4000, Madison, WI 53718



# EWH 2025 Personal Income Tax Return Organizer

Please complete this and return it to us electronically or at an EWH office located in Waukesha, West Bend or Onalaska

To ensure a timely return, please submit this AND all required documents **no later than March 18, 2026.**

Information received after **that date, will be automatically extended at an additional charge.**

You are advised that paid bills and cancelled checks claimed as deductions must be retained for a period of five (5) years to comply with Federal and State regulations and audit procedures.

Do not claim as deductions any bills that have not actually been paid within the year.

## CONTACT INFORMATION

**TAXPAYER NAME** \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
**SPOUSE NAME** \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**When your tax return is completed, would you like to have us:**

- Email my tax return via DOCUSIGN.** In lieu of a paper copy we will email your return to the primary email address listed above.
- I will **pick up** my tax return and supporting documents at EWH office  Waukesha  West Bend  Onalaska
- Mail** my tax return and supporting tax documents to the address on the tax return for an additional \$15 fee.

## PERSONAL INFORMATION

**FILING STATUS(choose one):**  Single  Married Filing Joint  Widow(er)  Head of Household  Married Filing Separate

CHANGE IN MARITAL STATUS? IF YES, PLEASE EXPLAIN: \_\_\_\_\_

Taxpayer _____	Spouse _____
Soc Sec # _____	Soc Sec # _____
Date of Birth _____	Date of Birth _____
Occupation _____	Occupation _____
Date of Death (if applicable) _____	Date of Death (if applicable) _____

Can you be claimed as a Dependent on someone else's return?  Taxpayer  Spouse

## ADDRESS INFORMATION

Street _____	Apt # _____	City / Village / Town _____	State _____	Zip _____
County _____	Township/School District _____	Within City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
State Residency Change: Moved From _____/25 through _____/25		Moved From _____/25 through _____/25		
State	Dates	State	Dates	

## DEPENDENTS

Full Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security #	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
# of Mos. in Home in 2025	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
% of Support You	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Others	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b> <b>No</b>
Anyone else claim or could claim?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Full-Time Student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
College Student? IF YES SEE PAGE 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Need to File Return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Unearned Income over \$2,700?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

**PLEASE LIST ADDITIONAL DEPENDENTS ON PAGE 2 IN NOTES**



**INCOME**

**Yes No**

- Did you have W-2 Income? # \_\_\_\_\_ of W-2s provided
- Is your W-2 income part of the Medicare Waiver Program
- Did you have any Interest Income? # \_\_\_\_\_ of 1099 - INT statements provided
- Did you have any Dividend Income? # \_\_\_\_\_ of 1099 - DIV statements provided
- Any non taxable for federal or state? If yes, please list: \_\_\_\_\_
- Did you have any sale of stocks or bonds? Provide year end statement and 1099-B

List any sales **NOT** reported on 1099, but do not duplicate what's reported on 1099s.

Description	Date Acquired	Date Sold	Selling Price	Cost	Gain (Loss)

- Did you have any transactions using digital assets/crypto/NFTs (i.e. Bitcoin)? If yes, please include Form 1099-DA**
- Did you have any business income and expenses not prepared by EWH? If Yes, complete Profit or Loss Worksheet **PAGE 10**
- Did you have any Rental Income or expenses? If Yes, complete Rent and Royalty Income Worksheet **PAGE 12**
- Did you have any Partnership, S-Corp, or Estate/Trust income not prepared by EWH? # \_\_\_\_\_ of K-1s provided
- Did you have any Farm income or loss? If Yes, complete Farm Business Worksheet **PAGE 13**
- Did you receive Form 1099-K from a payment processing company? If YES, please provide Form 1099-K

**RETIREMENT INCOME**

- Did you receive Social Security Benefits? # \_\_\_\_\_ of 1099 SSA statements provided
- Did you make any withdrawals or distributions from an IRA, Roth IRA, 401(k), Keogh, SIMPLE, SEP, or other qualified retirement plan?  
# \_\_\_\_\_ of 1099 - R statements provided
- Were any of these distributions sent directly to a Charitable Organization?  
If Yes, please provide documents of Charitable Gift and Donee
- Were the proceeds rolled into another retirement plan within 60 days? Please provide year end statements
- Did you or your spouse turn age 73 during the year and NOT take the required minimum distributions from your IRA or other retirement account?
- Did you convert any IRA proceeds/distributions into a Roth IRA? Please provide details of conversion (**Form 5498**)

**OTHER INCOME**

- Did you receive Unemployment Compensation? # \_\_\_\_\_ of 1099-G statements provided
- Did you receive any Disability Income? # \_\_\_\_\_ of 1099-R, 1099-SSA statements provided
- Did you have income from the lottery or other Gambling Income? # \_\_\_\_\_ of W2-G statements provided
- Losses: Provide statements to offset Income
- Did you pay or receive any Alimony? Paid \$ \_\_\_\_\_ Received \$ \_\_\_\_\_ Date of Divorce \_\_\_\_\_  
To/From: Name \_\_\_\_\_ Social Security # \_\_\_\_\_
- Did you have any debt forgiven, mortgage foreclosure or abandonment of property? Provide 1099-A or 1099-C statement
- Did you engage in any bartering transactions? # \_\_\_\_\_ of 1099-B statements provided
- Did you receive punitive damages or awards for other than physical injuries or illness? If yes, provide legal documents.
- Did you receive any Royalty Income? If yes, provide 1099MISC
- Did you have any sale or purchase of real estate (incl. your personal residence) or personal property?  
Provide closing settlement statements.  
If personal residence: Mo/Yr of Purchase \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_  
Additional improvement costs to property \$ \_\_\_\_\_
- Did you have income from an installment sale? If yes, include documents if year of sale. If after year of sale, please provide  
Principle Amt Received \$ \_\_\_\_\_ Interest Amt Received \$ \_\_\_\_\_

**FOREIGN INCOME/ASSETS**

- Did you have any Foreign or undeclared Offshore Income? Please explain:  
\_\_\_\_\_
- Did you have foreign financial accounts or assets that exceeded \$10,000 at any time during the year?  
Please list and provide documents: \_\_\_\_\_  
(Including but not limited to bank accounts, entity interests and real estate)  
If Yes: Bank Name \_\_\_\_\_ Bank Addr: \_\_\_\_\_  
Acct # \_\_\_\_\_ Type of Acct \_\_\_\_\_  
Owner(s) Name on Acct \_\_\_\_\_ Maximum value during calendar year \$ \_\_\_\_\_

Check all questions and provide documentation for all questions answered 'Yes'.

**CREDITS**

**Yes No**

- Did you have expenses associated with adopting a child? \$ \_\_\_\_\_
- Did you incur any expenses as an Armed Forces reservist, qualified performing artist, or fee-based Gov't official? \$ \_\_\_\_\_
- Did you incur and pay any Student Loan interest? \$ \_\_\_\_\_ **Provide 1098-E statement**
- Did you incur any non-business bad debt?
- Were you a grade K-12 Educator/Coach/Administrator who had out of pocket expenses? \$ \_\_\_\_\_

**RETIREMENT SAVINGS**

**Yes No**

- Did you contribute to or take distributions from a Medical Savings Accounts or Health Savings Account?  
**(DO NOT include amounts deducted pre-tax from your paycheck under a Section 125 Cafeteria Plan)**

Please provide all supporting documents.

**Contributions:** # \_\_\_\_\_ of Form 5498-SA

**Distributions:** # \_\_\_\_\_ of Form 1099-SA

How many months have you participated in a High Deductible Health Plan? \_\_\_\_\_

**Yes No**

- Is your High Deductible Health Plan  Single Coverage  Family Coverage

Were the distributions used for Qualified Medical Expenses?

- Did you, or will you, contribute to an IRA or Roth IRA for 2025?  
**(excludes employer plans) Include statements from IRA and Roth IRA administrators**

**Traditional IRA**

Deductible

Non-Deductible

**Roth IRA**

Taxpayer \$ \_\_\_\_\_  
Spouse \$ \_\_\_\_\_

Taxpayer \$ \_\_\_\_\_  
Spouse \$ \_\_\_\_\_

**COLLEGE TUITION**

**Yes No**

- Did you have any Higher Education expenses for you or a dependent? **Please provided 1098T. NOTE Credit will not be allowed without 1098T**  
**Please list unreimbursed or out-of-pocket education expenses only (now includes computer purchases/costs and internet charges).**  
**Please provide a payment transaction listing from the university.**

Student Name	Year in College (1st, 2nd, 3rd, 4th, etc.)	State College is in	Tuition & Enrollment Fees Paid	Additional Expenses Books, Supplies, Room & Board	Enrollment Status (full time, half time, less than 1/2)
			\$ _____	\$ _____	
			\$ _____	\$ _____	
			\$ _____	\$ _____	

- Were any proceeds from a Section 529 or Section 530 College Sponsored Savings Plans used to pay these expenses?  
**Please provide expense details and Form 1099-Q:**

\_\_\_\_\_

**CHILD CARE EXPENSES**

**Yes No**

- Did you incur child care expenses (i.e. daycare)? **If yes, provide statements**

List number of qualifying children cared for \_\_\_\_\_

Total Expenses Paid \$ \_\_\_\_\_

Information of Child Care Provider:

Information of Child Care Provider:

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

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

Address \_\_\_\_\_

Address \_\_\_\_\_

EIN or Social Security # \_\_\_\_\_

EIN or Social Security # \_\_\_\_\_

Amount Paid \_\_\_\_\_

Amount Paid \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

If payments were made to an individual and they totaled **more than \$2,800**, were the services performed in your home?  
If YES, have you filed W2s?

Y  N  
 Y  N

**CREDITS (con't)**

**ENERGY CREDITS**

**Yes**

**No**



Did you install Exterior doors, Windows, Skylights, Insulation, HVAC, Water heater, Wind, Solar, or Geothermal property to EXISTING primary residence?

Date Installed	Description	Amount Paid
		\$
		\$



Did you install Exterior doors, Windows, Skylights, Insulation, HVAC, Water heater, Wind, Solar, or Geothermal property to NEW CONSTRUCTION of a primary residence?

Date Installed	Description	Amount Paid
		\$
		\$



Did you purchase a Clean Energy, electric vehicle before October 1?

Please provide Purchase Documents

Year, Make and Model	VIN	Purchase Date

**ONE BIG BEAUTIFUL BILL DEDUCTIONS**

**Yes**

**No**



Did you PURCHASE a new, American-assembled vehicle for personal use in 2025?

If YES, please provide the following

Did you pay Loan interest to an unrelated party

Yes

No

Please provide PURCHASE documents and complete information below

VEHICLE MAKE AND MODEL	YEAR	VIN	INTEREST PAID	Titled in YOUR Name?
			\$	<input type="checkbox"/> Y <input type="checkbox"/> N
			\$	<input type="checkbox"/> Y <input type="checkbox"/> N
			\$	<input type="checkbox"/> Y <input type="checkbox"/> N



Did you receive overtime pay in 2025?

If YES, answer the following:

Is the premium amount reported in Box 14 of your Form W-2?

Yes

No

If not, did your employer provide a statement?

Yes

No

Please provide employer statement



Did you receive tips as part of your income in 2025?

If YES, answer the following:

Were these tips reported on your W2?

Yes

No

What is your occupation? \_\_\_\_\_



Did you receive Tip Income not reported to your employer?

If so, how much \$ \_\_\_\_\_

Check all questions and provide documentation for all questions answered 'Yes'.

**ITEMIZED DEDUCTIONS**

**Yes No**

**UNREIMBURSED MEDICAL EXPENSES**

Did you have any unreimbursed out of pocket medical expenses?  
 (exclude Medical Savings Account, Flexible Spending Account & Health Savings Account Expenses)  
**Note:** Deduction is only allowed if medical expenses exceed 7.5% of Adjusted Gross Income (AGI).

Medical & Dental Insurance Premiums	<b>SEE PAGE 4</b>	Other medical expenses (please specify)	_____ \$ _____
Medical / Dental Bills Paid	\$ _____		_____ \$ _____
Prescription Medicine, Drugs & Insulin	\$ _____	Medical Transportation & Lodging	\$ _____
(prescription drugs purchased outside of the US are not eligible for deduction)		Miles Driven for Medical Care	_____ miles

**TAXES PAID**

Did you pay real estate taxes? Primary Residence \$ \_\_\_\_\_ Secondary Residence \$ \_\_\_\_\_  
 Include Tax Bill and Paid Receipt

**INTEREST PAID**

Did you pay mortgage interest? Primary Residence \$ \_\_\_\_\_ Secondary Residence \$ \_\_\_\_\_  
 Include Form 1098  
 HELOC \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

If HELOC, please describe what proceeds were used for: \_\_\_\_\_

Did you have home mortgage balances that exceeded \$750,000 at any time during the tax year (for loans originated after December 15, 2017)?  
 If YES, please provide  
 Total mortgage balance(s) at year-end: \$ \_\_\_\_\_  
 Loan Origination Date: \_\_\_\_\_  
 Total principal paid during the year: \$ \_\_\_\_\_  
 Any loan refinanced?  Yes  No Primary Home  Yes  No Secondary  Yes  No

Interest Paid to Individuals:  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security # \_\_\_\_\_

**CHARITY**

Did you make any charitable contributions?  
 Please refer to Page 5 Retirement Income if Gift was made via a Retirement Account Distribution

Cash Contributions:

<u>List to Whom Contributed</u>	<u>Amount</u>	<u>Receipts</u>
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Non-Cash Items Given to Charity (detailed list required):

<u>List Organization</u>	<u>Value</u>	<u>Receipts</u>
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Miles driven for charitable purposes: # \_\_\_\_\_ of miles

**MISC**

Did you have any casualty losses? \$ \_\_\_\_\_ Description: \_\_\_\_\_



**Profit or Loss From Business Worksheet**

(Fill out **IF NOT** prepared by EWH)

Business Name \_\_\_\_\_

FEIN Number \_\_\_\_\_

Entity Type:  Sole Proprietorship  Single Member LLC

Business Belongs to:  Taxpayer  Spouse

Description of Business Activity \_\_\_\_\_

**Yes**

**No**



Do you have a balance due to SBA for the **Economic Injury Disaster Loan (EIDL)**?

Balance owed as of December 31, 2025: \$ \_\_\_\_\_

Interest Paid \$ \_\_\_\_\_



Did you make any payments in 2025 that would require you to file Form(s) 1099?

If Yes, did you or will you file all required Forms 1099?



Did you use gas or special fuels in off-road vehicles for business or farm use? Number of gallons \_\_\_\_\_

Beginning Inventory Jan. 1, 2025 \$ \_\_\_\_\_ Ending Inventory Dec. 31, 2025 \$ \_\_\_\_\_

INCOME			
Gross Receipts or Sales <b>Include ALL 1099NEC/1099K received</b>			\$
Less: Returns & Allowances			\$
Cost of Goods Sold			\$
EXPENSES			
Advertising		Bank Service Charges	
Vehicle Expense - <b>See mileage below</b>		Merchant Fees	
Commissions & Fees		Other Expenses: Please list	
Contract Labor			
Employee Benefits			
Insurance (other than health)			
Mortgage Interest (paid to banks)			
Other Interest			
Health Insurance (for Employees only)			
Legal & Professional Services			
Office Expense			
Pension & Profit Sharing Plans			
Equipment Lease			
Rent			
Repairs & Maintenance			
Supplies			
Taxes & Licenses			
Travel			
Meals			
Entertainment			
Utilities			
Wages			
Telephone			
Dues & Subscriptions			
Equipment Purchases: Please list			

**Profit or Loss From Business Worksheet (Continued)**

**Yes**   **No**

Did you have a home office?

If Yes, total square footage of home \_\_\_\_\_ and total square footage of office space \_\_\_\_\_

Home Expenses:	\$
Home Owners Insurance	
Utilities	
Repairs & Maintenance	

Did you have a personal vehicle used for business?

Vehicle 1

Vehicle 2

	Vehicle 1	Vehicle 2
Description of Vehicle		
Date Purchased		
Cost or other basis. If leased, enter yearly lease payments		
Actual Vehicle Costs in 2025		
Business Miles Driven in 2025		
Total Miles Driven in 2025		
Was the Vehicle used for Personal Use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have evidence to support the Business Miles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
➔ Is evidence in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Rent and Royalty Income Worksheet

**Yes**   **No**

Did you make any payments in 2025 that would require you to file Form(s) 1099?

If Yes, did you or will you file all required Forms 1099?

	Property #1	Property #2	Property #3
<b>Description of Property</b>			
Please ✓ check one for each property:	<input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family <input type="checkbox"/> Short-Term / Vacation <input type="checkbox"/> Self Rental <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____	<input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family <input type="checkbox"/> Short-Term / Vacation <input type="checkbox"/> Self Rental <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____	<input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family <input type="checkbox"/> Short-Term / Vacation <input type="checkbox"/> Self Rental <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____
What % of the property did you occupy during the year?	_____ %	_____ %	_____ %
If property was a Vacation home, how many days was it occupied by you?	_____ days	_____ days	_____ days
How many days rented?	_____ days	_____ days	_____ days
Were you active in the management of the rental property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Gross Rents &amp; Royalties</b>	\$	\$	\$
<b>Expenses:</b>			
Advertising			
Auto			
Travel			
Cleaning & Maintenance			
Commissions			
Insurance			
Legal & Other Professional Fees			
Management Fees			
Mortgage Interest (Form 1098)			
Other Mortgage Interest			
Other Interest			
Repairs			
Supplies			
Taxes			
Utilities			
Wages & Salaries			
Other:			

## Farm Worksheet

Business Name \_\_\_\_\_

FEIN Number \_\_\_\_\_

Entity Type:     Sole Proprietorship     Single Member LLC

Business Belongs to:     Taxpayer     Spouse

<b>FARM INCOME</b>	\$
Farm Income	
Distributions received from co-ops	
Agricultural program payments	
Crop insurance proceeds received in current year	
Other income	
<b>FARM EXPENSES</b>	\$
Car and Truck	
Chemicals	
Conservation expenses	
Custom hire	
Depreciation	
Employee benefits	
Feed purchased	
Fertilizer/Lime	
Freight/Trucking	
Gasoline/Fuel/Oil	
Insurance	
Mortgage interest	
Interest - other	
Labor hired	
Pension/Profit sharing	
Rent/Lease - machinery	
Rent/Lease -other	
Repairs/Maintenance	
Seeds/Plants	
Storage/Warehousing	
Supplies	
Taxes	
Utilities	
Veterinary, etc.	
Other expenses	

Did you use gas or special fuels in off-road vehicles for business or farm use? Number of gallons \_\_\_\_\_

**Did you use a personal vehicle used for Farming?**

Description of Vehicle	
Date Purchased	
Cost or other basis. If leased, enter yearly lease payments	
Actual Vehicle Costs in 2025	
Business Miles Driven in 2025	
Commuting Miles Driven in 2025	
Was the Vehicle used for Personal Use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have evidence to support the Business Miles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
➔ Is evidence in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No