



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 3rd 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 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
2021 S 18th Avenue Ste 201, West Bend, WI 53095

1613 Main Street, Ste 4, Onalaska, WI 54650
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 State Dates		Moved From _____/25 through _____/25 State Dates		

DEPENDENTS

Full Name					
Social Security #					
Date Birth					
Relationship					
# of Mos. in Home in 2025					
% of Support You	%	%	%	%	%
Others	%	%	%	%	%
	Yes	No	Yes	No	Yes
Anyone else claim or could claim?	<input type="checkbox"/>				
Full-Time Student?	<input type="checkbox"/>				
College Student? IF YES SEE PAGE 6	<input type="checkbox"/>				
Need to File Return?	<input type="checkbox"/>				
Unearned Income over \$2,700?	<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	SEE PAGE 4	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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Primary Home | <input type="checkbox"/> Yes <input type="checkbox"/> No Secondary <input type="checkbox"/> Yes <input type="checkbox"/> 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:

List to Whom Contributed	Amount	Receipts
_____	\$ _____	<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):

List Organization	Value	Receipts
_____	\$ _____	<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: _____

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

WISCONSIN

Yes No

Did you pay rent for housing? (Annual) \$_____ Was heat included? Yes No

Did you make any contributions to a WI college savings account? If Yes, fill in the information below for **each student**.

If more than 2 beneficiaries, use Comments and Notes on Page 2.

WI EdVest Account
 Tomorrow's Scholar Account
 Name _____ SS # _____
 Amount \$ _____

WI EdVest Account
 Tomorrow's Scholar Account
 Name _____ SS # _____
 Amount \$ _____

Did you pay for a Dependent(s) to attend a private school?

If Yes, complete the information below for **each student**. If more than 2 children, please use Notes on Page 2

Student's Name _____
 Grade:
 K 1 2 3 4 5 6 7 8 9 10 11 12
 Amount Paid in 2025 \$ _____
 Name of School _____
 Address _____
 School FEIN # _____

Student's Name _____
 Grade:
 K 1 2 3 4 5 6 7 8 9 10 11 12
 Amount Paid in 2025 \$ _____
 Name of School _____
 Address _____
 School FEIN # _____

Did you receive child support (for WI Homestead credit only)? If yes, amount received: \$ _____

Did you purchase items out of state with No Sales Tax paid? If Yes, list purchase amount \$ _____

Do you want to donate to any of the following?

- | | | | |
|------------------------------|----------|------------------------------|----------|
| Endangered Resource Fund | \$ _____ | Multiple Sclerosis | \$ _____ |
| Red Cross WI Disaster Relief | \$ _____ | Second Harvest/Feeding Amer. | \$ _____ |
| Cancer Research | \$ _____ | Military Family Relief | \$ _____ |
| Veterans Trust Fund | \$ _____ | Special Olympics | \$ _____ |

WISCONSIN DECLARED DISASTER AREA

Did you incur losses due to storms that occurred on August 9-12, 2025 in Milwaukee, Washington and/or Waukesha Counties?

If YES, please complete the information below for each loss

TYPE OF PROPERTY	
Primary Home? YorN	
CITY	
ZIP CODE	
DATE OF PURCH	
PURCHASE PRICE	\$ _____
FMV BEFORE	\$ _____
FMV AFTER	\$ _____
INSURANCE RECEIVED	\$ _____
FEMA RECEIVED	\$ _____

TYPE OF PROPERTY	
Primary Home? YorN	
CITY	
ZIP CODE	
DATE OF PURCH	
PURCHASE PRICE	\$ _____
FMV BEFORE	\$ _____
FMV AFTER	\$ _____
INSURANCE RECEIVED	\$ _____
FEMA RECEIVED	\$ _____

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 Include ALL 1099NEC/1099K received			\$
Less: Returns & Allowances			\$
Cost of Goods Sold			\$
EXPENSES			
Advertising		Bank Service Charges	
Vehicle Expense - See mileage below		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
Description of Property			
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
Gross Rents & Royalties	\$	\$	\$
Expenses:			
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

FARM INCOME	\$
Farm Income	
Distributions received from co-ops	
Agricultural program payments	
Crop insurance proceeds received in current year	
Other income	
FARM EXPENSES	\$
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