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HANDY DANDY TAX GUIDE

2025

Name(s) _____

A new address? _____ New/Renewed Driver's License? _____

A new marital status? _____

A new dependent? _____ (**Dependents **must** have SS#**)

Health Insurance Coverage **all** year? Yes_ No_ (If thru ACA/Covered CA –
Need **Form 1095A**)

Any investment in Digital Assets (Crypto, etc.)? Yes_____No_____

Foreign Accounts? Yes_____No_____

- **ITEMS OF INCOME** – Check items that apply to you and send ‘em.

___ **Wage Income** - W-2s from all employers.

___ **Interest Income** – Form 1099-INTs sent by banks, credit unions,
or other investment firms.

___ **Dividend Income** – Form 1099-DIVs

___ **State Refund from 2024** – Form 1099-G

___ **Alimony Received** - only for divorces finalized **before 1/1/2019**

___ **Business Fee Income** - income received for performing a service from
which no taxes were withheld. Send **Form 1099-NECs**. **Separate worksheets** may be applicable.

___ **Capital Gains and Other Gains or Losses** – Provide all related
documents (Form 1099-B,
etc.) concerning **SALE and
PURCHASE** of each item.

___ **Distributions from a Pension Plan** – Form 1099-R

- **ITEMS OF INCOME** continued

___ **IRA Distributions Form 1099R** – rollovers included

___ **Income from Rental Property** – separate worksheet may be applicable

___ **Partnership, Corporation or Trust Income** – K-1 forms

___ **Unemployment Compensation** – 1099-G card sent by state.

___ **Social Security Benefits** – Form 1099-SSA. May be partially taxable.

___ **Other Income** – gambling winnings, lottery, jury duty, gameshow prizes, any other possibly taxable income items.

- **ADJUSTMENTS TO INCOME**

___ **Educator Expenses** – Up to \$300 per educator.

___ **Health Savings Account**

___ **Moving Expenses (CA and Military only)** – cost to transport household goods, travel, lodging. Must have moved at least 50 miles for new job.

___ **IRA, Keogh, SEP, or SIMPLE Retirement Plans** – IRA contributions until 4/15/26 for 2025 taxes.

___ **Health Insurance Premiums** – if self-employed.

___ **Student Loan Interest**

___ **Tuition and Fees**

___ **Penalty on Early Withdrawal of Savings**

___ **Alimony Paid** – bring name and SS# of recipient. ONLY for divorces finalized **before 1/1/2019.**

ITEMIZED DEDUCTIONS – Schedule A

• **Medical and Dental** – less insurance reimbursements

Prescription medicines _____	Hearing Aids, Batteries _____
Doctors, Dentists _____	Lab Fees, X-rays _____
Hospitals, Clinics _____	Med. Miles _____
Glasses, Eye Exams _____	Medical Parking _____
Insurance Premiums _____	_____

• **Taxes You Paid**

State and Local – picked up from W-2s
 (Can substitute total general sales tax on items bought in 2025 if higher)

Real Estate Taxes on your Home _____
 DMV Registration Fees _____

Estimated Tax Payments

		Amount	
	<u>Date</u>	<u>Fed</u>	<u>State</u>
1 st Quarter	_____	_____	_____
2 nd Quarter	_____	_____	_____
3 rd Quarter	_____	_____	_____
4 th Quarter	_____	_____	_____

• **Interest you Paid**

Investment Interest
 Margin Interest _____
 Interest on Land _____
 Other _____

Home Mortgage Interest Paid**
 To Financial Institutions 1st _____ 2nd _____
 To Individuals – Amount _____ Name _____
 Address _____
 SS# _____

****If you refi-ed, send Final Closing/Settlement Statement**
 -Now often called Closing Disclosure**

ITEMIZED DEDUCTIONS – Schedule A continued

- **Charitable Contributions**

Total cash and check contributions _____

Goods donated – Goodwill, Out of the Closet, etc. _____

If **motor vehicle, **MUST HAVE** Form 1098-C or equivalent from donee**

Out of Pocket expenses for charitable work _____

Mileage for charitable work _____

- **Casualty and Theft Loss**

Amount of loss _____

- **General Miscellaneous Deductions -CA Only** (Use **industry specific** deduction sheets *instead* of the list below, if applicable)

Tax Preparation	_____
Union Dues	_____
Safe Deposit Box	_____
Investment Expense	_____
Investment Publications	_____
Uniforms/Cleaning	_____
Job Seeking Expenses	_____
Gambling Losses	_____

- **Child and Dependent Care Credit**

Total Amount pd. for **each** child for Childcare in 2025 _____
(Need name, address, phone, SS# or EIN# and amount for *each care provider*)

- **Online Purchases** for which no sales tax has been paid _____