SDB Accounting &Tax Services

2025 TAX CHECKLIST

Return ASAP with tax documents. We will not begin work without this checklist and it must be completely filled out.

200 Stonewall Blvd, Suite 6B, Wrentham, MA 02093
508-384-2700
www.sdbaccounting.com

TAXPAYER	SPOUSE
Name:	Name:
E-Mail:	E-Mail:
Contact #:	Contact #:
Occupation:	Occupation:

If you moved, provide new address:_____Date:_____

Did you make any estimated payments for TY25? ☐ Yes ☐ No

Federal: Please list any estimated payments you made and provide proof of payment:

4/25 $_____ **6/25** $_____ **9/25** $_____ **1/26** $_____

State/Other:

4/25 $_____ **6/25** $_____ **9/25** $_____ **1/26** $_____

	YES	NO
Did you pay rent in MA for primary residence? Annual Amount: $_____	☐	☐
Did you receive, sell, send, or exchange any financial interest in virtual currency?	☐	☐
If you received a **1099K** from PayPal or 3rd party, was it for personal prop. sold at a loss?	☐	☐
Did you purchase health ins through the Marketplace? We will need form 1095-A to e-file your taxes. A copy can be found in your insurance portal (mahealthconnector.org).	☐	☐
If you received an IP Protection PIN from the IRS, we must have it to e-file. It changes yearly. Logging back into your account will display your new IP PIN . **Taxpayer PIN:** ___/___/___/___/___/___/ **Spouse PIN:** ___/___/___/___/___/___/	☐	☐
Refunds: Do you want the refund applied to next year? **Need bank info, the IRS is no longer issuing checks.**	☐	☐
Tax Due: Do you want your account debited?	☐	☐
Bank Acct: Routing #: _____ **REQUIRED** Account #: _____ ☐ Ckg ☐ Sav Withdrawal date: _____ (the default is 4/15/26)		

Deliver your copy of tax return: ☐ docusign **(Default)** ☐ **Pickup** ☐ **Mail**

❖ ENGAGEMENT LETTER – TAX YEAR 2025 ❖

Dear Client:

In connection with the preparation of your federal and state individual tax returns for the year ended 12/31/25, we/I confirm to the best of our/my knowledge and belief, the information representations made to SDB Accounting are accurate and complete. We/I have made all necessary financial and related data available to SDB Accounting. We/I have not knowingly withheld from you any records or related data that in our/my judgment would be relevant to your preparation of the tax returns. To the best of our/my knowledge, no events have occurred after the year-end that would require adjustments to, or disclosure in, the tax returns provided. We/I have responded to all inquiries made to us/me by SDB Accounting during the engagement. You have the final responsibility for your tax return(s) and should carefully review them before you sign and file them.

Please sign this engagement letter and return it with all your tax documents. The signed engagement must be returned prior to beginning work. **Taxes are worked on in the order received on a first in/first out basis.** We will do everything possible to deliver your return by the deadline. However, we reserve the right to put the quality and accuracy of your return preparation ahead of a faster turnaround. A complete and accurate return is what the IRS wants and the reason they allow for the extension of time to file. Extensions pertain to the filing of the tax return only. If you have a tax payment due, it must be paid by **4/15/26** to maintain the validity of the six-month extension**. If we receive your initial tax materials after 4/1/26, SDB will charge a priority processing fee of $350 for calculating the extension and any payments due.**

Tax preparation fees will be at our standard rate of $235 per hour and determined based on the time expended by each professional. **Our minimum fee is $400. Payment is due when services are rendered and before we electronically file your returns.** All payments received more than thirty days late will be charged a 1.5% per month finance charge. To maintain the same business standards that we advise you to employ, we will not work on accounts with past-due balances.

Your returns may be selected for review by the tax authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such a governmental tax examination, we will be available, upon request, to represent you under a separate engagement for that audit/examination.

Sincerely,

Samuel D. Blackmore, CPA

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☐ **By checking this box and entering my name(s) below, I/we accept all the terms and conditions listed above.**

Accepted by: _____ Date: _____

Accepted by: _____ Date: _____

Questionnaire

Please check the appropriate box and include all detail/documentation. **Explain in the comment section.**

Personal Information:	**Yes**	**No**
Are you and your spouse U.S. Citizens?	❑	❑
Were there any births, adoptions, marriages, divorces, or deaths that impact your taxes? **Provide detail** NOTE: If you are filing for a decedent (**and are not the spouse**), we will need a Personal Rep. Letter.	❑	❑
MA residents, any work-related commuter expenses > $150? (EZ Pass, MBTA, Parking etc.) $_____	❑	❑
Did you make any charitable donations? Cash $_____ Non cash, provide all receipts	❑	❑

Dependent Information:	**Yes**	**No**
Do you have dependents who must file a tax return, and do you want us to file for them? **$100 mini fee** Dependents filing their own tax returns must check the box indicating they are claimed by another person.	❑	❑
Did you pay for childcare while you worked or looked for work? Enclose the year-end statement. **Must have name, address and tax ID of childcare provider and list amount paid per child.**	❑	❑
If you are divorced or separated with children, do you have a divorce/separation agreement?	❑	❑
If agreement was before 01/01/19 – Amount of Alimony $_____	❑	❑

Healthcare Information:	**Yes**	**No**
Did you and your dependents have full year health care coverage? ❑ Privately through employer: MA residents enclose **1099-HC**. All other states enclose **1095-C.** ❑ Purchased through Marketplace, enclose **1095-A (we cannot file your return without this form.)** ❑ Government health ins (Medicare, Medicaid, CHIP, Tricare, VA) enclose **1095-B.**	❑	❑
Did you contribute to a health savings account? Enclose form 1099-SA.	❑	❑
Did you receive any distributions from health savings accounts that were **not** for medical expenses?	❑	❑

Education Information:	**Yes**	**No**
Did you or your dependents attend a post-secondary school during the year? Name: _____ Yr: Fr Soph Jr Sr Grad Full Part Time Name: _____ Yr: Fr Soph Jr Sr Grad Full Part Time	❑	❑
Did you or your dependents have educational expenses/scholarships during the year? Include form 1098T	❑	❑
Did you pay any student loan interest this year? Include form 1098E ❑ Undergraduate ❑ Graduate	❑	❑
Did you make any withdrawals/contributions to an education savings account? Form1099Q	❑	❑
MA residents, did you contribute to a 529 Education Savings Plan? $_____	❑	❑
Teachers: Did you have unreimbursed expense ($300 Max)? $_____	❑	❑

Retirement Information:	**Yes**	**No**
Did you retire? Provide SSA-1099 & 1099-R.	❑	❑
If you reached age 73, have you begun your mandatory retirement withdrawals?	❑	❑
If you inherited an IRA, was the decedent taking the RMD?	❑	❑
Do you plan to contribute to a qualified retirement plan before 4/15/26? ❑ Roth ❑ Traditional	❑	❑

Purchases, Sales & Debt Information:

	Yes	No
Did you finance a **new** car with FINAL assembly in the USA in 2025? Provide P & S & yr end int. statement.	❑	❑
Did you start a new business or purchase rental property during the year?	❑	❑
Did you sell an existing business, rental, or other property this year?	❑	❑
Did you purchase a home or refinance it? Need Closing Disclosure Form.	❑	❑
Did you have any debts canceled/forgiven this year? Form 1099-C	❑	❑
Did you make energy efficient purchases (elec. vehicle, solar panels, windows, doors, roof). Enc. receipt	❑	❑

Foreign Accounts:

	Yes	No
Did you have a financial interest/signature authority in a foreign account (such as bank, securities, or brokerage) located in a foreign country? If yes, did you file FinCen Form 114? ❑ Yes ❑ No	❑	❑
Did you receive a distribution from a foreign trust? If yes, did you file Form 3520? ? ❑ Yes ❑ No	❑	❑

Self-Employed Income (no W2 income, 1099s only):

	Yes	No
Are you self-employed? Be sure to enclose 1099NEC (if applicable) and list **all business expenses**.	❑	❑
Did you work from home and utilize a **dedicated area** as a home office? Provide office sf and total home sf. Office sq feet: _____ Total home sq. feet:_____	❑	❑
Did you use your car on the job, for other than commuting? Business Miles:_____Total Miles: _____	❑	❑

Comments:

We encourage you to use the portal, (https://sdbaccounting.smartvault.com) for uploading your tax documents. The use of the portal is not mandatory, but it helps reduce mailing costs. A shipping fee will apply for original documents that need to be mailed back.

When ALL documents are uploaded, e-mail Karen@sdbaccounting.com so your taxes can be put in the tax preparation queue. If we need additional information from you, we will contact you by e-mail (staff member's first name@sdbaccounting.com). Be sure to check your e-mail daily.

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