HOW TO PROVIDE YOUR TAX DOCUMENTATION

Anderson, Davis & Associates, CPA, PA asks you to utilize one of the below methods to provide us your 2025 income tax information:

1. **Electronically (scanned/pdf) (Recommended)** - by using THIS LINK to our encrypted ShareFile system; OR

2. **Paper documents (drop-off)** - place in our in-wall Drop Box located next to our 2nd floor Suite front door (Suite 204); OR

3. **Paper documents (mail courier)** - mail your documents directly to our office and suite address (see below).

If you plan to stop by our office, please call us when you are in our parking lot. This will allow us to efficiently serve you. Please remember to **always provide us your contact email address for the primary taxpayer and spouse, along with the best contact cell phone number**.

We ask that you provide us your complete tax information as soon as possible. Our goal is to be able to prepare your returns and file them on your behalf as soon as possible. We can only do that with your help.

Thank you and we look forward to working with you again this tax season!

Anderson, Davis & Associates, Certified Public Accountants, PA
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Important Tax Documents/Information You Will Need to Provide Us

Income

W-2 for wages, tips, etc.	W-2G for gambling winnings	1099-NEC for nonemployee income
1099-DIV for dividends	1099-B proceeds from broker	SSA-1099 for Social Security
1099-INT for interest	1099-MISC for other income	1099-G for refunds & unemployment
1099-R for retirement	1099-Q qualified tuition program	1099-K for third-party network income

Deductions

1098 for mortgage interest	1098-T for tuition and related expenses
1099-SA for HSA's	Unreimbursed medical and dental expenses
Charitable donations	Form 5498 for IRA values and contributions
1098-E student loan interest	Property tax paid on your home or second home

Business

Schedule K-1 for partnerships, S corporporations, and trusts or estates
Business (Schedule C) or Rental Properties (Schedule E) income and expense summary

Credits

Childcare costs, and the name, address, amount and ID # of the recipient
Estimated tax payment amounts and dates paid to IRS and States with proof of receipt through IRS and state websites or copy of cancelled checks
Nonbusiness Energy Property credit, Residential Clean Energy credit, New Clean Vehicle credit – please provide detail costs and documents for any such potential credits

Other

Any letters you received from the IRS or state tax authorities
IRS scrutiny of foreign accounts means that you need to be absolutely clear about any non-US accounts or income, so that we report it correctly
If you have a foreign bank account or assets, there might be reporting requirements and tax forms to file as noncompliance carries stiff penalties
If you have bought and/or sold a home, we need the closing statements on both the purchase and the sale, as well as a list of improvements (with cost) you made to the old home

ANDERSON DAVIS

Name:	
Address:	
City, ST Zip:	
Phone:	
E-mail:	

Dependents								
Name	*SSN	DOB	Student	Relationship	Income	Edu. Expenses	Interest Paid	Tuition Paid

Income

Wages		
Description	*SSN	Amount
Self		
Spouse		
Other: (Explain)		
Tips		
Overtime		

Self-Employment		
Employment Type	Code**	Amount

Other Income	
Type of Income	Amount
Alimony (pre-2019 agreements)	
Commissions/Bonuses (not reported on W-2)	
Awards/Gambling Winnings (Enclose 1099 misc, W2G)	
Farm (Furnish Schedule or Detail)	
Hobby (Income & Expense)	
IRA/Keogh Distribution (Enclose Form 1099-R)	
Jury Duty	
Pensions/Annuities (Enclose 1099-R or detail)	
S-Corp/Partner/Estate/Trusts (enclose K-1 Forms)	
Social Security (Box 5)	
Tips/Gratuities (not reported on W-2)	
Unemployment Compensation (Enclose 1099-G)	
Other (Explain):	
Other (Explain):	

Dividend Income		
Payee Name	Code**	Amount

Interest Income		
Payee Name	Code**	Amount

Gains and Losses from Sale of Property/Investments					
Description	Date Acquired	Date Sold	Sale Price	Cost	Exlcusion

Rental Property			
Proceeds			
	1	2	3
1			
2			
3			
Expenses			
Accounting Fees			
Association Dues			
Advertising			
Appliances			
Auto-Travel			
Commissions			
Air Conditioning			
Insurance			
Interest: Mortgage			
Interest: Other			
Janitor-Yard Work			
Legal Fees			
Maintenance			
Management			
Plumbing			
Roofing			
Supplies			
Taxes			
Telephone			
Trash Removal			
Utilities: Heat			
Utilities: Electrical			
Home Office			
Sq feet used			
Total sq. feet			
Total Expenses			
Net Income			

S-corp/Partnership/Estate					
Description	Ordinary Business Income	Rental Real Estate	Interest	Dividends	Capital Gains

Foregin Income	
Country	Amount

* Full Social Security # (SSN) may be requested if not already on file

**Code: T=Taxpayer S=Spouse J=Joint

ANDERSON DAVIS

Deductions

Taxes Paid

Real Estate		
Property		
Other		
Other		
Other		
Estimated Taxes	**Federal**	**State**
-Due 4/15		
-Due 6/15		
-Due 9/15		
-Due 1/15		

Interest Paid

Type	Payee	Amount
Installment Sale		
Investment		
Mortgage (Form 1098)		
Home Equity		

State Taxes Paid

Description	Amount
Property Tax: Primary Residence	
Property Tax: Alternative Residence	
State Income Tax	
State Sales Tax: Major Purchases	

Retirement Contributions

Type	Date Paid	Amount
Traditional IRA		
Tax payer		
Spouse		
Roth IRA		
Tax payer		
Spouse		
Other		
QCD		
RMD		

Charitable Donations

Cash	Amount
Church	
Health Research	
Humane Society	
Public TV/Radio	
Salvation Army/Goodwill	
Schools	
Scouting	
United Way	
Non-Cash Donations	**Amount**
Food Drive	
Good Will	
Supplies for charity	
Mileage	
Stocks	
Other	

Child Care Expenses

Provider/ EIN/ Address	Amount

Casulty/ Theft loss

Damage/loss from:	Amount
Fire, Flood, Wind	
Accident	
Theft	

HSA Information

Description	Amount
HSA Contributions witheld from paycheck	
HSA Withdrawals	

Other Information

Description	Amount

Health Care Expenses

Payment for:	Amount
Ambulance	
Chiropractor	
Crutches	
Dentist	
Doctor's fees	
Equipment (prescribed)	
Eryeglasses/Contacts	
Hearing Aids & Supplies	
Hospital	
Insurance (Dental/Health)	
Laser Eye Surgery	
Lodging for Treatment	
Long term Care Premiums	
Medical Doctor	
Medical Milage	
Nursing Care	
Optometrist	
Orthodontist	
Physical Therapist	
Prescription & Drugs	
Smokling Cessation Program	
Supplemental Medicare	
X-rays	

Educational Expenses

Description	Amount
Tutition	
Room	
Board	
Supplies	
Student Loan Interest	
Educator Expenses	
Other	

Gift/Estate

Beneficiary	Amount

Home Improvements/Other Deductions

Description	Amount
Car Interest after 12/31/24	
VIN:	