



# HETLETVED

CPA  
P.O. Box 1106  
Washburn ND 58577-1106

Taxpayer \_\_\_\_\_  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_  
 Spouse \_\_\_\_\_  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Taxpayer Cell \_\_\_\_\_ Spouse Cell \_\_\_\_\_  
 Do not text  Do not text  
 Email Address \_\_\_\_\_

Please list dependents on Page 2 of this form

**\*\*This form is required every year & must be signed\*\* Please complete it for you & all dependents\*\***

Part 1. All Taxpayers Tax return copy preference:  Folder  Portal

Yes No  
  REFUND: Direct deposit Bank: \_\_\_\_\_ Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Please complete this information even if there has been no change  Checking  Savings

\*In 2025, the IRS began phasing out paper refund checks. If you opt out, there may be a delay in refunds

I've reported all taxable income, **included all W-2s, 1099s, 1099-Gs, 1099-SAs, 1098-Ts, & 1095-As**, & no other forms will be received.  
  Healthcare.gov: I purchased my health insurance through the healthcare exchange  
 (Also known as the health insurance marketplace or Obamacare) and **Form 1095-A is included.**

I paid out of pocket (not through my employer) for my health insurance in 2025.  
 Total premiums paid for the year: \$ \_\_\_\_\_ (Include Ministry Sharing Plans)

I gave a gift to an individual over \$19,000.  
 RETIREMENT CONTRIBUTIONS:  TRADITIONAL IRA  SEP  ROTH IRA  
 (Do not include contributions to an employer's plan) if yes, Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

\*I have foreign accounts in excess of \$10,000.  
  I made energy efficient improvements to my home in 2025 (windows, doors, solar, hvac, water heater)  
 Improvement made: \_\_\_\_\_ Cost \$ \_\_\_\_\_ Labor \$ \_\_\_\_\_

I made payments to ND College Save in 2025. Total paid: \$ \_\_\_\_\_  
 ESTIMATED TAX PAYMENTS: I made Federal and or State estimated tax payments (list)  
 Federal: Apr 2025 \_\_\_\_\_ Jun 2025 \_\_\_\_\_ Sept 2025 \_\_\_\_\_ Jan 2026 \_\_\_\_\_  
 State: Apr 2025 \_\_\_\_\_ Jun 2025 \_\_\_\_\_ Sept 2025 \_\_\_\_\_ Jan 2026 \_\_\_\_\_

(Do not include the balance due from your 2024 tax return)

I paid student loan interest of \$ \_\_\_\_\_ and **1098-Es are included.**  
  I (or my dependent) attended college in 2025 and form **1098-T is included.** Books \$ \_\_\_\_\_  
  I paid for childcare (daycare) in 2025. Total paid: \$ \_\_\_\_\_

\*Include after school programs and day camps (Additional information needed; see back side)

I (or my employer) contributed to an HSA in 2025 and **1099-SA is included.** Total spent: \$ \_\_\_\_\_ (Not flex)  
  \*I received (as a reward, award or payment for property or services) a digital asset in 2025.  
  \*I sold, exchanged, gifted, or otherwise disposed of a digital asset in 2025. (Cryptocurrency, NFTs, etc.)

Taxpayer's Driver's License or State-Issued Photo ID  
 Circle 1 Driver's License  
 2 State-Issued Photo ID  
 Number \_\_\_\_\_ State \_\_\_\_\_  
 Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_  
 \*\*If not provided, we will not contact you for this info\*\*  
 I don't have or refuse to provide ID

Spouse's Driver's License or State-Issued Photo ID  
 Circle 1 Driver's License  
 2 State-Issued Photo ID  
 Number \_\_\_\_\_ State \_\_\_\_\_  
 Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_  
 \*\*If not provided, we will not contact you for this info\*\*  
 I don't have or refuse to provide ID

Part 2. Business / Farm (not required unless you own a business, farm, or rental activity)

Yes No  
  I have documentation of business mileage driven. (vehicle mileage log)  
  I have provided information on all equipment purchases, trades, and sales.  
  \*I was required to issue 1099s. If yes, did you file all required 1099s? \_\_\_Yes \_\_\_No

\* Taken directly from 2025 1040 or other schedule. These questions must be answered on all tax returns.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



**HETLETVED**  
 CPA  
 P.O. Box 1106  
 Washburn ND 58577-1106

Dependents: (PLEASE VERIFY WITH SOCIAL SECURITY CARD)

	<u>Dependent 1</u>	<u>Dependent 2</u>	<u>Dependent 3</u>	<u>Dependent 4</u>
First Name	_____	_____	_____	_____
Middle Initial	_____	_____	_____	_____
Last Name	_____	_____	_____	_____
Date of Birth	_____	_____	_____	_____
Social Security #	_____	_____	_____	_____
	Check if lived with you more than half of 2025 <input type="checkbox"/>	Check if lived with you more than half of 2025 <input type="checkbox"/>	Check if lived with you more than half of 2025 <input type="checkbox"/>	Check if lived with you more than half of 2025 <input type="checkbox"/>
	<input type="checkbox"/> Full-Time Student			
	<input type="checkbox"/> High School			
	<input type="checkbox"/> College	<input type="checkbox"/> College	<input type="checkbox"/> College	<input type="checkbox"/> College

Child & Dependent Care Expenses

(PLEASE INCLUDE STATEMENT FROM PROVIDER, CAMPS, & AFTER SCHOOL PROGRAMS)

<u>Provider's Name</u>	<u>Address</u>	<u>SSN or EIN</u>	<u>Amount Paid</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**This section is only required if you itemize your deductions.**

\*Single Standard Deduction: \$15,750\*

\*Married Filing Joint Standard Deduction: \$31,500\*

\*Head of Household Standard Deduction: \$23,625\*

\*Married, One Over 65 Standard Deduction: \$33,100\*

<b>MEDICAL EXPENSES</b>	<b>AMOUNT</b>	<b>INTEREST EXPENSE</b>	<b>AMOUNT</b>
(Do not list items paid by insurance, flex, or HSA)		Home - paid to Bank	_____
Medical Insurance	_____	Home - paid to Individual	_____
Medicare Premiums	_____	(Name, SS# & Address)	_____
Long-term Care (Nursing Home)	_____	_____	_____
Insurance premiums	_____	_____	_____
Prescription drugs, medicines, insulin,	_____	Points paid	_____
Doctors, clinics, hospital, etc.	_____		
Dental expense	_____	*If you have financed the purchase of a home, or	
Vision expense	_____	refinanced your existing home, please provide a copy of	
Hearing expense	_____	the closing statements.	
Other _____	_____		
Medical travel	_____	<b>CONTRIBUTIONS</b>	<b>AMOUNT</b>
(_____ Miles @ 21¢)	_____	(Do not include political contributions)	
*note: medical expenses may not be deductible in full		Church	_____
		Other	_____
<b>TAXES PAID</b>		Non Cash	_____
State income tax	_____	Charity travel	_____
Real estate tax	_____	(_____ Miles @ 14¢)	_____