

WILLIAMS-KNOPP, INC.
JONATHAN J. WILLIAMS, MBA
ENROLLED AGENT

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Dear Client(s):

This is your tax return questionnaire for tax year 2025.
Please complete and return it as soon as possible.

All necessary documents must accompany the completed form, including W2's, 1098's, 1099's, HEALTH INSURANCE FORMS 1095, and K-1's etc. Please MAIL, FAX, EMAIL OR SECURE UPLOAD the form back to us with copies of the documents and any other item or information that you wish us to review and consider.

If you itemize your deductions, please put the total of your expenses in the appropriate spaces.

(Note: personal credit card interest expenses and other personal interest are not deductible).

All individuals who make estimated tax payments must include a record of the payments made for the tax year of 2025.

The IRS has substantial penalties for late filing and late payment of income tax. Many people wait to the last minute to file their returns and miss out on deductions that they could have taken if they were not pressured to make the tax deadline. In addition, many wait to make an appointment waiting for a few additional documents.

We suggest that you wait until you have most of your information together and then send it in to us so that we may start your return. Additional information can be sent in as soon as it is received and eliminate last-minute arrangements.

I would like to thank you for your continued patronage.

Feel free to refer us to your friends and family for their tax and accounting needs.

We offer a free half-hour phone consultation for all new clients, non-filers, and to review the previous year's tax returns.

Please call if you have any questions.

Sincerely,
Jonathan J. Williams, MBA, EA

(Remember that if you owe tax, you will pay additional interest and penalties if you file after April 15th, 2026)

TAX RETURN QUESTIONNAIRE

2025

FORM 1040

| | | | |
|--|--|--|-----------|
| LAST NAME: | | FIRST: | SPOUSE |
| CHILDREN-----AGE---SOCIAL SECURITY NUMBER | | ADDRESS | |
| - - - | | CITY | |
| - - - | | STATE / ZIP | |
| - - - | | EMAIL: | |
| OTHER DEPENDENTS-NAMES & SSN'S | | PHONE # HOME | |
| - - - | | PHONE # WORK | |
| WAGES-ATTACH ALL COPIES OF W-2'S | | RENTAL PROPERTY INCOME AND EXPS | |
| INTEREST -ATTACH YEAR END STATEMENTS | | DAYS RENTED | PERS DAYS |
| DIVIDENDS-ATTACH YEAR END STATEMENTS | | RENTAL INCOME | \$ |
| PENSION,MISC.ETC-ATTACH YEAR END STATEMENTS | | ADVERTISING EXP. | \$ |
| SOCIAL SECURITY-ATTACH YEAR END STATEMENTS | | AUTO & TRAVEL | \$ |
| UNEMPLOYMENT COMP-ATTACH STATEMENTS | | MAINTENANCE/CLEANING | \$ |
| ATTACH K-1 STATEMENTS & BROKERAGE STATEMENTS | | INSURANCE | \$ |
| "S" CORPORATION INCOME - ATTACH K-1 | | LEGAL/PROF FEES | \$ |
| GAMBLING WINNINGS-ATTACH FORMS | | 1ST MTG.INTEREST | \$ |
| DEDUCTIONS / CREDITS- ATTACH FORMS | | OTHER INTEREST | \$ |
| TRAD IRA (H)-AMT FOR YEAR=\$ | | REPAIRS | \$ |
| TRAD IRA(W)-AMT FOR YEAR=\$ | | SUPPLIES | \$ |
| SEP/IRA (H)-AMT FOR YEAR=\$ | | REAL ESTATE TAXES | \$ |
| SEP/IRA (W)-AMT FOR YEAR=\$ | | UTILITIES | \$ |
| SIMPLE IRA (H)-AMT FOR YEAR=\$ | | FURNITURE ** | \$ |
| SIMPLE IRA (W)-AMT FOR YEAR=\$ | | APPLIANCES ** | \$ |
| ROTH IRA (H)-AMT FOR YEAR=\$ | | IMPROVEMENTS ** | \$ |
| ROTH IRA (W)-AMT FOR YEAR=\$ | | **ATTACH INVOICES** | \$ |
| MEDICAL EXPENSES-DRS.,HOSP.ETC=\$ | | COST OF PROPERTY*** | \$ |
| MEDICAL INSURANCE=\$ DRUGS=\$ | | DATE PURCHASED*** | |
| TAXES-REAL ESTATE=\$ \$ \$ | | ATTACH HUD1*** | |
| INTEREST-HOME MTG.=\$ +\$ | | SELF EMPLOYED BUSINESS | |
| HOME EQUITY LOANS=\$ +\$ | | GROSS INCOME | \$ |
| EDUCATION EXP / CREDITS- ATTACH STATEMENTS | | PURCHASES | \$ |
| CONTRIBUTIONS IN CASH/CHECK \$ | | SUBCONTRACT LABOR | \$ |
| CONTRIBUTIONS OF PROPERTY \$ | | MATERIALS/SUPPLIES | \$ |
| CASUALTY LOSSES-EXPLAIN IN DETAIL | | ADVERTISING | \$ |
| GAMBLING LOSSES-ATTACH DETAIL | | AUTO EXPENSE-Attach Log | \$ |
| FOREIGN BANK ACCOUNTS - ATTACH DETAILS | | BANK CHARGES | \$ |
| | | COMMISSIONS PAID(1099) | \$ |
| CHILD CARE - AGE OF CHILD | | INTEREST EXPENSES | \$ |
| NAME OF CHILD | | INSURANCE | \$ |
| NAME OF PROVIDER | | PROF, & LEGAL FEES | \$ |
| ADDRESS OF PROVIDER | | OFFICE/MISC EXPENSE | \$ |
| AMOUNT PD \$ | | RENT EXPENSE EQUIP | \$ |
| TAX ID # OF PERSON/BUSINESS PAID | | RENT EXPENSE OFFICE | \$ |
| ESTIMATED TAXES -PAID QUARTERLY (1040 ES) | | REPAIRS | \$ |
| 1st Qtr \$ | | TRAVEL ON BUSINESS | \$ |
| 2nd Qtr \$ | | UTILITIES,PHONE | \$ |
| 3rd Qtr \$ | | EQUIP BOUGHT IN YR** | \$ |
| 4th Qtr \$ | | **ATTACH INVOICES | |
| TOTAL FOR THE YEAR = \$ | | | |
| SEND TO : JONATHAN J. WILLIAMS, MBA, EA | | ** USE WHOLE DOLLARS ONLY-NO CENTS | |
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