



Premier Tax Services Inc.

2025 TAX WORKSHEET

PERSONAL INFORMATION

Name	Occupation	Date of Birth	Social Security Number
Taxpayer _____	_____	_____	_____
Spouse _____	_____	_____	_____
Mailing Address _____			
(PO Box or Street Address)		(City)	(State) (Zip Code)
Home Phone _____	Office Phone _____	Cell Phone _____	

Dependent's Name	Social Security Number	Relationship	Date of Birth	Child Care Expense	Grade @ end of yr

1. Can you or your dependents be claimed as a dependent on any other tax return? Yes No
2. Have you ever been denied an Earned Income Credit by the IRS? Yes No
3. Are you the custodial parent? Yes No
4. Has the child lived with you for at least half of the tax year? Yes No

Child Care Provider Expenses

Name	Address	Federal ID	GET#	Amount paid

MISCELLANEOUS

Education Tuition and Fees, Please attach or bring form 1098-T & sum of books and supplies

Student Loan Interest Paid, Please attach or bring Form 1098-E

Distributions from a 529 plan, Please attach or bring Form 1099-Q

Did you already, or do you plan on contributing to an IRA or a SEP plan for 2025? Yes No

Did you install any energy efficient home property improvements? Yes No

INCOME

Type of income	Form(s) to Attach or Bring to Appointment
Wages and Salaries	<input type="checkbox"/> Form(s) W-2
Pensions, IRAs, Retirement	<input type="checkbox"/> Form(s) 1099-R
Social Security	<input type="checkbox"/> Form(s) SSA-1099
Unemployment	<input type="checkbox"/> Form(s) 1099-G
Interest	<input type="checkbox"/> Form(s) 1099-INT
Dividends	<input type="checkbox"/> Form(s) 1099-DIV
Digital Currency Sales	<input type="checkbox"/> Form(s) 1099-DA
Partnership, Trust, S-Corp	<input type="checkbox"/> Form(s) K-1
Investments Sold	<input type="checkbox"/> Form(s) 1099-B & detail
Sale of Real Estate	<input type="checkbox"/> Form(s) 1099-S & closing statement
Gambling Winnings	<input type="checkbox"/> Form(s) W-2G
State Tax Refund	<input type="checkbox"/> Form(s) 1099-G
Other	<input type="checkbox"/>

RENTAL INCOME

	Property #1	Property #2	Property #3	Property #4
<i>Address</i>				
<i>Rents Received:</i>				
<i>Advertising</i>				
<i>Association Fees</i>				
<i>Cleaning</i>				
<i>Gardening</i>				
<i>General Excise Taxes</i>				
<i>Insurance</i>				
<i>Interest</i>				
<i>Management Commission</i>				
<i>Property Taxes</i>				
<i>Refuse</i>				
<i>Repairs</i>				
<i>Storage</i>				
<i>Supplies</i>				
<i>Travel</i>				
<i>Electric</i>				
<i>Water</i>				
<i>Gas</i>				

ITEMIZED DEDUCTIONS

Medical	Amount	Taxes	Amount
Medical insurance premiums	_____	Personal Residence Property Taxes	_____
Medicine & prescription drugs	_____	Other Property Taxes	_____
Doctors & dentists	_____		
Hospitals & nursing homes	_____	Federal Estimated Taxes Paid	State Est. Taxes Paid (Not GET)
Glasses & contacts	_____	Date & Amount	Date & Amount
Long-term care premiums	_____	_____	_____
Medical mileage	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Tax Return Preparation Fees	_____	Charitable Contributions:	Amount
		Cash or Check:	
Personal Residence Interest Expense:	Amount	_____	_____
Name (Please bring Form 1098)		_____	_____
_____	_____	_____	_____
_____	_____	Non Cash Goods:	
_____	_____	_____	_____
_____	_____	_____	_____
Other Mortgage Interest Expense:	Amount	_____	_____
Name (Please bring Form 1098)		_____	_____
_____	_____	Charitable mileage:	_____
_____	_____	_____	_____
_____	_____	Charity out-of-pocket expenses:	_____
_____	_____	_____	_____

W-2 EMPLOYEE BUSINESS EXPENSES (for state purposes only)

	Amount			Amount	
	Taxpayer	Spouse		Taxpayer	Spouse
Meals & Entertainment	_____	_____	Automobile Expenses:		
Travel (i.e. airfare, hotel, car, etc.)	_____	_____	Vehicle Description	_____	_____
Cell Phone	_____	_____	Total Miles Driven in 2025	_____	_____
Education Expenses	_____	_____	Business Miles Driven in 2025	_____	_____
Internet	_____	_____	Daily Commute (1 way)	_____	_____
Office Supplies	_____	_____	Fuel & Oil	_____	_____
Office Expenses	_____	_____	Repairs	_____	_____
Office Rent	_____	_____	Registration	_____	_____
Professional Organizations	_____	_____	Tires	_____	_____
Professional Publications	_____	_____	Insurance	_____	_____
Uniforms	_____	_____	Lease + Deposit Paid in 2025	_____	_____
Union Dues	_____	_____			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			

SCHEDULE OF SELF-EMPLOYMENT OR FARM INCOME

Principal business or profession _____

Gross Income and/or Sales.\$ _____
Cost of Goods Sold:
 Beginning Inventory.....\$ _____
 Inventory purchased during year..... _____
 Materials and Supplies..... _____
 Less Ending Inventory..... _____
Total Cost of Goods Sold.....\$ _____

Expenses:

Auto expenses (per vehicle): (For additional autos attach schedule)	Auto 1	Auto 2
Vehicle description.....	_____	_____
Total miles driven in 2025.....	_____	_____
Business miles driven in 2025.....	_____	_____
Daily commute (1 way).....	_____	_____
Fuel and oil.....	_____	_____
Repairs.....	_____	_____
Registration.....	_____	_____
Tires.....	_____	_____
Auto insurance.....	_____	_____
Lease + deposit made in 2025.....	_____	_____
Accounting.....	_____	_____
Advertising.....	_____	_____
Bank Charges.....	_____	_____
Cell Phone.....	_____	_____
Commissions.....	_____	_____
Dues & Publications.....	_____	_____
Education & Seminars.....	_____	_____
Employee Benefits.....	_____	_____
Employer portion of payroll taxes.....	_____	_____
Equipment Rental.....	_____	_____
General Excise Tax paid in 2025.....	_____	_____
Freight.....	_____	_____
Gifts.....	_____	_____
Gross Employee Salaries.....	_____	_____
Home Office Square Footage.....	_____	_____
Health Insurance Premiums.....	_____	_____
Interest Expense.....	_____	_____
Internet Expense.....	_____	_____
Large Equipment Purchases (List Separately).....	_____	_____
Legal & Professional Fees.....	_____	_____
Liability & Business Insurance.....	_____	_____
Licenses and Permits.....	_____	_____
Meals (Entertainment is no longer deductible).....	_____	_____
Merchant Fees.....	_____	_____
Office Expenses.....	_____	_____
Office Rent.....	_____	_____

Outside Services	_____
Parking	_____
Postage	_____
Printing.....	_____
Repairs	_____
Storage	_____
Supplies.....	_____
Telephone.....	_____
Tools	_____
Travel (report meals while traveling under "Meals")	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Assets Purchased:

Description	Date	Purchase price
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*****Hawaii General Excise Tax Number _____*****