

Tax Year to be Filed: _____ Phone # 1: _____ Phone # 2: _____ E-Mail: _____	Monty's Tax Service 720 Belvedere Dr. Kokomo, IN 46901 765-457-5366 Office # 765-457-0462 Fax # mamcamis@comcast.net	Taxpayer Spouse County Lived in 1/1/25: _____ Are you filing Injured Spouse: _____ <i>(Injured Spouse DOESN'T owe the Debt)</i>	Have you moved since filing your 2024 tax return? Yes No
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Name (Taxpayer): _____ SS #: _____ Date of Birth: _____	Estimated Taxes Paid Fed State 1 st Qtr _____ 2 nd Qtr _____ 3 rd Qtr _____ 4 th Qtr _____ Did you buy or sell any Bit Coin in 2025 _____				
Name (Spouse): _____ SS #: _____ Date of Birth: _____					
Address: _____ City: _____ St: _____ Zip Code _____					
Filing Status:	Single _____	Head of Household _____	Married Joint _____	Married Separate (with Spouse Name): _____ Spouse SS# _____ Are you legally separated in the eyes of the state? _____	Can you be claimed as a dependent on anyone else's tax return? Yes No <input type="checkbox"/> <input type="checkbox"/>

Dependents Names That you are claiming		Claiming Dependent (Circle)	Claiming EIC (Circle)	Relation	Date of Birth	Age	S.S. Number	No. of Months lived with you in 2025 (Circle One)	Was in High School or College in 2025? (Circle One)	
1.		Yes / No	Yes / No					(1-5) - (7-12)	Yes	No
2.		Yes / No	Yes / No					(1-5) - (7-12)	Yes	No
3.		Yes / No	Yes / No					(1-5) - (7-12)	Yes	No
4.		Yes / No	Yes / No					(1-5) - (7-12)	Yes	No
5.		Yes / No	Yes / No					(1-5) - (7-12)	Yes	No

<u>Renters Deduction:</u> Landlord's Name: _____ Landlord's Address: _____ Number of Months Rented: _____ Rent Monthly \$ _____ Total 12 Months \$ _____	<u>Child Care or Babysitting:</u> Provider's Name: _____ Address: _____ SS# or FID # _____ Total Paid for Year: \$ _____	<u>Would you like your refund sent to:</u> Your Home ___ Checking ___ Savings ___ Bank Routing # _____ Bank Account # _____
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Was anyone on the Return a College Student in 2025?: If yes, Ask for a College form and provide the student's 1098T	Student Loan Interest: (provide the student's 1098E) Taxpayer \$ _____ Spouse \$ _____ Did you purchase Affordable Care Act? _____ If Yes, Provide 1095 form	<u>Bring the Following:</u> Interest Statements Dividend Statements, W2's Social Security Statements Unemployment Income 1099's Stocks Sold and Basis Amt IRA Contributions K1's Misc Business Profit and Loss statements,
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<u>I verify all the information on this, and all other papers are true. I know I am responsible for checking over my tax return.</u> <u>I also agree to pay the preparation fees regardless of the return amount and personal materials provided will be held until the fee is satisfied.</u>		
Total Property Tax you paid in 2025 \$ _____	SIGN _____	DATE _____