2025 INCOME TAX DATA-ITEMIZER

Luschin & Luschin CPA's, Inc.

Tele: Fax: (440) 720-0340 (440) 720-0345

PLEASE PROVIDE THE ITEMS BELOW

* new driver's license info if renewed in 2025 or 2026

* SECURE PORTAL *

Upload your tax doucments using our secure portal at the link below:

https://luschinandluschincpas.leapfile.net

PERSON	IAL INFORMATION			
Taxpayer's Name		Soc. Sec. No.		
Spouse's Name		Soc. Sec. No.		
Taxpayer's Occupation	Birth date		Blind?	Y/N
Spouse's Occupation	Birth date		Blind?	Y/N
Address				
Phone	E-mail address			
Taxpayer's driver's license #	Issue date	Expiration date)	
Spouse's driver's licnese #	Issue date	Expiration date)	
Did you buy, sell, or trade any digital assets in 2025				
Do you have any foreign income or foreign bank ac	counts? Y/N	_		

	ESTIMATED TAX PAYMENTS							
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
	1st quarter		2nd quarter		3rd quarter		4th quarter	
Federal								
State								
City								

		DEPENDEN	ITS	
	Name	Soc. Sec. No.	Birth date	Relationship
1				
2				
3				
4				
	Annual Income	Supported by you?	Full-time student?	months in your home?
1	\$	y/n	y/n	
2	\$	y/n	y/n	
3	\$	y/n	y/n	
4	\$	y/n	y/n	

PLEASE NOTE THAT IF YOU CLAIM A DEPENDENT ON YOUR TAX RETURN HE/SHE CAN'T CLAIM HIMSELF/HERSELF ON HIS/HER TAX RETURN.

	D	OCUMENTS TO BRIN	IG	
W-2s	1099-INTs	1099-MISC	1099-Gs	
K-1s	1099-DIVs	1099-Bs	Settlement Papers	
Social Securit	ty Statement	1099-NEC	<u> </u>	(sale of home)

EXTENSION FILERS

Please remember that filing an extension only extends the due date for your tax return, not any payment due.

IRS will assess penalty & interest on the balance due from April 15th until it is paid.

R	RENTAL INCOME A	ND EXPENS	SES OTHER INCOME
Total Rent	Received		Tips
Expenses:			Child Care
•	Real Estate Taxes		Pensions/Annuities
	Utilities		Jury Duty
	Mortgage Interest		Royalties
	Insurance		Unemployment (1099-G)
	Auto Mileage		1099-K
	Repairs		Prizes/Lottery Winnings
	Supplies		Farming
	Other		Self-Employment
			Partnerships & S Corps.
	Capital Improvements	3	Estates & Trusts
			Scholarships & Fellowships
			Tax refunds
		E OE STOC	K OR OTHER PROPERTY
Docorintian		Date of purchas	
Description	<u> </u>	Date of purchas	Se Cost Date of Sale Sales File
	DE	DUCTION	S AND CREDIT ITEMS
TRADITI	IONAL IRA/SEP CON		
	Taxpayer	Spouse	Cash Contributions
Date Paid			Non-Cash Contributions
Amount			Auto Mileage
RC	OTH IRA CONTRIBI	JTIONS	NOTE: All donations must be supported with receipts.
	Taxpayer	Spouse	MEDICAL EXPENSES
Date Paid			Medical Savings Account
Amount			Contributions (MSA)
529 C	ONTRIBUTIONS (Ohio		
		plans only)	Health Savings Account
	Taxpayer	plans only) Spouse	Health Savings Account Contributions (HSA)
Date Paid		,	_
		,	Contributions (HSA)
		,	Contributions (HSA) Insurance Premiums (after tax)
Amount	Taxpayer TAXES	,	Contributions (HSA) Insurance Premiums (after tax) (pretax medical premiums are not deductible) Medicare Premiums
Amount Real Estate	Taxpayer	,	Contributions (HSA) Insurance Premiums (after tax) (pretax medical premiums are not deductible) Medicare Premiums Prescriptions
Amount Real Estate	Taxpayer TAXES e Taxes (paid in 2025)	Spouse	Contributions (HSA) Insurance Premiums (after tax) (pretax medical premiums are not deductible) Medicare Premiums Prescriptions Eyeglasses/Contacts
Amount Real Estate Sales Tax	TAXES e Taxes (paid in 2025) INTEREST EXPE	Spouse	Contributions (HSA) Insurance Premiums (after tax) (pretax medical premiums are not deductible) Medicare Premiums Prescriptions Eyeglasses/Contacts Doctors
Amount Real Estate Sales Tax Home Mort	Taxpayer TAXES e Taxes (paid in 2025) INTEREST EXPE	Spouse	Contributions (HSA) Insurance Premiums (after tax) (pretax medical premiums are not deductible) Medicare Premiums Prescriptions Eyeglasses/Contacts Doctors Dentists
Amount Real Estate Sales Tax Home Mort Home Equi	Taxpayer TAXES e Taxes (paid in 2025) INTEREST EXPERITY tgage ity Loan	Spouse	Contributions (HSA) Insurance Premiums (after tax) (pretax medical premiums are not deductible) Medicare Premiums Prescriptions Eyeglasses/Contacts Doctors Dentists Hospital
Amount Real Estate Sales Tax Home Mort Home Equi (only if proce	TAXES TAXES	Spouse	Contributions (HSA) Insurance Premiums (after tax) (pretax medical premiums are not deductible) Medicare Premiums Prescriptions Eyeglasses/Contacts Doctors Dentists Hospital Ambulance
Amount Real Estate Sales Tax Home Mort Home Equi (only if proce Student Los	TAXES e Taxes (paid in 2025) INTEREST EXPE tgage ity Loan eeds used to substantially an Interest	Spouse NSE improve home)	Contributions (HSA) Insurance Premiums (after tax) (pretax medical premiums are not deductible) Medicare Premiums Prescriptions Eyeglasses/Contacts Doctors Dentists Hospital Ambulance Auto Mileage
Amount Real Estate Sales Tax Home Mort Home Equi (only if proce Student Lo	TAXES e Taxes (paid in 2025) INTEREST EXPERITY tgage ity Loan eeds used to substantially an Interest CHILD CARE EXPERITY	Spouse NSE improve home)	Contributions (HSA) Insurance Premiums (after tax) (pretax medical premiums are not deductible) Medicare Premiums Prescriptions Eyeglasses/Contacts Doctors Dentists Hospital Ambulance Auto Mileage Other travel expenses
Amount Real Estate Sales Tax Home Mort Home Equi (only if proce Student Lo	TAXES e Taxes (paid in 2025) INTEREST EXPERITY tgage ity Loan eeds used to substantially an Interest CHILD CARE EXPERITY	Spouse NSE improve home)	Contributions (HSA) Insurance Premiums (after tax) (pretax medical premiums are not deductible) Medicare Premiums Prescriptions Eyeglasses/Contacts Doctors Dentists Hospital Ambulance Auto Mileage Other travel expenses Hearing aids & batteries
Home Mort Home Equi (only if proce Student Los	TAXES e Taxes (paid in 2025) INTEREST EXPERITY tgage ity Loan eeds used to substantially an Interest CHILD CARE EXPENDANCE	Spouse NSE improve home)	Contributions (HSA) Insurance Premiums (after tax) (pretax medical premiums are not deductible) Medicare Premiums Prescriptions Eyeglasses/Contacts Doctors Dentists Hospital Ambulance Auto Mileage Other travel expenses

(may apply to summer camp)

EDUCATION CREDITS

Name of institution

Amount of tuition paid

Scholarship money received

Who attended

What year in school is the student

EDUCATION CREDITS (additional students)

Name of institution

Amount of tuition paid

Scholarship money received

Who attended

What year in school is the student

- *Excess of 7.5% of adjusted gross income is deductible

Amount Paid