TAX READINESS WORKSHEET

Unifirst Financial & Tax Consultants
Tax Year: 2025

Dear Vincent and Team,

I'm submitting my tax documents for the current filing year. Below is a summary of the materials included and key details to assist in preparing my return.

Please review the attached information and let me know if anything is missing or needs clarification.

Personal Information

	Primary Filer's Information	Spouse' Information
Name		
Email		
Phone		
SSN / ITIN		
DOB		
Occupation		
Address		

Filing Status: ☐ **Single** ☐ **HOH** ☐ **MFJ (Filing Jointly)** ☐ **MFS (Filing Separately**)

Dependent Information:

Dependents (if any): _____ SSN: _____ DOB: _____

Dependents (if any): _____ SSN: _____ DOB: _____

Dependents (if any): _____ SSN: _____ DOB: _____

Dependents (if any): _____ SSN: _____ DOB: _____

Dependents (if any): _____ SSN: _____ DOB: _____

Documents Enclosed

Income Documents

☐ Attached ☐ None : W-2 forms, Schedule K-1, IRS/State Correspondences
☐ Attached ☐ None : 1099s (NEC, MISC, INT, DIV, B, R, G)
☐ Attached ☐ None : Profit & Loss and Balance Sheet (if self-employed, business owner)
☐ Attached ☐ None : Investment, annuity, or life insurance statements
☐ Attached ☐ None : Rental or other income records

Deductions & Credits

☐ Attached ☐ None : Mortgage interest (Form 1098)
☐ Attached ☐ None : Property tax receipts
☐ Attached ☐ None : Charitable donation receipts
☐ Attached ☐ None : Education expenses (Forms 1098-T / 1098-E)
☐ Attached ☐ None : Medical or dental expenses
☐ Attached ☐ None : Business-related expenses (home office, mileage, insurance)
☐ Attached ☐ None : Childcare expenses and provider info
☐ Attached ☐ None : Energy-efficient home or EV credits
☐ Attached ☐ None : Health insurance coverage forms (Form 1095-A/B/C)

Payments & Adjustments

☐ Attached ☐ None : Quarterly estimated tax payments
☐ Attached ☐ None : HSA/FSA contribution statements
☐ Attached ☐ None : Retirement or annuity funding confirmations

Other Updates

☐ Attached ☐ None : College funding or tuition documentation
☐ Attached ☐ None : Policy or annuity performance statements

Notes or Clarifications

Life changes: ☐ marriage, ☐ divorce, ☐ dependents, ☐ new business, ☐ relocation

(Please note anything specific we should know — changes, questions, or missing documents.)

Optional Add-Ons:

If applicable, please check below:

☐ I would like to schedule a **Tax Strategy Session** to review possible savings.
☐ I'm interested in a **Retirement or College Planning Review** (life insurance or annuities).
☐ Please include me in your **Referral Program** (earn a reward for new client referrals).

Certification

I confirm that the information provided is accurate to the best of my knowledge and that I authorize Unifirst Financial & Tax Consultants to use these materials solely for the preparation of my tax return.

Client Signature: _____ **Date:** _____