

SILBEREICH AND ASSOCIATES, INC.

4444 W. Riverside Drive, Suite 200

Burbank, CA 91505

2025 INCOME TAX ORGANIZER

It is important to provide our office with all tax documents including any correspondence from the Government.

Information received less than 10 days prior to any deadlines will require an extension to be filed.

Extensions and vouchers will be provided for any taxes due.

Standard Deductions - now
\$23,625 (Head of Household)
\$31,500 (MFJ) \$15,750 (Single)

FBAR - Statements due for Electronic filing by April 15, 2026, Foreign bank accounts totaling over \$10,000.

Retirement Plan Distribution - Required minimum distribution starts at 73.

IRA - \$7,000, Over 50 - \$8,000,
60-63 \$10,000.

Mortgage Interest - is limited on loans over \$750,000.

Medical Exclusions - will be 7.5% for all taxpayers.

Home Equity Loans - interest deductible only for remodeling.

New Car Loan Interest - up to 10K can be deducted for cars assembled in the US (MAGI under \$500K for MFJ)

Electric Vehicle Credit - Up to \$7,500 (New) \$4,000 (Used) 30% of sale price. Purchased by 9/30/25.

1099K will be issued - for sales over \$20K to Venmo, Paypal etc.

Child Care - The name of the provider, the Tax ID number, address and phone numbers are necessary.

Gambling Income - can only be offset by up to 90% of losses.

Foreign Income - up to \$130K can be excluded if out of the US for 330 days.

Itemize Deductions - for state, local & property taxes limited to \$40,000 (All property taxes for rentals have no limitations)

Gifts - \$19,000 per year are allowable. No tax consequences.

Charitable Donations up to 50% of AGI, must itemize. Contributions must be photographed, receipted and verified in good condition. Any check over \$250 must have a letter from the charity indicating no value received in return.

Bonus Depreciation - up to 100% of cost.

The IRS does NOT send e-mail messages. So do not reply to emails with confidential information.

Solar Credit - 30% in 2025.

Energy - Credit up to \$1,200.

Distributions for Personal Emergencies - up to \$1,000 with no penalty.

IRS Identity PIN - If you received an IRS PIN we need that information.

Covered California 1095A - Please provide to our office with tax documents.

Business Miles: - 67 cents/mile.

Business Meals: 50% Deductible.

Qualified Office in home- can use \$5 per square foot, up to \$1,500 as a deduction.

Partnerships & S-Corp Returns are due 3/16/2026

Reminder Extensions are for extending the time to file your tax returns, NOT an extension to pay your taxes and are invalid if the money for the tax liability is not paid by April 15, 2026. There is a \$30 filing fee.

Tax Results: Please do not call the office for your tax results. We do not give this information out over the phone or by fax

IRS refunds are only processed through **Direct Deposit.**

Please supply bank account and routing number.

If you have 1099 income & file a Schedule C
business expenses are still deductible.

If you live in the city of LA and have a business license, the form is due by Feb. 28, 2026

Please Note: In completion of your tax preparation, you will receive 8879 forms which must be signed and returned to our office, before we are able to electronically file your return.

PLEASE MAKE YOUR APPOINTMENT EARLY

PHONE: (818) 841-5775

FAX: (818) 841-5949

EMAIL: Al@ourtaxman.pro

THE FRIENDSHIP OF THOSE WE SERVE IS THE FOUNDATION OF OUR PROGRESS.

PAYMENT IS REQUIRED WHEN RETURNS ARE COMPLETED

PAYMENTS ACCEPTED IN CASH OR CHECK ONLY.

THE FOLLOWING CHECKLIST COULD LEAD TO HELPFUL DEDUCTIONS
PLEASE CHECK AND PROVIDE SUPPORTING INFORMATION.

<input type="checkbox"/> <input checked="" type="checkbox"/> P	Did any of your children have any income? Please provide income statements.
<input type="checkbox"/> <input checked="" type="checkbox"/> P	Did you forfeit any interest from closing a time deposit account?
<input type="checkbox"/> <input checked="" type="checkbox"/> P	Does anyone owe you money which has become a bad debt? It becomes a bad debt if bankruptcy is declared or you obtain a legal Judgment against them.
<input type="checkbox"/> <input checked="" type="checkbox"/> P	Did you sell any securities or property or have any become worthless? (see section H)
<input type="checkbox"/> <input checked="" type="checkbox"/> P	Did you have child or dependent care or household expenses to enable you to work or attend school full time? (Complete Section C)
<input type="checkbox"/> <input checked="" type="checkbox"/> P	Did you have any income or loss from pensions, annuities, estates, partnerships or any other sources? Please have statements available. (Complete Section G.)
<input type="checkbox"/> <input checked="" type="checkbox"/> P	Did you pay estimated tax? (See Section D)
<input type="checkbox"/> <input checked="" type="checkbox"/> P	Did you pay additional State Tax last April 15 th ? Amount \$
<input type="checkbox"/> <input checked="" type="checkbox"/> P	Did you receive a distribution from a pension or profit sharing plan?
<input type="checkbox"/> <input checked="" type="checkbox"/> P	Do you have a foreign bank account? Bring Year End Statement
<input type="checkbox"/> <input checked="" type="checkbox"/> P	Are you or your spouse permanently or totally disabled?
<input type="checkbox"/> <input checked="" type="checkbox"/> P	Did you refinance your home? (See Section J)
<input type="checkbox"/> <input checked="" type="checkbox"/> P	Did you pay court ordered alimony? If yes, amount paid: \$ _____ Final Date Paid to whom: _____ Social Security # _____
<input type="checkbox"/> Y <input type="checkbox"/> N	Did you receive overtime income?

A. PERSONAL * Only PINS sent from the IRS should be listed & provided

Your Name _____
Occupation: _____ *IRS PIN _____
SS No _____ DOB _____
Email _____

Spouse Name _____
Occupation: _____ *IRS PIN _____
SSN _____ DOB _____
Email _____

Street: _____
City: _____ State: _____ Zip: _____
Phone (_____) _____ Work (_____) _____

B. CHILDREN & DEPENDENTS
List all unmarried children supported by you.

Name	SS #	Age	DOB

PLEASE HAVE THE FOLLOWING AVAILABLE FOR YOUR APPOINTMENT
LAST YEAR'S TAX RETURN (IF YOU ARE A NEW CLIENT)
RECORDS OF ALL OTHER INCOME
BUSINESS OR RENTAL INCOME AND EXPENSES
ESCROW STATEMENT FOR PROPERTY BOUGHT OR SOLD
MEDICAL CARDS & HEALTH PREMIUNS
ALL W-2's AND 1099's

C. CHILD & DEVELOPMENT CARE				
Paid person (name & Address) SS# Fed. ID #	Relation - ship	Dates From	To	Amount paid

D. ESTIMATED TAXES PAID FOR THIS YEAR			
	Date	Federal	State
Prior Year Credit			
First Quarter			
Second Quarter			
Third Quarter			
Fourth Quarter			

E. INTEREST INCOME	
SOURCE (Please have statements available)	AMOUNT

F. DIVIDENDS RECEIVED	
SOURCE (Please have statements available)	AMOUNT

G. OTHER INCOME (LIST ALL SOURCES)	
SOURCE (Please have statements available)	AMOUNT
State Income Tax Refunds Received	
Alimony Received	
Unemployment Compensation	
Workman's Comp. or SDI (non taxable)	
Social Security	
Non Reported Tips	

How do you want to receive a copy of your return?

PICK ONLY ONE PDF Hard Copy

All information submitted herewith is supported by my records

SIGNATURE

H. SECURITIES & PROPERTY SOLD				
Bring in Brokerage Year End Statements				
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SELLING PRICE	ORIGINAL PRICE

IRA CONTRIBUTION \$ _____

KEOGH PLAN \$ _____

ROTH IRA CONTRIBUTION \$ _____

SEP/IRA \$ _____

I. MEDICAL EXPENSES		AMOUNT
Hospital & Medical/Dental Insurance Premiums		
Medicare Insurance Premiums (w/h from S.S.)		
Prescription Drugs		
Other Medicines (for specific illnesses)		
DRS Total		
Travel for Medical Purposes _____ Miles		
Parking Fees (for medical reasons)		
Taxi _____	Bus _____	Plane _____
Ambulance		
Phone Calls to Dr, Hospitals, Etc. (Toll)		
Medical Equipment		
X-Ray		
Lab (Not included with Dr. & Hosp.)		
Glasses _____		
Hearing Aids _____	Batteries _____	
Special Therapy _____		
Insurance Reimbursement		

J. TAXES PAID		AMOUNT
Real Estate Home _____		
Other _____		
Auto License Fees (incl.trailer,cycle etc)	(1) _____	(2) _____
	(4) _____	(5) _____
	(6) _____	
Personal Property Tax (Boat, Plane, Etc...)		
Sales tax can be used instead of State W/H		

Your January statement will indicate total interest paid for the year.

K. INTEREST PAID – PERSONAL		AMOUNT
If interest is unstated on an installment purchase, please have the original contract available.		
Home Mortgage		
2 nd Mortgage		
Points paid on new home loan		
Points paid on refinancing		
(Term of Loan _____ Years) Bring in statement.		

L. CONTRIBUTIONS			
	Cash (received)	Cash (non received)	Value (of gross)
Church			
Cash Contributions			
Non Cash Contributions			
Other			
Expenses with charitable organization			
Explain			
Travel for charitable work			

M. SELF EMPLOYED INCOME (schedule C)		AMOUNT
Gross Income		
Returns and Refunds		
Cost of Inventory at Beginning of the Year		
Cost of Merchandise Purchased		
Cost of Items for Personal Use		
Cost of Inventory at End of Year		
EXPENSE	AMOUNT	EXPENSE
Accounting		Payroll Taxes
Advertising		Postage
Bank Charges		Property Taxes
Capital Purch		Bus. Meals
Commissions		Rent
Dues		Repairs
Education		Sales Tax
Entertainment		Supplies
Freight		Telephone
Insurance		Utilities
Interest		Wages
Janitorial		Other _____
Legal		Auto Expenses
Licenses		Office Supplies
Maintenance		Travel

N. TRAVEL & BUSINESS EXPENSES (Schedule C)		
Total Business Miles Driven (see Note 1)		
Total Miles Driven, Personal & Business		
Parking Fees & Tolls		
AUTOMOBILE EXPENSES (If using actual expenses)		
Gasoline, Oil, Lubrication		
Insurance		
Interest or Lease Payments		
License & Tax		
Repairs, Tires, Batteries, Etc.		
Wash & Wax		
OTHER TRAVEL EXPENSES (See note 2)		
Air Fair		Auto Rental
Lodging & Tips		Local Trans
Meals & Tips		Other _____
HOME OFFICE EXPENSES (If qualified) (See Note 3)		
Square Footage Office		
Total Square Footage of Home		
Utilities		Rent
Insurance		Other _____

O. RENTAL INCOME & EXPENSE

If property was purchased or converted this year have escrow statement & county tax bill available.

Property	ADDRESS		
1			
2			
3			
Property	1	2	3
Income			
Advertising			
Auto Travel			
Cleaning			
Gardening & Landscaping			
Insurance			
Interest (1)			
Interest (2)			
Condo or Mgmt. Fees			
Repairs – Carpentry			
Electrical			
Paint & Decoration			
Plumbing			
Roofing			
Misc. Repairs			
Supplies			
Property Taxes			
Telephone			
Utilities			
Other			
REPLACEMENTS: Furniture, Appliances, Carpets, Drapes, Major Repairs or Improvements	LIST IN SECTION (P) BELOW		

Q. MISCELLANEOUS

AMOUNT

Meal Penalties	
Union Dues	
Tools used in Trade or Business	
Safety Equipment	
Uniform (purchase cost)	
Uniform Upkeep (Cleaning and Repairs)	
Professional Dues, Fees, Etc	
Business Journals, Books , Etc	
Travel to Professional Meetings	
Travel between 1 st . & 2 nd . job	
Telephone (business toll calls only)	
Employment Related Schooling:	
Tuition _____	Parking _____
Books _____	Miles from job to school _____
Job Seeking Expenses (in same field):	
Travel _____ (mi)	Employment Fees _____
Resume _____	Toll Calls _____
Food/Lodging (away f/home)(2)	Air Fare _____
Other _____	Other _____
Last Years Tax Preparation Fee	
Safe Deposit Box	
Investment Expense	
Automobile Expense	
Business Meals	
Other _____	
Other _____	

QUESTIONS YOU MAY HAVE

P. BUILDINGS, VEHICLES, EQUIPMENT ETC. PURCHASED FOR BUSINESS		
DESCRIPTION	DATE PURCH	COST