

55 Chase Drive  
Hurricane, WV 25526

Phone: (304) 757-5777  
Fax: (304) 757-2275

www.cooperassociatesac.com  
[data@cooperassociateswv.com](mailto:data@cooperassociateswv.com)

Name: \_\_\_\_\_ SS No. \_\_\_\_\_ (DOB) \_\_\_\_\_  
Spouse: \_\_\_\_\_ SS No. \_\_\_\_\_ (DOB) \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone (Home) \_\_\_\_\_  
\_\_\_\_\_ Telephone (Work) (t) \_\_\_\_\_ (s) \_\_\_\_\_  
\_\_\_\_\_ Telephone (Cell) (t) \_\_\_\_\_ (s) \_\_\_\_\_

Occupation: Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

E-Mail Address: Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

Taxpayer: ☐ 65 or over ☐ Blind/Disabled ☐ Deceased DOD \_\_\_\_\_ (Death Certificate)

Spouse: ☐ 65 or over ☐ Blind/Disabled ☐ Deceased DOD \_\_\_\_\_ (Death Certificate)

Check One: ☐ Single ☐ Married Filing Joint ☐ Surviving Widow/Widower  
☐ Married Filing Separately (enter spouse's name SS No. Above) ☐ Unmarried Head of Household

## Dependents

Name	Birthdate	Social Security No.	Relationship	No. of Mos. lived in your home
		-		
		-		
		-		
		-		
		-		

The checklist below could lead to helpful deductions. Please answer and provide supporting information.

Yes No

☐ ☐ Did you purchase health insurance through the Marketplace? If so, provide documentation, 1095-A.

☐ ☐ Did you contribute to a Health Savings Account (HSA) in 2025. This account must be used in conjunction with a High Deductible Health Plan. Amount: Self-only \$ \_\_\_\_\_ Family \$ \_\_\_\_\_

☐ ☐ If you are self employed, did you pay health insurance premiums for yourself and your family?  
Amount: \$ \_\_\_\_\_

☐ ☐ Did you trade in or use Digital Currency? Amount \$ \_\_\_\_\_ Provide Details

☐ ☐ Did you withdraw IRA or Keogh funds during the year? If so, Please indicate the amount of  
funds Withdrawn: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Re-deposited: \$ \_\_\_\_\_ Date: \_\_\_\_\_  
Were any taxes withheld? ☐ Yes ☐ No Amount: Fed \$ \_\_\_\_\_ State \$ \_\_\_\_\_  
Were the withdrawn funds used to pay medical expenses? ☐ Yes ☐ No

**Provide all 1099R forms Reporting Distributions.**

☐ ☐ Did you pay Alimony? If Yes, paid to: \_\_\_\_\_  
SS No. \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ (Must have copy of Divorce Decree)

☐ ☐ Did you make payments to a Prepaid Tuition/Savings Plan (Sec 529 Plans)? Amount \$ \_\_\_\_\_  
Provide Documents

☐ ☐ Did your college student receive educational benefits under a prepaid tuition program? Provide Documents

☐ ☐ Do you wish to donate \$3 of your taxes to the Presidential Campaign Fund?

- [ ] [ ] Have you ever qualified for the **Earned Income Tax Credit**?
- [ ] [ ] Did you have a property foreclosed on, have a short sale, or relinquish a property in lieu of foreclosure?
- [ ] [ ] Do you have any assets or own any accounts in foreign countries. **\*If yes please provide documentation.**
- [ ] [ ] Did you sell any assets or provide any service not listed on this form? If yes, provide details.
- [ ] [ ] Energy Credits – (Home) **Please provide documents.**
- [ ] [ ] **Did you have any Online Asset Sales? Amount \$** \_\_\_\_\_ **Provide details on bottom of page 3.**

### Estimated Tax Payment Information

1 <sup>st</sup> Quarter 04/15/25		2 <sup>nd</sup> Quarter 06/16/25		3 <sup>rd</sup> Quarter 09/15/25		4 <sup>th</sup> Quarter 01/15/26		
Federal State	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount

### Wage Income (Enclose all copies of all W-2 & W-2G Forms)

Taxpayer: Number of W-2's enclosed \_\_\_\_\_ Spouse: Number of W-2's enclosed \_\_\_\_\_

### Retirement Benefits Received (Enclose all 1099R Forms)

	Payer	T or S	Amount	IRA Dist		Payer	T or S	Amount	IRA Dist
1)					4)				
2)					5)				
3)					6)				

### Interest and Dividend Income (Enclose all 1099-INT and 1099-DIV Forms)

	Payer	I or D	Total Amount	Capital Gains	Non-Taxable
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					

[ ] Total Municipal Bond Interest Earned 2025: \$ \_\_\_\_\_

[ ] Seller Financed Mortgages: Buyers name, SS number and address: \_\_\_\_\_

[ ] Installment Sale Payments Received: Interest \$ \_\_\_\_\_ Principal \$ \_\_\_\_\_

Buyers Name: \_\_\_\_\_ SS# \_\_\_\_\_ Address: \_\_\_\_\_



**Rental Income** (Attach 1099 Forms)

Property Description	(A)	(B)	(C)	(D)	(E)	(F)
Property Address						
Gross Income						
Expenses						
Advertising						
Auto & Travel						
Cleaning & Maint						
Commissions						
Insurance						
Professional Fees						
Mortgage Interest						
Other Interest						
Repairs						
Supplies						
Taxes						
Utilities						

Did you make any payments in 2025 that would require you to file Form(s) 1099? ☐ Yes ☐ No

If you answered yes, did you issue required 1099 Form(s)? ☐ Yes ☐ No

**Depreciable Asset Additions** (Attach all Support Documents)

For Sch C,E,F	Description & Location (A,B,C,D,E,F,G)	Date Purchased	Cost	Trade in if any

**Improvements to Real Estate** (Attach all Support Documents)

For Sch C,E,F	Description & Location (A,B,C,D,E,F,G)	Date Purchased	Cost

**Business (Farm) Income (Attach 1099-Misc Forms)**

A) **Business Name** \_\_\_\_\_  
**Federal ID No** \_\_\_\_\_  
Principal Business Activity \_\_\_\_\_  
Principal Product \_\_\_\_\_  
Accounting Method ☐ Cash ☐ Accrual  
☐ Taxpayer ☐ Spouse

B) **Business Name** \_\_\_\_\_  
**Federal ID No** \_\_\_\_\_  
Principal Business Activity \_\_\_\_\_  
Principal Product \_\_\_\_\_  
Accounting Method ☐ Cash ☐ Accrual  
☐ Taxpayer ☐ Spouse

Gross Income	(A)	(B)	Deductions	(A)	(B)
			Advertising		
Gross Income			Auto-Truck Expense		
Less: Returns/Allow			Bad Debts		
			Commissions		
<b>Cost of Sales</b>			Professional Dues		
			Employee Benefit Prog		
Beginning Inventory			Freight & Express		
Purchases			Utilities		
Cost of Labor			Insurance		
Materials & Supplies			Interest - Mortgage		
Freight In			Interest - Other		
Other			Janitorial & Cleaning		
			Laundry		
Ending Inventory			Legal/Accounting Fees		
			Office Expense		
			Postage		
			Rent		
			Repairs		
			Salaries		
			Supplies		
			Telephone		
			Travel		
			Meals & Entertainment		

Did you make any payments in 2025 that would require you to file Form(s) 1099? ☐ Yes ☐ No  
If you answered yes, did you issue required 1099 Form(s)? ☐ Yes ☐ No

**Business Use of Home**

Total Area of Home: \_\_\_\_\_ sq. ft. Total area Used for Business: \_\_\_\_\_ sq. ft.

Nature of Business Activity Performed in Home: \_\_\_\_\_

Was Another Office Available to You Outside the Home? ☐ Yes ☐ No

**Non-Exclusive Use by Day Care Providers Only:** Hours/Day Used for Day Care \_\_\_\_\_  
Days/Year Used for Day Care \_\_\_\_\_

**Personal Itemized Deductions** – Please provide support documents for all deductions.

<b>Medical</b>	<b>Amount</b>	<b>Taxes (\$40,000 Maximum Deduction)</b>	<b>Amount</b>
Prescription Drugs		Real Estate	
Medical Insurance Prem		* Personal Property	
Long Term Care Ins Prem		State & Local Income Tax	
Medicare Premiums			
Doctors/Dentists			
Clinic/Lab Tests		<b>Charitable Contributions</b>	
Hospitals		Cash Contributions*	
Eyeglasses/Hearing Aids			
Orthopedic Shoes/Braces			
Medical Long Distance Phone			
Other			
Other			
Medical Miles Driven (\$0.21/Mile)			
Do you have a medical svgs acct?		Other Than Cash Contributions	
<b>Interest</b>			
Deductible Home Mortgage Interest Paid to Financial Institutions (Attach Stmt)		Charitable Miles Driven	
Home Mortgage Insurance			
Home Equity Interest			
Deductible Home Mortgage Interest		* Contributions of \$250 or more require written substantiation	
Paid to Individuals:*		from the org.	
Name/Address:			
Social Security Number*			
*Failure to provide subject to Penalty		<b>Miscellaneous Deductions</b>	
Deductible Points (Include Amort. Points from Prior Years)		<b>Gambling Losses</b>	
Investment Interest		(Attach all support documents)	
<b>Car Loan Interest (Attach Stmt)</b>		Other:	
<b>Debt incurred during 2025</b>			
<b>Vin #</b>		* For WV Property Tax Credit – Must	
		provide copy MV-1 Form	
Amt of Int Pd on Educational Loans			

**Standard Mileage Rate** is 70 cents per mile for January – December 2025.

<b>Automobile Expenses</b>	<b>Car 1</b>	<b>Car 2</b>		<b>Car 1</b>	<b>Car 2</b>
<b>Total Miles Driven **</b>			<b>Actual Auto Expenses</b>		
<b>Personal Miles 2025</b>			Gas & Oil		
<b>Business Miles 2025</b>			Insurance		
X _____ (Signature)			Licenses		
** Please sign above to verify mileage accuracy)			Lubrication		
Avg Daily Commute			Repairs		
Written Records?	Y / N	Y / N	Tires, Tire Repair		
Is another vehicle available			Wash		
for personal use?	Y / N	Y / N	Other		
Is an employer-provided vehicle					
available for personal use?	Y / N	Y / N			

**\*\* Note:** We cannot use an amount for vehicle expense without detailed mileage information!

### **WV 2025 MV-1 - Motor Vehicle Property Tax**

Did you receive form MV-1 from the WV State Tax Department? Y or N  
 Have you included a copy of Form MV-1 with your tax documents? Y or N

Failure to timely provide a WV MV-1 will result in WV tax return being completed without vehicle tax credit.

**Child Care Deductions** (attach documents) Qualifying Dependent Name(s) and amount paid  
 \_\_\_\_\_ \$ \_\_\_\_\_, \_\_\_\_\_ \$ \_\_\_\_\_, \_\_\_\_\_ \$ \_\_\_\_\_

Providers Name/Address (Include Individuals Name and/or Org Name)	SS or Fed ID	Amount

Did you receive employer-provided dependent care assistance benefits? [ ] yes [ ] no Amount \$ \_\_\_\_\_

### **Sale of Personal Residence (Attach copy of closing/settlement statement for purchase and sale)**

Date Old Residence Acquired \_\_\_\_\_ Date Old Residence Sold \_\_\_\_\_

**Retirement Contributions for 2025?** Do you want to make any nondeductible IRA contributions?  
 [ ] yes [ ] no

	<b>Self (Amount)</b>	<b>Spouse (Amount)</b>
<b>IRA Contributions</b>		
<b>SEP</b>		
<b>KEOGH</b>		
<b>Education IRA</b>		
<b>Roth IRA Contributions</b>		
<b>Roth IRA Rollover Amount</b>		



## **Federal and State Returns are Mandatory Electronic Filing**

**Bring a voided check from your checking account (for Electronic Direct Deposit and Electronic Payment) purposes. Your failure to do this will cause a delay in your Electronic Direct Deposit.** Must have all Social Security Numbers and Dates of Birth for You, Spouse and all Dependents.!!

Do you wish to designate your tax preparer or someone else to be contacted by the IRS in case any questions arise regarding your tax return? If yes, name the person. ☐ Yes ☐ No \_\_\_\_\_

**\*To the best of my knowledge the enclosed information is correct and includes all income, deductions and other information necessary for the preparation of this years returns, for which I have adequate contemporaneous records. Reminder – We will prepare your return based upon information provided by you. We do not audit or verify data provided by you.**

x \_\_\_\_\_ x \_\_\_\_\_ (Please Sign) \_\_\_\_\_ (Date)

### **PRE-APPOINTMENT QUESTIONNAIRE**

Please complete this Tax Organizer before your appointment.

Bring this completed Tax Organizer with you at your scheduled appointment. Also please bring all applicable documents W-2's, 1099's, Social Security Income Information, Unemployment Income Information, Pension Rollover Information, and any other that we may need to properly prepare your return. Please call us to schedule a convenient appointment time for you.

Your appointment is scheduled for: (Please notify us if you are unable to keep this appointment.)

\_\_\_\_\_ am/pm  
           Day                    Date                    Time

**Tax Preparer Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_