



Information Packet for Preparing Individual Income Tax Returns

We look forward to working with you to prepare your Individual Income Tax Returns. Enclosed please find a packet of material to help make your tax filing as smooth as possible, while taking full advantage of allowable deductions and credits.

Please **complete and return** to us the following with your tax documents:

- ☐ Tax Questionnaire
- ☐ Reminder Checklist
- ☐ Record of Estimated Income Tax Payments Made
- ☐ Direct Deposit/Debit Verification for refunds or direct debit of balance due payments

○ **Effective September 30, 2025 the IRS will no longer mail paper checks for refunds.**

- ☐ Foreign Bank Account Report (FBAR) (*Complete only if you have a Foreign Bank Account*)
- ☐ Supplemental Identification Form
- ☐ Schedule C Worksheet (self-employed)
- ☐ Schedule E Worksheet (rental properties)
- ☐ Schedule F Worksheet (farming)

Please retain the following for your information:

- ☐ Client Vault information
- ☐ Privacy Policy

Schedule your appointment today. If you would like to review your return with your tax advisor, we strongly encourage you to schedule your virtual appointment as soon as possible. Even if you do not have all your documents ready, call for an appointment today to reserve a time that works best for you.

Sending us your tax information in advance of your appointment really helps! You can upload your tax documents via our secure portal, send them via: mail, fax or overnight courier. You can even drop them off in person.

We will need your documents a minimum of 10 days prior to the appointment or it may be re-scheduled.

Thank you for the opportunity to serve you,

The Alliance Team

Your Name(s)_____

TAX YEAR QUESTIONNAIRE

		YES	NO	Comment (if yes, provide details)
1	Did your home address, preferred email or phone number change?			
2	Did you sell and/or purchase a home?			Please provide HUD-1 statements
3	Were you a resident of or did you receive income from another state?			
4	Did your marital status change?			
5	Did you (or your spouse/partner) change employment?			
6	Were there any changes to the # of dependents you are claiming?			*note if dependent is ages 19-23 were they FT students at least 5 months of the year?
7	Did you perform any Roth conversion?			
8	Did you receive a W-2G from gambling?			Please provide W-2G
9	If self-employed- did you use an area of your home for business?			Please provide: Office SQ FT: TOTAL HOUSE SQ FT:
10	Did you make or do you intend to make any retirement plan contributions?			401K/403B: IRA/SEP/SoloK:
11	Did you make estimated tax payments?			Please complete the attached <i>Record of Estimated Tax</i>
12	Do you want direct debit of any tax due? <i>*Effective September 30, 2025 all refunds must be Direct Deposit.</i>			Please complete the attached <i>Direct Deposit/Direct Debit Verification Form</i>
13	Did you have any foreign income or foreign bank accounts?			Please complete the attached <i>FBAR Form</i>
14	Did you receive any amounts from an inheritance?			Please confirm that the cost basis of any assets you received is accurate
15	Are you a NY resident or will we be filing a NY state tax return for you? (including non-resident)			Please complete the attached <i>Supplemental Identification Form</i>
16	Did you sell or transfer any virtual currency?			
17	Are you a Veteran who was honorably discharged from service?			
18	Did you contribute to a qualified education program (i.e. 529 plan)?			Provide donee's name, SSN, amount.
19	Did you purchase a qualified electric or American assembled vehicle?			Please provide supporting purchase documentation.
20	Did you make energy efficient home improvements (i.e. wind or solar powered)?			Please provide supporting purchase documentation.
21	Were you provided an IP PIN (Identity Protection Personal Identification Number) by the IRS?			Please provide IRS Notification.

Your Name(s) _____

TAX YEAR REMINDER CHECKLIST

Income Items to Provide *Please submit all necessary source documentation possible.*

You Spouse/Partner

W-2s		
Final Paystub of the year		
1099s/K-1s and other income		

Deduction and Credit Items to Provide *Please submit all necessary source documentation possible.*

Medical	Amount/Form Needed
Medical Insurance Premiums Paid <i>(If not already pre-tax)</i>	
Doctor Visits Paid <i>(NOT from HSA or FSA)</i>	
Prescription Expenses <i>(NOT from HSA or FSA)</i>	
Dental/Vision Expenses <i>(NOT from HSA or FSA)</i>	
Medical Miles Driven	
HSA Contributions	Please provide Form 5498-SA
HSA Distributions	Please provide Form 1099-SA
Marketplace Insurance – if you purchased through Marketplace	Please provide Form 1095-A
Home	Amount
Real Estate Taxes Paid	
Mortgage Interest Paid	Please provide Form 1098
Private Mortgage Insurance	Please provide Form 1098
Rent Expense <i>(if NJ resident)</i>	
Charitable	Amount
Cash/Check Charitable Contributions <i>(if amount greater than \$250 please provide letter from organization)</i>	
Non-Cash Contributions (ex. Goodwill) <i>(amounts over \$500 require receipts)</i>	
Education	Amount
Tuition Paid	Please provide Form 1098-T
Student Loan Interest Paid	Please provide Form 1098-E
Distribution from Qualified Education Plan	Please provide Form 1099-Q
Work	Amount
Unreimbursed Job-related Expenses <i>(PA residents only)</i>	
Childcare Expenses per Child	Amount
Child Name Provider: Name/Address/Tax ID#	

Your Name(s) _____

RECORD OF ESTIMATED INCOME TAX PAYMENTS MADE

	FEDERAL		STATE	
	Date Paid	Amount Paid	Date Paid	Amount Paid
Last Year refund applied				
1st Quarter				
2nd Quarter				
3rd Quarter				
4th Quarter				

Any additional payments made, or comments related to estimate payments:

DIRECT DEPOSIT/DEBIT VERIFICATION

Effective September 30, 2025 the IRS will no longer mail paper checks for refunds.

Please provide a VOIDED check (for refund if applicable) and complete the information below.

☐ I would like Direct Debit of Tax Due

☐ I will make my own payment for any Tax Due.

Bank Name:	
Account Number:	
Account Type (Checking or Savings):	
Routing Number:	

Your Name(s)_____

Foreign Bank Account Report (FBAR)

Complete This Form Only If You Have Foreign Bank Accounts

US Citizens (and US persons) who own or have signatory authority on one or more foreign bank accounts which, at any point during the year, reached a combined balance of over \$10,000 are obliged to file a Foreign Bank Account Report (FBAR) with the US Treasury Department. FBAR is not a tax, but rather a reporting obligation and individuals who qualify must file an FBAR regardless of whether such individual owes US taxes. FBAR, instituted in the 1970s, became more actively enforced post 9/11 given the attention to terrorist financing and failure to comply could result in severe civil and criminal penalties assessed against you.

Please provide us with the information listed below for any foreign bank accounts that you own or have signatory authority on that had a combined balance of over \$10,000 or more at any point during the year. Please list each account individually.

Account 1

Account 2

Account Holder(s)		
Foreign Bank Name		
Street, City, and Postal Code of Bank Branch		
Country of Bank Branch		
Type of Account (Bank Acct or Securities Acct)		
Account Number		
Highest Balance in \$US During the Calendar Year		

Additional FBAR related notes:_____

Your Name(s) _____

Supplemental Identification Form for Tax Returns

(Including non-resident Income Tax Returns)

Please provide us with a **copy (front and back) of your Driver's License** or complete this form.

Taxpayer:

Driver's Name	
Driver's License Number	
Issuing State	
Issuing Date	
Expiration Date	
Document Number*	

*(For NY issued documents only. Not required for non-NY issued documents)

Spouse (if joint return):

Driver's Name	
Driver's License Number	
Issuing State	
Issuing Date	
Expiration Date	
Document Number*	

Some states require a primary taxpayer's and (if applicable) spouse's driver's license or state identification. Taxpayers must provide the ID number, issuing state, issuing date, and expiration date for all licenses or identification cards. If the taxpayer license/ID is a driver license or non-driver ID, the document number must also be entered. The states are requiring the information and not providing the information will cause delays.

Your Name(s) _____

Self Employment Worksheet (Schedule C)

Please provide your year end P&L or complete the below:

Income

Total Income (1099s plus other revenue)	
Less Returns & Allowances	

Expenses

Advertising	
Bank Service Charges	
Cleaning/Janitorial	
Commissions/Independent Contractors	
Computer/Internet	
Dues & Publications	
Education & Seminars	
Employee Benefit Programs	
Insurance	
Interest (<i>Business Related</i>)	
Legal & Professional Fees	
Licenses & Permits	
Office Supplies & Expenses	
Postage & Freight	
Rent/Lease Business Property	
Repairs & Maintenance (<i>not home office</i>)	
Taxes (<i>not Income Tax or Sales Tax</i>)	
Travel & Lodging (<i>Out of Town</i>)	
Meals & Entertainment	
Telephone	
Tools Replacement	
Uniforms	
Wages/Salaries Paid out	
Payroll Taxes	
Other Expenses (please list)	

Cost of Goods Sold

Product Purchased for resale	
Materials & Supplies	
Contract Labor	
Beginning Inventory	
Ending Inventory	

Business Use Vehicle

Vehicle Description	
Date placed in service	
Original Purchase Price	
Mileage	
Business	
Commuting	
Other Personal	
Total	
Actual Expenses Paid	
Gasoline	
Maintenance	
Repairs	
Insurance	
Registration	
Loan Interest	

Office In Home Expenses

Area Used Exclusively for Business	sq ft
Total Area of Home	sq ft
Mortgage Interest	
Property Taxes	
Mortgage Insurance	
Homeowners Insurance	
Rent	
Repairs & Maintenance	
Utilities	
Other Expenses (please list)	

Your Name(s) _____

Rental Property Worksheet (Schedule E)

RENTAL INCOME AND EXPENSES						
Type: 1- Single Family Residence 2- Multi Family Residence 3 - Vacation/Short Term Rental 4 - Commercial 5 - Land 6 - Other (describe)	<i>Property A</i>		<i>Property B</i>		<i>Property C</i>	
	Location of property:		Location of property:		Location of property:	
	Type		Type		Type	
	Any personal use? Yes No		Any personal use? Yes No		Any personal use? Yes No	
	<i>Fair Rental Days</i>	<i>Personal Use Days</i>	<i>Fair Rental Days</i>	<i>Personal Use Days</i>	<i>Fair Rental Days</i>	<i>Personal Use Days</i>
Date placed in service						
Rents received	\$		\$		\$	
Expenses						
Advertising	\$		\$		\$	
Auto and Travel	\$		\$		\$	
Cleaning/Maintenance	\$		\$		\$	
Commissions	\$		\$		\$	
Insurance	\$		\$		\$	
Legal/Professional fees	\$		\$		\$	
Management fees	\$		\$		\$	
Mortgage interest	\$		\$		\$	
Other interest	\$		\$		\$	
Repairs	\$		\$		\$	
Supplies	\$		\$		\$	
Taxes	\$		\$		\$	
Utilities	\$		\$		\$	
Other (list)	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
PROPERTY INFORMATION						
<i>If this is your first year with our firm, please provide a depreciation schedule for all property.</i>						
Property Purchased. Treat the cost of improvements made to real property as the purchase of a new asset.						
<i>Asset</i>	<i>Date purchased</i>		<i>Cost</i>		<i>Date placed in service</i>	
			\$			
			\$			
Property Sold or Taken Out of Service						
<i>Asset</i>	<i>Date sold/taken out of service</i>		<i>Selling price</i>		<i>Trade in?</i>	
			\$			
			\$			

Your Name(s)_____

Farming Worksheet (Schedule F)

FARM INCOME

Sale of Livestock or other resale items	
Sale of Raised livestock, produce, grains and other products you've raised	
Cooperative distributions (1099-PATR)	
Agricultural Program Payments	
Commodity Credit Corporation (CCC) Loans	
CCC Loans Forfeited	
Crop Insurance Proceeds	

Federal Crop Disaster Payments	
Cash sale of items bought for resale	
Other Income	
Other Income	
Other Income	
Other Income	

Sale of Purchased Livestock, Machinery, Equipment or Land

Type of Property	Date Sold	Amount Received	Date Acquired	Cost

Assets Purchased - Buildings, Land, Machinery, Livestock, Automobiles

Type of Asset	Purchase Date	Item Traded	Cost

FARM EXPENSES

Chemicals	
Seeds/Plants	
Veterinary, Breeding & Medicine	
Custom Hire/Machine Work	
Feed	
Fertilizers	
Freight & Trucking	
Gasoline, Fuel, Oil (exclude car & truck)	
Rent or Lease	
Repairs & Maintenance	
Storage & Warehousing	
Pension/Profit Sharing	
Supplies	
Employee Benefit Programs	
Professional Fees/Dues	
Utilities	

Taxes	
Real Estate	
Payroll	
Other	
Interest	
Mortgage	
Other	
Insurance	
Crop	
Farm Liability	
Vehicle	
Other	
Labor Hired	
Commodity Wages	
Other	

Automobile and Truck Expenses

If you use your vehicle more than 50% for business purposes you can use Actual Expenses.

Standard Mileage Allowance

Odometer reading - beginning of year	
Odometer reading - end of year	
Total business miles	
Parking, tolls, license	

Vehicle Actual Expenses

Gas, Oil	
Repairs, parts	
Tires, batteries, etc	
Insurance	
Interest expense	

CLIENTVAULT

Due to the increased demand to securely exchange documents that contain sensitive information, we are encouraging you to use the Client Vault, our secure portal, to exchange income tax documents. The Client Vault is our secure online repository for storing your important financial and tax documents, as well as a secure means to exchange documents with you.

Rather than mailing, faxing, or emailing us your tax documents, we encourage you to scan and upload documents to the **Shared Documents** folder of your Client Vault. Once uploaded, we will organize them in a PDF file that will be available to you wherever you have internet access. With the Client Vault, you have a secure online location to store your important documents and you will have 24/7 access to them anywhere you have internet access.

To Access the Client Vault, go to www.AllianceWMG.com/account-access and click the image for Wealth Management System & Client Vault. It looks like this:



Your password expires after 1 year so you may be prompted to change it when you login.

If you have not used the Client Vault before, it is not a problem.

Please send an email to: info@alliancewmg.com. We will send you an email invitation to set up your Client Vault.

Once you are logged in, you will see a tab at the top of the page labeled **Vault**. This is what you use to store, send and receive documents. To send a file to us, simply choose the **Shared Documents** folder, click **Upload Files** and follow the prompts. We will automatically receive notification of any documents uploaded into the **Shared Documents** folder.

Please note we cannot see or retrieve the documents placed in the My Documents folder we can only see the documents in the Shared Documents folder. Please don't place your tax documents in My Documents folder; this folder is being provided for you to safely and securely store your personal documents.

If you are unable to login to the Client Vault or have any other issues, please call or send an email to: info@alliancewmg.com.



PRIVACY NOTICE

Maintaining the trust and confidence of our clients is a high priority. That is why we want you to understand how we protect your privacy when we collect and use information about you, and the steps that we take to safeguard that information. This notice is provided to you on behalf of Alliance Wealth Management Group, LLC ("AWMG").

Information We Collect: In connection with providing investment products, financial advice, or other services, we obtain non-public personal information about you, including:

- Information we receive from you on account applications, such as your address, date of birth, Social Security Number, occupation, financial goals, assets and income.
- Information about your transactions with us, our affiliates, or others.

Categories of Information We Disclose: We may only disclose information that we collect in accordance with this policy. AWMG does not sell customer lists and will not sell your name to telemarketers.

Categories of Parties to Whom We Disclose: We will not disclose information regarding you or your account at AWMG, except under the following circumstances:

- To entities that perform services for us or function on our behalf, including client resource management service providers and financial service providers, such as a clearing broker-dealer, investment company, or insurance company, other advisers;
- To your attorney, trustee or anyone else who represents you in a fiduciary capacity;
- To our attorneys, accountants or auditors; and
- To government entities or other third parties in response to subpoenas or other legal process as required by law or to comply with regulatory inquiries.

How We Use Information: Information may be used among companies that perform support services for us, such as data processors, client relationship management technology, technical systems consultants and programmers, or companies that help us market products and services to you for a number of purposes, such as:

- **To protect your accounts/non-public information** from unauthorized access or identity theft;
- **To process your requests** such as securities purchases and sales;
- **To establish or maintain an account with an unaffiliated third party**, such as a clearing broker-dealer providing services to you and/or AWMG;
- **To service your accounts**, such as by issuing checks and account statements;
- **To comply** with Federal, State, and Self-Regulatory Organization requirements;
- **To keep you informed** about financial services of interest to you.

Regulation S-AM: Under Regulation S-AM, a registered investment adviser is prohibited from using eligibility information that it receives from an affiliate to make a marketing solicitation unless: (1) the potential marketing use of that information has been clearly, conspicuously and concisely disclosed to the consumer; (2) the consumer has been provided a reasonable opportunity and a simple method to opt out of receiving the marketing solicitations; and (3) the consumer has not opted out. AWMG does not receive information regarding marketing eligibility from affiliates to make solicitations.

Regulation S-ID: Regulation S-ID requires our firm to have an Identity Theft Protection Program (ITPP) that controls reasonably foreseeable risks to customers or to the safety and soundness of our firm from identity theft. We have developed an ITTP to adequately identify and detect potential red-flags to prevent and mitigate identity theft.

Our Security Policy: We restrict access to nonpublic personal information about you to those individuals who need to know that information to provide products or services to you and perform their respective duties. We maintain physical, electronic, and procedural security measures to safeguard confidential client information.

Closed or Inactive Accounts: If you decide to close your account(s) or become an inactive customer, our Privacy Policy will continue to apply to you.

Complaint Notification: Please direct complaints to: Steven M. Fox at AWMG, 23 Royal Road, Suite 101, Flemington, NJ 08822; 908-751-7093.

Changes to This Privacy Policy: If we make any substantial changes in the way we use or disseminate confidential information, we will notify you. If you have any questions concerning this Privacy Policy, please contact us at: AWMG, 23 Royal Road, Suite 101, Flemington, NJ 08822; 908-751-7093.