

2026

# BLUE BEAR TAX GUIDE



**BLUE BEAR TAX SOLUTIONS**

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181 E 56th Ave., Suite 200, Denver, CO 80216

**Engagement of Preparation of Tax Return**

I \_\_\_\_\_ am engaging Blue Bear Tax Solutions to prepare my \_\_\_\_, \_\_\_\_, \_\_\_\_ tax return. Based on the documents you've provided; Blue Bear Tax Solutions may request clarification on certain items. However, we will not audit or verify the data you submit. It's your responsibility to supply the information needed for accurate and complete tax returns. Please retain all relevant documents, canceled checks, and other records that support your reported income and deductions, as they may be required to demonstrate the accuracy of your returns to tax authorities. Since you are accountable for the returns, please review them carefully before signing.

Our fee for preparing your tax returns will depend on the time required, standard billing rates, and any out-of-pocket expenses incurred. All invoices are due upon receipt. Where allowed by state law, interest may be applied to accounts that remain unpaid after thirty (30) days.

We will keep copies of the records you provided, along with our work papers and engagement documents, for three years. After that period, we may dispose of our work papers and engagement files.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Self-Employed/Rental Activities Information**

I \_\_\_\_\_ confirm that all the information I have provided or will provide to Blue Bear Tax Firm is true and accurate, in lieu of formal or informal records. Necessary information may be obtained from bank, credit card, or other statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Corporation/Partnership Information**

Partnership \_\_\_\_\_ S Corp \_\_\_\_\_ C Corp \_\_\_\_\_

Business Name \_\_\_\_\_

Business Physical Address \_\_\_\_\_

Business Type/Activity \_\_\_\_\_

Business EIN \_\_\_\_\_ Multiple Businesses? No \_\_\_\_\_ Yes \_\_\_\_\_

If so, please list additional business names \_\_\_\_\_

Owner/Partners Name \_\_\_\_\_

Owner/Partner Personal Address \_\_\_\_\_

Owner/Partners Soc Sec# \_\_\_\_\_

**Partner/Shareholder Ownership Percentage**

|  |  |
|--|--|
|  |  |
|  |  |

## Save 50% on your Bookkeeping and Tax Prep!\*\*

- Join the Blue Bear Tax Cub Club (try saying that ten times fast!) and with a minimal monthly subscription fee you will receive 50% Off all our services! You'll be able to ask us questions any time throughout the year at no cost!
- 1040 Tax Form Prep (current year) ~~\$250~~ \$150
- 1040 Tax Form Prep (past years) ~~\$400~~ \$250
- 1040X Tax Form Prep ~~\$250~~
- 1040 Schedule C Tax Form Prep ~~\$250~~ \$150
- 1120 Tax Form (C Corp) Prep ~~\$874~~ \$350
- 1120S Tax Form (S Corporation) Prep ~~\$850~~ \$350
- 1065 Tax Form Prep (Partnership) ~~\$650~~ \$350
- 990 Tax Form Prep (Tax-exempt organization) ~~\$750~~ \$375
- 940 Tax Form Prep (Federal Unemployment) ~~\$120~~ \$60
- Schedule D Prep (Capital gains & losses) ~~\$200~~ \$150
- Schedule E Prep (Supplemental income and loss) ~~\$200~~ \$150
- Schedule F Prep (Farming) ~~\$250~~ \$150
- Bookkeeping services ~~\$30/hr~~ \$25/hr

### How Much Does It Cost?

\* If you don't make use of our other services during the year, You'll have the full amount of your membership towards your tax return!

\*\* Other discounts do not apply...

-----  
ID# \_\_\_\_\_

Blue Bear Tax Cub Club Membership is a monthly subscription based service that provides "on-call" tax advice for the following:

\_\_\_\_\_ ] By signing this agreement, I \_\_\_\_\_, agree that my needs for tax services and representation may go outside the scope of services as provided by said monthly subscription. Membership shall entitle member to 50% of all off Blue Bear Tax Solution's services except for the following: Tax Attorney, Creation of 501(c)3s, Form 706 Estate Tax Returns and other services that need to be partnered with or referred out. \*\*The client responsibility is to provide all correspondences in a timely matter. To observe all deadline dates given by the contractor and the governing body of the authority. Payment Terms Monthly fees for Blue Bear Tax Monitoring membership shall be \$35.00. Monthly fees will be automatically debited from the member's registered credit/debit card or checking account. The payment is debited monthly on the same day of each month as the first payment (this is the sign-up date). The monthly charges will continue automatically each month for 12 months, or until the termination of the membership. Memberships will auto-renew after 12 months. Termination To cancel this membership, a \$40 termination fee is required. All requests for membership cancellation must be submitted to Blue Bear Tax Services management at least 10 days in advance of the requested cancellation date. Once we have received and completed your request for cancellation the next scheduled monthly charge and all those that were to follow will be cancelled. Membership will be valid until, but not on, the date of the first cancelled payment; after that date, all member benefits will also be cancelled. By signing below, I agree to be bound the terms of payment detailed in this document. I also certify that I have reviewed, understood, and agree to be bound by all the terms and conditions described above.

Full Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credit/Debit Card Information Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

I authorize Blue Bear Tax Services to charge my card monthly with respect to related monthly fees for membership.

SECTION 2

Document Checklist

**Bring or upload copies** Keep your original records unless Blue Bear specifically asks for them. Include every document received, even if you are unsure whether it applies.

- ☐ Prior-year federal and state returns, if Blue Bear did not prepare them
- ☐ All Forms W-2, W-2G, 1099, 1098, 1095-A, and Schedules K-1
- ☐ Brokerage statements and purchase/sale details for investments or other assets
- ☐ Closing statements for real estate purchased, sold, or refinanced
- ☐ Business, rental, farm, and home-office income and expense records
- ☐ Estimated-tax payment confirmations and notices from any taxing authority
- ☐ Dependent-care, education, adoption, charitable-giving, and medical records that apply
- ☐ Digital-asset transaction records and foreign-account or foreign-income information
- ☐ Any other income statement, reimbursement record, or document you have questions about

Contact & Identity Information

| Item | Taxpayer | Spouse |
|------|----------|--------|
|      |          |        |
|      |          |        |
|      |          |        |
|      |          |        |
|      |          |        |
|      |          |        |

Current mailing address: \_\_\_\_\_  
City / State / ZIP: \_\_\_\_\_  
Primary phone: \_\_\_\_\_  
Email: \_\_\_\_\_

SECTION 3

Household & Filing Information

| Question                                                                                           | Yes                      | No                       |
|----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Did your marital status or expected filing status change during 2026?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Will the address on your 2026 return differ from the address on your 2025 return?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you or your spouse be claimed as a dependent by another person?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse change state residency during 2026?                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive an IRS or state notice, audit report, or adjustment related to any tax year?       | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want \$3 designated to the Presidential Election Campaign Fund? (Your tax is not affected.) | <input type="checkbox"/> | <input type="checkbox"/> |

Dependents

| Full legal name                                                                      | SSN / ITIN | Date of birth | Relationship | Months in home           |                          |
|--------------------------------------------------------------------------------------|------------|---------------|--------------|--------------------------|--------------------------|
|                                                                                      |            |               |              |                          |                          |
|                                                                                      |            |               |              |                          |                          |
|                                                                                      |            |               |              |                          |                          |
|                                                                                      |            |               |              |                          |                          |
|                                                                                      |            |               |              |                          |                          |
| Question                                                                             |            |               |              | Yes                      | No                       |
| Did any dependent have earned or unearned income that may need to be reported?       |            |               |              | <input type="checkbox"/> | <input type="checkbox"/> |
| Did any dependent attend college, receive a scholarship, or have education expenses? |            |               |              | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay child or dependent-care expenses so you could work or look for work?     |            |               |              | <input type="checkbox"/> | <input type="checkbox"/> |
| Is any dependent disabled or permanently and totally disabled?                       |            |               |              | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 4

Life Changes & General Tax Questions

| Question                                                                                           | Yes                      | No                       |
|----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Did you buy, sell, or refinance a principal residence during 2026?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you start, acquire, close, or sell a business during 2026?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell or exchange business, rental, farm, or personal property?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive payments from an installment sale?                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive income not listed elsewhere in this organizer?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive disability payments, unemployment compensation, or state/local tax refunds?        | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive tips not reported to your employer?                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive an insurance reimbursement related to a prior-year deduction or loss?              | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sustain a federally eligible casualty or theft loss? Attach details.                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make gifts above the 2026 annual exclusion to any one recipient or make a gift to a trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make or receive a below-market or interest-free loan?                                      | <input type="checkbox"/> | <input type="checkbox"/> |

Explanation of “Yes” Answers

| Question / topic | Details and supporting documents |
|------------------|----------------------------------|
|                  |                                  |
|                  |                                  |
|                  |                                  |
|                  |                                  |
|                  |                                  |

SECTION 5

Health Coverage, Education & Credits

| Question                                                                                                        | Yes                      | No                       |
|-----------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Did anyone in your tax household enroll in coverage through a Health Insurance Marketplace? Attach Form 1095-A. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay qualified higher-education expenses for yourself, your spouse, or a dependent?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay student-loan interest?                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur qualified adoption expenses or finalize an adoption?                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay a household or individual care provider for a qualifying person?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make an energy-efficient home improvement or buy a qualifying clean vehicle?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay foreign tax or earn income from outside the United States?                                          | <input type="checkbox"/> | <input type="checkbox"/> |

Care Providers

| Provider name | Address | SSN / EIN | Amount paid |
|---------------|---------|-----------|-------------|
|               |         |           |             |
|               |         |           |             |
|               |         |           |             |
|               |         |           |             |

Education

| Student | School | Form 1098-T received? | Tuition / required expenses |
|---------|--------|-----------------------|-----------------------------|
|         |        |                       |                             |
|         |        |                       |                             |
|         |        |                       |                             |
|         |        |                       |                             |

SECTION 6

Income

Wages & Other Compensation

| Taxpayer / spouse | Employer or payer | Form type | Amount |
|-------------------|-------------------|-----------|--------|
|                   |                   |           |        |
|                   |                   |           |        |
|                   |                   |           |        |
|                   |                   |           |        |
|                   |                   |           |        |
|                   |                   |           |        |

Interest & Dividends

| Owner (T/S/J) | Payer | Tax-exempt? | 2025 amount | 2026 amount |
|---------------|-------|-------------|-------------|-------------|
|               |       |             |             |             |
|               |       |             |             |             |
|               |       |             |             |             |
|               |       |             |             |             |
|               |       |             |             |             |
|               |       |             |             |             |

Capital Gains, Losses & Digital Assets

| Question                                                                                   |               |              |           | Yes                      | No                       |
|--------------------------------------------------------------------------------------------|---------------|--------------|-----------|--------------------------|--------------------------|
| Did you sell investments, cryptocurrency, other digital assets, or property during 2026?   |               |              |           | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive, exchange, transfer, stake, mine, or otherwise transact in digital assets? |               |              |           | <input type="checkbox"/> | <input type="checkbox"/> |
| Did any security become worthless, or did you have a nonbusiness bad debt?                 |               |              |           | <input type="checkbox"/> | <input type="checkbox"/> |
| Asset / investment                                                                         | Date acquired | Cost / basis | Date sold | Sales proceeds           |                          |
|                                                                                            |               |              |           |                          |                          |
|                                                                                            |               |              |           |                          |                          |

| Question |  |  |  | Yes | No |
|----------|--|--|--|-----|----|
|          |  |  |  |     |    |
|          |  |  |  |     |    |
|          |  |  |  |     |    |

SECTION 7

Retirement, Benefits & Other Income

| Question                                                                                    |              |                           |                     | Yes                      | No                       |
|---------------------------------------------------------------------------------------------|--------------|---------------------------|---------------------|--------------------------|--------------------------|
| Did you receive a pension, annuity, IRA, or other retirement-plan distribution?             |              |                           |                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you complete a rollover within the applicable time period?                              |              |                           |                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you convert any amount from a traditional IRA or plan to a Roth account?                |              |                           |                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive Social Security or Railroad Retirement benefits?                            |              |                           |                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make a deductible IRA, SEP, SIMPLE, or other self-employed retirement contribution? |              |                           |                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Income type / payer                                                                         | Gross amount | Taxable amount (if known) | Federal withholding | State withholding        |                          |
|                                                                                             |              |                           |                     |                          |                          |
|                                                                                             |              |                           |                     |                          |                          |
|                                                                                             |              |                           |                     |                          |                          |
|                                                                                             |              |                           |                     |                          |                          |
|                                                                                             |              |                           |                     |                          |                          |
|                                                                                             |              |                           |                     |                          |                          |

Other Income

| Description / payer | Form received | Owner (T/S/J) | Amount |
|---------------------|---------------|---------------|--------|
|                     |               |               |        |
|                     |               |               |        |
|                     |               |               |        |
|                     |               |               |        |
|                     |               |               |        |
|                     |               |               |        |

SECTION 8

Foreign, Investment & Special Reporting

| Question                                                                                                           | Yes                      | No                       |
|--------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| At any time in 2026, did you have a financial interest in or signature authority over a foreign financial account? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you a grantor of, transferor to, or beneficiary of a foreign trust?                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you own an interest in a foreign corporation, partnership, or other foreign entity?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive tax-exempt interest or purchase/sell bonds?                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you borrow money and use the proceeds for investment purposes?                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive stock or other property from an employer outside amounts reported on Form W-2?                     | <input type="checkbox"/> | <input type="checkbox"/> |

Foreign Countries / Accounts / Entities

| Country                                                                                                                                                                                       | Institution / entity | Account or entity type | Highest value / ownership |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------|---------------------------|
|                                                                                                                                                                                               |                      |                        |                           |
|                                                                                                                                                                                               |                      |                        |                           |
|                                                                                                                                                                                               |                      |                        |                           |
|                                                                                                                                                                                               |                      |                        |                           |
|                                                                                                                                                                                               |                      |                        |                           |
| <b>Important</b> Foreign financial activity can create separate reporting obligations even when it produces little or no taxable income. Provide complete details and all related statements. |                      |                        |                           |

SECTION 9

# Payments, Refund & Direct Deposit

## 2026 Estimated and Extension Payments

| Jurisdiction | Date paid | Amount | Confirmation / notes |
|--------------|-----------|--------|----------------------|
|              |           |        |                      |
|              |           |        |                      |
|              |           |        |                      |
|              |           |        |                      |
|              |           |        |                      |
|              |           |        |                      |

## Direct Deposit or Withdrawal

**Security reminder** Provide banking information only through Blue Bear’s approved secure process. Confirm all account and routing numbers before filing.

Bank name: \_\_\_\_\_

Account type (checking/savings): \_\_\_\_\_

Routing number: \_\_\_\_\_

Account number: \_\_\_\_\_

| Question                                                                      | Yes                      | No                       |
|-------------------------------------------------------------------------------|--------------------------|--------------------------|
| Is the account owned by the taxpayer, spouse, or both? Provide details below. | <input type="checkbox"/> | <input type="checkbox"/> |

Account owner(s): \_\_\_\_\_

SECTION 10

Itemized Deductions

Medical, Taxes & Interest

| Category | 2026 amount | Notes / payee |
|----------|-------------|---------------|
|          |             |               |
|          |             |               |
|          |             |               |
|          |             |               |
|          |             |               |
|          |             |               |
|          |             |               |
|          |             |               |

- ☐ Unreimbursed medical and dental expenses, insurance premiums, prescriptions, equipment, and qualifying travel
- ☐ State and local income or sales taxes; real estate taxes; qualifying personal-property taxes
- ☐ Mortgage interest and points; attach Forms 1098 and details for interest paid to an individual
- ☐ Investment interest expense

Charitable Contributions

| Organization | Cash | Noncash value | Date / documentation |
|--------------|------|---------------|----------------------|
|              |      |               |                      |
|              |      |               |                      |
|              |      |               |                      |
|              |      |               |                      |
|              |      |               |                      |
|              |      |               |                      |

**Documentation** Written acknowledgment is generally required for any contribution of \$250 or more. Additional records and appraisal rules may apply to noncash gifts.

SECTION 11

Vehicle & Mileage Worksheet

**Keep contemporaneous records** A mileage log should show the date, destination, business purpose, and miles for each trip. Do not include commuting miles as business miles.

Vehicle 1

| Make / model   | Year             | Date purchased | Purchase price  | Owner       |
|----------------|------------------|----------------|-----------------|-------------|
|                |                  |                |                 |             |
| Business miles | Charitable miles | Medical miles  | Commuting miles | Total miles |
|                |                  |                |                 |             |

Vehicle 2

| Make / model                                                                            |                  | Year | Date purchased | Purchase price  | Owner                    |                          |
|-----------------------------------------------------------------------------------------|------------------|------|----------------|-----------------|--------------------------|--------------------------|
|                                                                                         |                  |      |                |                 |                          |                          |
| Business miles                                                                          | Charitable miles |      | Medical miles  | Commuting miles | Total miles              |                          |
|                                                                                         |                  |      |                |                 |                          |                          |
| Question                                                                                |                  |      |                |                 | Yes                      | No                       |
| Was written evidence available to support the business use claimed?                     |                  |      |                |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the vehicle used for hire or made available for personal use during off-duty hours? |                  |      |                |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Was another vehicle available for personal use?                                         |                  |      |                |                 | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 12

Rental & Royalty Activity

Property type / description:

Property address:

Owner and ownership percentage:

| Question                                                                        |        | Yes                      | No                       |
|---------------------------------------------------------------------------------|--------|--------------------------|--------------------------|
| Did you or a family member use the property personally during 2026?             |        | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the property rented to a related party?                                     |        | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the property acquired, sold, or converted to/from personal use during 2026? |        | <input type="checkbox"/> | <input type="checkbox"/> |
| Income                                                                          | Amount | Expense                  | Amount                   |
|                                                                                 |        |                          |                          |
|                                                                                 |        |                          |                          |
|                                                                                 |        |                          |                          |
|                                                                                 |        |                          |                          |
|                                                                                 |        |                          |                          |
|                                                                                 |        |                          |                          |
|                                                                                 |        |                          |                          |

Assets & Improvements

| Description | Date placed in service | Cost / basis | Prior depreciation |
|-------------|------------------------|--------------|--------------------|
|             |                        |              |                    |
|             |                        |              |                    |
|             |                        |              |                    |
|             |                        |              |                    |
|             |                        |              |                    |

SECTION 13

Business Activity (Sole Proprietor)

Principal business / profession: \_\_\_\_\_

Business name and EIN: \_\_\_\_\_

Business address: \_\_\_\_\_

| Question                                                  |        | Yes                      | No                       |
|-----------------------------------------------------------|--------|--------------------------|--------------------------|
| Is this the first or final year of the business?          |        | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you materially participate in the business?           |        | <input type="checkbox"/> | <input type="checkbox"/> |
| Were all required Forms 1099 filed or will they be filed? |        | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have employees or pay independent contractors?    |        | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you maintain inventory?                               |        | <input type="checkbox"/> | <input type="checkbox"/> |
| Income / cost-of-goods-sold item                          | Amount | Expense item             | Amount                   |
|                                                           |        |                          |                          |
|                                                           |        |                          |                          |
|                                                           |        |                          |                          |
|                                                           |        |                          |                          |
|                                                           |        |                          |                          |
|                                                           |        |                          |                          |
|                                                           |        |                          |                          |
|                                                           |        |                          |                          |

Business Assets

| Asset | Date placed in service | Cost / basis | Business-use % |
|-------|------------------------|--------------|----------------|
|       |                        |              |                |
|       |                        |              |                |
|       |                        |              |                |

| Asset | Date placed in service | Cost / basis | Business-use % |
|-------|------------------------|--------------|----------------|
|       |                        |              |                |
|       |                        |              |                |

SECTION 14

Corporation or Partnership Information

Entity type (Partnership / S corporation / C corporation):

Legal business name:

EIN:

Business activity:

Physical address:

| Question                                                                                                                                                                                                                                   |         |           | Yes                      | No                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------|--------------------------|--------------------------|
| Did ownership change during 2026?                                                                                                                                                                                                          |         |           | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the owner or any partner/shareholder have more than one business?                                                                                                                                                                     |         |           | <input type="checkbox"/> | <input type="checkbox"/> |
| Were there distributions, contributions, loans, or changes in debt during 2026?                                                                                                                                                            |         |           | <input type="checkbox"/> | <input type="checkbox"/> |
| Owner / partner / shareholder                                                                                                                                                                                                              | Address | SSN / EIN | Ownership %              |                          |
|                                                                                                                                                                                                                                            |         |           |                          |                          |
|                                                                                                                                                                                                                                            |         |           |                          |                          |
|                                                                                                                                                                                                                                            |         |           |                          |                          |
|                                                                                                                                                                                                                                            |         |           |                          |                          |
|                                                                                                                                                                                                                                            |         |           |                          |                          |
|                                                                                                                                                                                                                                            |         |           |                          |                          |
| <b>Attach separately</b> Provide the entity’s income statement, balance sheet, general ledger or trial balance, payroll reports, asset purchases and dispositions, loan statements, and prior-year return if Blue Bear did not prepare it. |         |           |                          |                          |

SECTION 15

Farm Activity

Principal product: \_\_\_\_\_

Farm name / EIN: \_\_\_\_\_

Accounting method: \_\_\_\_\_

| Question                                                                 |        | Yes                      | No                       |
|--------------------------------------------------------------------------|--------|--------------------------|--------------------------|
| Did the taxpayer or spouse materially participate in farm operations?    |        | <input type="checkbox"/> | <input type="checkbox"/> |
| Were any farm assets acquired, sold, traded, or disposed of during 2026? |        | <input type="checkbox"/> | <input type="checkbox"/> |
| Farm income item                                                         | Amount | Farm expense item        | Amount                   |
|                                                                          |        |                          |                          |
|                                                                          |        |                          |                          |
|                                                                          |        |                          |                          |
|                                                                          |        |                          |                          |
|                                                                          |        |                          |                          |
|                                                                          |        |                          |                          |
|                                                                          |        |                          |                          |
|                                                                          |        |                          |                          |

Farm Assets

| Asset | Date placed in service | Cost / basis | Prior depreciation |
|-------|------------------------|--------------|--------------------|
|       |                        |              |                    |
|       |                        |              |                    |
|       |                        |              |                    |
|       |                        |              |                    |
|       |                        |              |                    |

SECTION 16

Business Use of Home

| Question                                                              | Yes                      | No                       |
|-----------------------------------------------------------------------|--------------------------|--------------------------|
| Did you use part of your home regularly and exclusively for business? | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the space used to provide daycare services?                       | <input type="checkbox"/> | <input type="checkbox"/> |

Description of business activity performed at home:

Total square footage of home:

Square footage used regularly and exclusively for business:

Date business use began:

| Home expense | Total annual amount | Direct business portion (if any) |
|--------------|---------------------|----------------------------------|
|              |                     |                                  |
|              |                     |                                  |
|              |                     |                                  |
|              |                     |                                  |
|              |                     |                                  |
|              |                     |                                  |
|              |                     |                                  |

Home, Improvements & Depreciation

| Property / improvement / asset | Date acquired | Cost / basis | Prior depreciation |
|--------------------------------|---------------|--------------|--------------------|
|                                |               |              |                    |
|                                |               |              |                    |
|                                |               |              |                    |
|                                |               |              |                    |
|                                |               |              |                    |

SECTION 17

Household Employees

| Question                                                                                                                                                                                | Yes                      | No                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Did you pay any household employee \$3,000 or more in cash wages during 2026?                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Examples</b> Household workers may include nannies, housekeepers, caregivers, health aides, babysitters, and yard workers. Classification and payroll-tax rules depend on the facts. |                          |                          |

| Employee name | SSN | Cash wages | Federal withholding | State withholding |
|---------------|-----|------------|---------------------|-------------------|
|               |     |            |                     |                   |
|               |     |            |                     |                   |
|               |     |            |                     |                   |
|               |     |            |                     |                   |
|               |     |            |                     |                   |

Household employer EIN:

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| Question                                                              | Yes                      | No                       |
|-----------------------------------------------------------------------|--------------------------|--------------------------|
| Have Forms W-2 and W-3 been filed or arranged for filing?             | <input type="checkbox"/> | <input type="checkbox"/> |
| Have required federal and state employment-tax returns been filed?    | <input type="checkbox"/> | <input type="checkbox"/> |
| Was any household employee under age 18 during 2026? Provide details. | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 18

# Possible Deductions & Additional Information

## Review These Items

- ☐ Child or dependent day camp, before-school, or after-school care related to work
- ☐ Higher-education tuition, required fees, student-loan interest, or job-related training
- ☐ Medical, dental, vision, prescription, insurance, or qualifying transportation costs
- ☐ Charitable cash or noncash contributions and volunteer mileage
- ☐ Gambling winnings and documented gambling losses
- ☐ Investment sales, worthless securities, and investment-interest expense
- ☐ Home improvements connected to a sale, medical need, energy credit, rental, or business use
- ☐ Self-employed retirement contributions and self-employed health-insurance premiums
- ☐ State vehicle registration taxes based on value, where applicable

**Eligibility varies** This checklist is a prompt, not a guarantee that an expense is deductible. Federal and state eligibility depends on the taxpayer, activity, documentation, and current law.

## Additional Information & Questions

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# **The Blue Bear Foundation: Promoting Education in Finance and Accounting For Minority and Veteran Women**

**We provide financial assistance to women in pursuit of accounting and finance degrees with emphasis on veterans and women of color.**

**Helping women achieve sustainability is at the heart of our work.**



**By partnering with local non-profits, we are able to provide additional education to young women to promote financial literacy and management.**



**TO LEARN MORE or SUPPORT BBF**  
**<http://bluebearfoundation.com/>**

# A MESSAGE FROM BLUE BEAR



If you get a letter from the IRS and you are afraid to open it, send it to my office. I'll let you know if you have anything to worry about.

## CLINTON R. DALE, MBA, EA

Senior Tax Specialist

Enrolled Agent

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