

Client Organizer

Tax Year **2025**

1. Personal Information

Name	Soc. Sec. No.	Date of Birth	Occupation	Cell Phone
Taxpayer				
Spouse				
Street Address	City	State	ZIP	Other Phone
Email Address	Spouse Email Address			

	<u>Taxpayer</u>		<u>Spouse</u>		<u>Marital Status</u>	
Blind	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Married	Will file jointly <input type="checkbox"/> Yes <input type="checkbox"/> No		
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single			
Pres. Campaign Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Widow(er), Date of Spouse's Death _____			

2. Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	ID Protection PIN

Please provide the following before you schedule your appointment

- * Last year's tax return (new clients only)
- * All tax forms you received (W2's, 1099's, HSA 1099-SA, Healthcare 1095-A, Brokerage Statements 1099-B, Interest 1099-INT, etc.
- * 2025 estimated tax payments

- | | | | |
|---|--|---|--|
| 1. Are you self-employed or do you receive hobby income? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Did you receive income from raising animals or crops? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. Did you give a gift of more than \$15,000 to one or more people? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Did you receive rent from real estate or other property? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Did you have any debts cancelled, forgiven, or refinanced? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Did you go through bankruptcy proceedings? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Did you withdraw or write checks from a mutual fund? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. (a) If you paid rent, how much did you pay? _____ | |
| 6. Do you have a foreign bank account, trust, or business? | <input type="checkbox"/> Yes <input type="checkbox"/> No | (b) Was heat included? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do you provide a home for or help support anyone not listed in Section 2 above? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Did you receive any correspondence from the IRS or State Department of Taxation? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? | <input type="checkbox"/> Yes <input type="checkbox"/> No |



- ☐ Yes ☐ No

-

- ☐
- Yes
- ☐
- No

Attach W-2s:

[illegible]

4. Interest Income

Attach 1099-INT & broker statements

Payer	Amount
Tax Exempt	

5. Dividend Income

From Mutual Funds & Stocks - Attach 1099-DIV

[illegible]

6. Partnership, Trust, Estate Income

List payers of partnership, limited partnership, S-corporation, trust, or estate income - Attach K-1

- ☐ Yes ☐ No

- ☐ Yes ☐ No

- ☐ Yes ☐ No

- _____ Taxpayer _____ Spouse

7. Property Sold

Attach 1099-S and closing statements

Property	Date Acquired	Cost & Imp.
Personal Residence*		
Vacation Home		
Land		
Other		

* Provide information on improvements, prior sales of home,

8. I.R.A. (Individual Retirement Acct.)

Contributions for tax year income

	Amount	Date	U for Roth
Taxpayer			
Spouse			

Amounts withdrawn. Attach 1099-R & 5498

Plan Trustee	Reason for Withdrawal	Reinvested?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Pension, Annuity Income

**Attach 1099-R
Payer***

Reason for Withdrawal

Reinvested?

		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

* Provide statements from employer or insurance company with information on cost of or contributions to plan.

Did you receive:
Social Security Benefits
Railroad Retirement

Taxpayer

Spouse

	Yes	No		Yes	No
	Yes	No		Yes	No

Attach SSA 1099, RRB 1099



10. Investments Sold

Stocks, Crypto/Digital Currency, Bonds, Mutual Funds, Gold, Silver, Partnership interest - Attach 1099-B & confirmation slips

Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

11. Other Income

List All Other Income (including non-taxable)

Alimony Received _____
Child Support _____
Scholarship (Grants) _____
Unemployment Compensation (repaid) _____
Prizes, Bonuses, Awards _____
Gambling, Lottery (expenses) _____
Unreported Tips _____
Director / Executor's Fee _____
Commissions _____
Jury Duty _____
Worker's Compensation _____
Disability Income _____
Veteran's Pension _____
Payments from Prior Installment Sale _____
State Income Tax Refund _____
Other _____

12. Medical/Dental Expenses

Medical Insurance Premiums
(paid by you) _____
Prescription Drugs _____
Insulin _____
Glasses, Contacts _____
Hearing Aids, Batteries Braces _____
Medical Equipment, Supplies _____
Nursing Care _____
Medical Therapy _____
Hospital _____
Doctor/Dental/Orthodontist _____
Mileage (no. of miles) _____

13. Taxes Paid

Real Property Tax (attach bills) _____
Personal Property Tax _____
Other _____

14. Interest Expense

Mortgage interest paid (attach 1098) _____
Interest paid to individual for your
home (include amortization schedule) _____
Paid to:
Name _____
Address _____
Social Security No. _____
Investment Interest _____
Premiums paid or accrued for qualified
mortgage insurance _____

15. Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen.

Location of Property _____

Description of Property _____

	Other	Federally Declared Disaster Losses
Amount of Damage	_____	_____
Insurance Reimbursement	_____	_____
Repair Costs	_____	_____
Federal Grants Received	_____	_____

16. Charitable Contributions

	Other
Church	_____
United Way	_____
Scouts	_____
University, Public TV/Radio	_____
Heart, Lung, Cancer, etc.	_____
Wildlife Fund	_____
Salvation Army, Goodwill	_____
Other	_____
Non-Cash	_____

Volunteer (no. of miles) _____ @ .14 _____



17. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

18. Job-Related Moving Expenses

Fill out only if you are a member of the Armed Forces on active duty and moving due to a permanent change of station due to a military order.

Date of move _____
 Move Household Goods _____
 Lodging During Move _____
 Travel to New Home (no. of miles) _____

19. Employment Related Expenses That You Paid

(Not self-employed)

Fill out only if you are a Armed Forces reservist, a qualified performing artist, a fee-basis state or local government official, or individual with a disability claiming impairment-related work expenses.

Dues - Union, Professional _____
 Books, Subscriptions, Supplies _____
 Licenses _____
 Tools, Equipment, Safety Equipment _____
 Uniforms (include cleaning) _____
 Sales Expense, Gifts _____
 Tuition, Books (work related) _____
 Entertainment _____

Total home Sq Ft _____
 b) Office _____
 c) Storage _____

Rent _____
 Insurance _____
 Utilities _____
 Maintenance _____

20. Investment-Related Expenses State use only

Tax Preparation Fee _____
 Safe Deposit Box Rental _____
 Mutual Fund Fee _____
 Investment Counselor _____
 Other _____

21. Business Mileage

Do you have written records? ☐ Yes ☐ No

Did you sell or trade in a car used for business? ☐ Yes ☐ No

If yes, attach a copy of purchase agreement

Make/Year Vehicle _____

Date purchased _____

Total miles (personal & business) _____

Total business miles _____

Total business miles for 2nd job _____

Education (one way, work to school) _____

Job Seeking _____

Round Trip commuting distance _____

Gas, Oil, Lubrication _____

Batteries, Tires, etc. _____

Repairs _____

Wash _____

Insurance _____

Interest _____

Lease payments _____

Garage Rent _____

22. Business Travel

If you are not reimbursed for exact amount, give total expenses.

Airfare, Train, etc. _____

Lodging and Meals _____

Uber, Car Rental _____

Other _____

Reimbursement Received _____



23. Estimated Tax Paid

Due Date	Date Paid	Federal	State

25. Education Expenses

Student's Name	Type of Expense	Amount

24. Other Deductions

Alimony Paid to _____
Social Security No. _____ \$ _____
Student Interest Paid \$ _____
Health Savings Account Contributions \$ _____
Archer Medical Savings Acct. Contributions \$ _____

26. Questions, Comments, & Other Information

27. Direct Deposit of Refund

Would you like to have your refund(s) directly deposited into your account?

☐ Yes ☐ No

ACCOUNT 1

Owner of account

☐ Taxpayer ☐ Spouse ☐ Joint

Type of account ☐ MyRA ☐ Checking ☐ Traditional Savings Coverdell ☐ Traditional IRA ☐ Roth IRA
☐ Treasury Direct ☐ Archer MSA Savings ☐ Education Savings ☐ HSA Savings ☐ SEP IRA

Name of Bank _____

Routing number _____

Account number _____

To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Taxpayer _____

Date _____

Spouse _____

Date _____

