

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
Email Address		Spouse Email Address			

	Taxpayer	Spouse	Marital Status	
Blind	<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"/> Single	
Pres. Campaign Fund	<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? _____ (b) Was heat included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you have a foreign bank account, trust, or business?	<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
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	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
8. Did you receive any correspondence from the IRS or State Department of Taxation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			



16. Did you have healthcare coverage (health insurance) for you, your spouse and dependents during this tax season from healthcare.gov? If yes, include Forms 1095-A

Yes No

17. Did you apply for an exemption through the Marketplace /Exchange? If so, provide the exemption certificate number.

18. Did you have any children under the age of 19 or 19 to 23 year old students with unearned income of more than \$2200?

Yes No

3. Wage, Salary Income

Attach W-2s:

Employer _____

Taxpayer	Spouse

4. Interest Income

Attach 1099-INT & broker statements

Payer	Amount
Tax Exempt	

5. Dividend Income

From Mutual Funds & Stocks - Attach 1099-DIV

Payer	Ordinary	Capital Gains	Non-Taxable

6. Partnership, Trust, Estate Income

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

19. Did you purchase a new alternative technology vehicle or electric vehicle?

Yes No

20. Did you install any energy property to your residence such as solar water heaters, generators or fuel cells?

Yes No

21. Did you own \$50,000 or more in foreign financial assets?

Yes No

22. Have you or your spouse been a victim of identity theft and given an identity theft protection PIN by the IRS? If yes, enter the six digit identity protection PIN number.

_____ 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

Taxpayer	Amount	Date	U for Roth
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

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

1. **What is the primary purpose of the study?** (10 points)

2. **What are the key variables being studied, and how are they measured?** (10 points)

3. **What are the main findings of the study, and what conclusions can be drawn?** (10 points)

4. **What are the implications of the findings for the field of study?** (10 points)

5. **What are the strengths and limitations of the study?** (10 points)

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	<input type="checkbox"/> MyRA	<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Roth IRA
	<input type="checkbox"/> Treasury Direct	<input type="checkbox"/> Archer MSA Savings	<input type="checkbox"/> Coverdell Education Savings	<input type="checkbox"/> HSA Savings	<input type="checkbox"/> 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

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