

## 2025 Individual Tax Organizer

Please Note: All returning clients do not need to fill out the spouse/dependent information unless you are making additions or any changes this tax season.

Please include required tax forms that you have received for the 2025 tax season. Contact the office if you are needing additional worksheets (schedule c filers).

### Personal Information

#### You

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Legally separated  Widowed

#### Spouse:

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### Mailing Address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Did your address change during the year?  Yes  No

### Dependents

#### Dependent 1:

Dependent's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Income (if over \$4,200): \_\_\_\_\_ Number of Months Resided in Home: \_\_\_\_\_

#### Dependent 2:

Dependent's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Income (if over \$4,200): \_\_\_\_\_ Number of Months Resided in Home: \_\_\_\_\_

**Dependent 3:**

Dependent's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Income (if over \$4,200): \_\_\_\_\_ Number of Months Resided in Home: \_\_\_\_\_

**Dependent 4:**

Dependent's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Income (if over \$4,200): \_\_\_\_\_ Number of Months Resided in Home: \_\_\_\_\_

**Income Sources**

**Work Income**

- W2
- Self-Employed (Please attach your p&l/income/expenses or contact our office for assistance)

**Interest and Dividends**

- Interest
- Dividends
- Received 1099-OID

**Investment Income**

- Sold Stocks, Bonds, or Crypto
- Exercised Incentive Stock Options
- Rental Properties
- Sold Real Estate
- Undistributed Capital Gains

**Retirement Plans and Social Security**

- IRA, 401k, Pension Plan Withdrawals  
Amount transferred to charity (QCD) \_\_\_\_\_
- Social Security Benefits

**Other Income**

- Unemployment & Government Payments
- Received Schedule K-1
- Received Schedule Q
- HSA/MSA Withdrawal
- Gambling Winnings
- Amount not reported on W-2G: \_\_\_\_\_
- Received Alimony  
Amount of Alimony: \_\_\_\_\_ Date of Divorce or Separation: \_\_\_\_\_
- Jury Duty  
Amount Received: \_\_\_\_\_ Amount Repaid to Employer: \_\_\_\_\_

**Sold Main Home**

Date Purchased: \_\_\_\_\_ Purchase Amount: \_\_\_\_\_ Other Expenses: \_\_\_\_\_

**Home Foreclosure or Debt Cancellation**

**529 Plan or Coverdell ESA Withdrawal**

**Royalties**

Type of Royalty:  Natural resources  Copyrighted works  Patents  Other

**Foreign Accounts**

**Other**

**Deductions and Credits**

**Home**

**Home Loan Interest**

**Property Taxes**

Main Home: \_\_\_\_\_ Additional Homes: \_\_\_\_\_

**Family**

**Child Care Credit**

1. Child's Name: \_\_\_\_\_ Daycare Name: \_\_\_\_\_

Daycare Provider SSN/EIN: \_\_\_\_\_ Daycare Address: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_ Daycare Name: \_\_\_\_\_

Daycare Provider SSN/EIN: \_\_\_\_\_ Daycare Address: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_

**Adoption Credit**

Child's Name: \_\_\_\_\_ Birth Year: \_\_\_\_\_

SSN, ATIN, or ITIN: \_\_\_\_\_ Adoption Expenses: \_\_\_\_\_

Does child have special needs?  Yes  No Is child a U.S. citizen?  Yes  No

**Paid Alimony**

Recipient's Name: \_\_\_\_\_ Recipient's SSN: \_\_\_\_\_

Alimony Amount: \_\_\_\_\_ Date of Divorce/Separation: \_\_\_\_\_

**Additional Deductions**

**No Tax Overtime**

Did you have overtime?  No  Yes - If the qualified overtime amount is not reported in your W2, please provide your qualified overtime amount

**No Tax on Car Loan Interest**

Date Purchased: \_\_\_\_\_ VIN: \_\_\_\_\_

Total Interest Paid for the year: \_\_\_\_\_

Is the vehicle new?  Yes  No

Is the vehicle for personal use only?  Yes  No

## Charitable Donations

### Cash/Check Donations

Total Amount Donated: \_\_\_\_\_

### Non-Cash Donations

1. Organization Name: \_\_\_\_\_ Organization Address: \_\_\_\_\_

Description: \_\_\_\_\_ Date of Contribution: \_\_\_\_\_

Donation Value: \_\_\_\_\_ Cost Basis: \_\_\_\_\_ Date Acquired: \_\_\_\_\_

2. Organization Name: \_\_\_\_\_ Organization Address: \_\_\_\_\_

Description: \_\_\_\_\_ Date of Contribution: \_\_\_\_\_

Donation Value: \_\_\_\_\_ Cost Basis: \_\_\_\_\_ Date Acquired: \_\_\_\_\_

## Retirement

### Retirement Contributions

Traditional IRA: \_\_\_\_\_ Amount converted to Roth IRA: \_\_\_\_\_

Roth IRA: \_\_\_\_\_ SEP: \_\_\_\_\_

Solo 401(k): \_\_\_\_\_

## Education and Work

### College Tuition & Expenses

Cost Books/Supplies (purchased at school): \_\_\_\_\_

Cost Books/Supplies (purchased elsewhere): \_\_\_\_\_

Did you receive financial aid not reported on a 1098-T?  Yes  No

### Student Loan Interest

### Educator Expenses

Amount Spent: \_\_\_\_\_

## Vehicles & Personal Property

### Major Purchases

1. Description: \_\_\_\_\_ Sales Tax Paid: \_\_\_\_\_

2. Description: \_\_\_\_\_ Sales Tax Paid: \_\_\_\_\_

### Car Registration Fees

1. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Amount: \_\_\_\_\_

2. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Amount: \_\_\_\_\_

### Casualties and Thefts

Description of Event: \_\_\_\_\_ Date: \_\_\_\_\_

Property Lost or Damaged: \_\_\_\_\_ Cost: \_\_\_\_\_

## Energy Efficiency Credits

### Home Energy Credits

Exterior Doors: \_\_\_\_\_ Exterior Windows: \_\_\_\_\_

Metal/Asphalt Roof: \_\_\_\_\_ Insulation: \_\_\_\_\_

Building Property: \_\_\_\_\_ Furnace Fan: \_\_\_\_\_

Furnace/Water Boiler: \_\_\_\_\_ Solar Heating: \_\_\_\_\_

Wind Energy Property: \_\_\_\_\_ Heat Pump: \_\_\_\_\_

Fuel Cell Property: \_\_\_\_\_ Fuel Cell Capacity: \_\_\_\_\_

### Energy Efficient Vehicles

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN: \_\_\_\_\_ Date Purchased: \_\_\_\_\_ Credit Amount: \_\_\_\_\_

### Energy Efficient Charging Station

Cost: \_\_\_\_\_

## Medical

### Contributions to HSA/MSA

Amount: \_\_\_\_\_

### Medical & Dental Expenses

Medical Professionals: \_\_\_\_\_ Prescription Drugs: \_\_\_\_\_

Labs and X-rays: \_\_\_\_\_ Medical Facilities: \_\_\_\_\_

Medical Supplies: \_\_\_\_\_ Glasses and Contacts: \_\_\_\_\_

Medical & Dental Ins.: \_\_\_\_\_ LTC Ins. (You): \_\_\_\_\_

LTC Ins. (Spouse): \_\_\_\_\_ Travel Expenses: \_\_\_\_\_

No. of Miles Traveled: \_\_\_\_\_ Other: \_\_\_\_\_

### Affordable Care Act

## Self-Employment & Rental Income

Do you have business income? Did you receive 1099-NEC, 1099-MISC or 1099-K? If so, please fill out the Small Business Worksheet and send copies of 1099s and business profit and loss if any.

Do you have rental properties? If so, please fill out the Rental Worksheet or send the profit and loss if any.

## Foreign Accounts Worksheet

### Account #1:

Name of Foreign Bank: \_\_\_\_\_ Address: \_\_\_\_\_  
Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Date Account Opened (if in 2025): \_\_\_\_\_ Date Account Closed (if in 2025): \_\_\_\_\_  
Maximum Value (Include Currency): \_\_\_\_\_ End Year Balance (Include \_\_\_\_\_  
Is the account owned jointly?  Yes  No Currency):

### Account #2:

Name of Foreign Bank: \_\_\_\_\_ Address: \_\_\_\_\_  
Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Date Account Opened (if in 2025): \_\_\_\_\_ Date Account Closed (if in 2025): \_\_\_\_\_  
Maximum Value (Include Currency): \_\_\_\_\_ End Year Balance (Include \_\_\_\_\_  
Is the account owned jointly?  Yes  No Currency):

### Account #3:

Name of Foreign Bank: \_\_\_\_\_ Address: \_\_\_\_\_  
Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Date Account Opened (if in 2025): \_\_\_\_\_ Date Account Closed (if in 2025): \_\_\_\_\_  
Maximum Value (Include Currency): \_\_\_\_\_ End Year Balance (Include \_\_\_\_\_  
Is the account owned jointly?  Yes  No Currency):

### Account #4:

Name of Foreign Bank: \_\_\_\_\_ Address: \_\_\_\_\_  
Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Date Account Opened (if in 2025): \_\_\_\_\_ Date Account Closed (if in 2025): \_\_\_\_\_  
Maximum Value (Include Currency): \_\_\_\_\_ End Year Balance (Include \_\_\_\_\_  
Is the account owned jointly?  Yes  No Currency):

### Account #5:

Name of Foreign Bank: \_\_\_\_\_ Address: \_\_\_\_\_  
Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Date Account Opened (if in 2025): \_\_\_\_\_ Date Account Closed (if in 2025): \_\_\_\_\_  
Maximum Value (Include Currency): \_\_\_\_\_ End Year Balance (Include \_\_\_\_\_  
Is the account owned jointly?  Yes  No Currency):

## Additional Questions

### General Questions:

- Can you be claimed as a dependent on another individual's return?  Yes  No
- Did you make any gifts in excess of \$16,000 to any one individual?  Yes  No
- Have you received an Identity Protection PIN (IP PIN) or been a victim of identity theft?  Yes  No
- Did you receive any notices from the IRS or State, such as a refund adjustment?  Yes  No
- Do you expect a large fluctuation in income for the upcoming tax year?  Yes  No
- Would you like to contribute \$3 to the presidential election campaign fund?  Yes  No

### Estimated Taxes Paid:

	Federal Taxes	State Taxes	Local Taxes
1st Quarter (Apr 2025)			
2nd Quarter (Jun 2025)			
3rd Quarter (Sep 2025)			
3rd Quarter (Jan 2026)			

### Direct Deposit:

If you're entitled to a refund, would you like to receive it as a direct deposit?  Yes  No

Bank Name: \_\_\_\_\_ Account Type: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

### Notes:

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

Name: \_\_\_\_\_