



Please check the box for any statements that are TRUE.

FOR ANY ITEMS CHECKED, please provide the requested details, attach notes, and/or complete organizer section.

Items are numbered for easy reference. Missing or blank responses will be treated as if answered false/zero.

Taxpayer Name: _____

Preferred Email: _____ Cell Phone: _____ Allow texting

Delivery Preference

How do you want the CLIENT COPIES of your returns provided to you? (select one of the below):

- Paper- Please send my copy through US Post Office Mail
- Paper- I'll pick up my copy when ready
- PDF- please email copy of return to me and my supporting documents (originals will be destroyed)
- PDF- please email copy of return to me and mail original supporting documents back to me

Note- if you selected PDF, please ensure the correct email is provided in the contact information section of the organizer!

Personal Information

- 1 Marital status changed during the year (provide details)
- 2 Moved between states during the year: Prior _____ Current _____ Date Moved ____/____/____
- 3 You (or your spouse) can be claimed as a dependent by another taxpayer
- 4 Received an Identity Protection PIN from the Internal Revenue Service (If yes, attach the IRS letter(s) with PIN)

2025 Estimates Paid (if applicable) *Please attach copies of these checks*****

5 *Carefully provide below information, you are responsible to list ONLY estimated payments for 2025 actually paid*

| Quarterly Estimates | Date Paid | Federal Amount | Rhode Island | Massachusetts | State _____ |
|---------------------|----------------|----------------|--------------|---------------|-------------|
| Q1 (due 4/15/25) | ____/____/____ | \$ | \$ | \$ | \$ |
| Q2 (due 6/16/25) | ____/____/____ | \$ | \$ | \$ | \$ |
| Q3 (due 9/15/25) | ____/____/____ | \$ | \$ | \$ | \$ |
| Q4 (due 1/15/26) | ____/____/____ | \$ | \$ | \$ | \$ |

2026 (Next year) Estimates & Projections

- 6 Expect a large fluctuation in income/deductions next year and would like subsequent year tax projections/estimates prepared using amounts that are different from the current year (attach details of all changes)
- 7 Want to set up an appointment after tax season to discuss and/or prepare projections and planning

Dependent Information

- 8 There were changes in dependents from the prior year (If new, provide SSN & DOB)
- 9 Dependents ages 19-23 were full time students (or disabled)
- 10 Have children under age 19 (or a full-time student under age 24) that has unearned income greater than \$2,700
- 11 Provided over half the support for someone other than your dependent children (i.e. parents, relatives, etc.)
- 12 Paid expenses related to the adoption of a child during the year
- 13 Adopted a child during the year: (y/n) Specials need____, Foreign____, Step-Child____
- 14 Paid for child-care while working or looking for work (Attach details, including:
Amount per child per child-care center, provider ID#, and provider name/address)
- 15 Have a divorce decree or separation agreement which establishes custodial responsibilities for your child(ren)
- 16 Have been notified by the IRS of disallowance or reduction in credits claimed on prior returns
- 17 Have children or dependents that may qualify for education, child or other credits, or have low income that might qualify for earned income credits (If you are claiming a child tax credit, you MUST provide documentation supporting your claim to your dependents such as: i) Health Care Statements or ii) School / childcare statements)

- 18 Your dependents did NOT live with you (or at college) the full year
 19 Someone else is qualified to claim your dependents
 20 You can NOT substantiate your claim to the credits/dependents
 21 You did NOT provide more than half of the support for your dependents

Purchases, Sales and Debt Information

- 22 Received, sold, sent, or exchange any Virtual Currency (e.g. Bitcoin)
 23 Rented property to someone else during the year (*provide income and expense detail*)
 24 Sold, exchanged, or purchased real estate during the year (*circle type: Personal, Rental, Business, Other*)
 25 PURCHASED or SOLD a principal residence during the year (*circle one*)
 If sold, did you own and occupy the house as your principal residence for at least 2 out of the last 5 years before the sale? (Y/N) ____ Have you sold any OTHER principal residence within the last two years? (Y/N) ____ Did you ever rent this property? (Y/N) ____ Did you use any portion of the home for business? (Y/N) ____
 26 Foreclosed or abandoned a principal residence or real property during the year
 27 Purchased a vehicle in 2025 and paid loan interest (personal use vehicles only, does not include leased vehicles). *If yes, please attach statement including VIN.*
 28 Took out a home equity loan this year. If yes, were the funds used for improvements of the home? (Y/N) ____
 29 Lent money to someone and this year it became totally uncollectable
 30 Had debts canceled or forgiven this year, such as home mortgage, credit card debt or student loans
 31 Received or exercised stock options from your employer (*If yes, attach detailed statement*)

Income Information

- 32 Expect a large fluctuation in income compared to last year. If yes, reason for fluctuation: ____
 33 Had foreign income or paid foreign taxes, directly or indirectly, such as from investment accounts, partnerships foreign assets, or a foreign employer. Or had signature authority or other control over a foreign account.
 34 Received income from property sold PRIOR to this year
 35 Received disability income during the year. If yes, is it taxable? (Y/N) ____
 36 Had life insurance policies mature or surrendered
 37 Received awards, prizes, hobby income, gambling or lottery winnings (*circle all that apply*)
 38 Have tax-exempt income, other than as provided in 1099s
 39 Received punitive damage awards or an award from damages other than physical illness or injury
 40 PAID or RECEIVED Alimony (*Circle one*) (*if either, date of alimony agreement* _____)
 41 If you are a teacher, paid educator expenses in the classroom (up to \$300). Taxpayer \$_____ Spouse \$_____

Retirement Information

- 42 Retired during the year (Date Retired: __ / __ / __)
 43 Made contributions to a qualified retirement plan (IRA, Roth, SEP, etc) in addition to what is on your W-2 (*attach details showing type and amount*)
 44 Would like to contribute to a retirement plan account, especially if it may save you taxes. If yes, what type (*circle one*)? (IRA, Roth, SEP, Other (please specify: _____)). Amount: MAX ALLOWED or \$_____
 45 Did NOT take required minimum distributions from all qualified accounts (*If not, attach details*)
 46 Distributions from a retirement plan were rolled over directly to another plan with no 1099-R to be obtained
 47 Distributions from your IRA and/or Roth IRA were used to purchase a home or due to financial hardship
 48 Distributions from your IRA and/or Roth IRA were distributed to charitable organizations
 49 You or your spouse inherited an IRA this year
 50 Received distributions from a Roth IRA that was NOT held for five years prior to the distribution
 51 You or your spouse have made non-deductible contributions to traditional IRA's in prior years
 52 You or your spouse converted a traditional IRA to a Roth IRA
 53 RI Residents Only: Received military pension benefits (*if so, Gross amount* \$ _____)

Education Information

- 54 Paid educational expenses / tuition during the year on behalf of yourself, your spouse, or a dependent
 55 You, your spouse, or dependents received a scholarship during the year

- 56 Made withdrawals from an education savings or 529 Plan account (*If yes, not used for qualified expenses*)
 57 Paid student loan interest this year (*total paid \$ _____*)
 58 Cashed in Series EE or I U.S. Savings bonds issued after 1992
 59 Made contributions to an education savings or 529 Plan account (*If yes, what state? _____, attach details*)

Business Owners

- 60 Started or disposed of a business during the past year
 61 Formed or became an owner of an S-Corp or Partnership during the past year
 62 Owned a Single-Member LLC (SMLLC) (*If so, what state(s) currently registered in and/or required to file in _____?*)

Health Care Information

63 Please indicate the type of health insurance coverage that you and your spouse/dependents had during the year.

| Coverage Type | Taxpayer | Spouse | Dep. | Notes |
|--|--------------------------|--------------------------|--------------------------|--|
| Medicare/Medicaid (Including supplements) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Private/Employer Sponsored Coverage* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MA residents see note below |
| State Marketplace Coverage* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MUST attach Form 1095-A. MA residents also see note below. |
| Other (please describe): _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| No coverage. List Months: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Qualified for an exemption from the healthcare coverage mandate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Please explain _____ |

***Note for MA RESIDENTS ONLY - MA residents with private/employer sponsored or state marketplace coverage are REQUIRED to provide Form 1099-HC. Your return cannot be filed without it. For those with state marketplace coverage, MA Form 1099-HC must be provided IN ADDITION to Form 1095-A. The 1099-HC is not required for RI Residents but 1095-A is required for ALL states if you had state marketplace coverage**

- 64 Made contributions to a Health savings account (HSA) or Archer MSA. (*If yes, please provide details*)
 65 If yes to above, check here if you did not qualify to contribute or over-contributed
 66 Received distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA
 67 If yes to above, the full amount of distributions were NOT used for qualified expenses
 68 Received payments from a long-term care policy for yourself or your family

Miscellaneous Information

- 69 Made gifts of more than \$19,000 to any individual or trust in cash or other value
 70 Forgave debt that someone owed you during the year
 71 Engaged in any bartering transactions
 72 Incurred a casualty or theft loss or any condemnation awards during the year (*attach details*)
 73 Paid an individual as a household employee during the year
 74 Purchased an electric vehicle (*Must attach summary tax credit report from dealership*)
 75 Installed qualified solar electric, small wind energy, geothermal heat or solar water heating property
 76 Made home improvements to save energy on your main home such as exterior doors/windows, insulation, energy audits, central air, gas/oil water heaters or furnaces, heat pumps, or pellet stoves. (*If yes, amount of credit received in previous years \$ _____ and attach details of current improvements including product numbers*)
 77 Received a distribution from, or are a grantor or transferor for a foreign trust
 78 Received correspondence from the State or the Internal Revenue Service (*if yes, attach a copy*)
 79 Want to designate \$3 to the Presidential Election Campaign Fund (will not change your tax or refund)
 80 Worked outside of the US or paid any foreign taxes (other than listed on investment statements provided)
 81 Have income from a state that may require additional state/local tax returns than prepared in prior year
 82 Your resident jurisdiction requires the filing of local Earned Income Tax/ School Tax Returns
 83 MA Residents ONLY: Paid rent to a landlord for a principal residence located in MA (*if yes, please attach property address, amount paid and landlord name/address*)

- 84 MA Residents ONLY: Made charitable contributions – even if you take the standard deduction MA allows a deduction for contributions made during the year. How much did you contribute in cash/check/credit card for which you have supporting documentation (checks, credit card receipts, written acknowledgment, etc.): \$ _____

Summary of Income Sources & Related Attachments

85 Please check all applicable sources of income this year and make sure to include the associated tax documents:

- | | | |
|--|--|--|
| <input type="checkbox"/> W-2 (Employee Wages) | <input type="checkbox"/> 1099-B (Proceeds from sales) | <input type="checkbox"/> W2-G (Gambling/Lottery Winnings) |
| <input type="checkbox"/> 1099-INT (Interest Income) | <input type="checkbox"/> 1099-G (Unemployment Income) | <input type="checkbox"/> K-1 (S-Corp, Partnership, Estate/Trust) |
| <input type="checkbox"/> 1099-DIV (Dividend Income) | <input type="checkbox"/> SSA-1099 (Social Security Income) | <input type="checkbox"/> 1099-MISC or NEC (Other Income)* |
| <input type="checkbox"/> 1099-CONS (Investment Accounts) | <input type="checkbox"/> 1099-R (Pension, IRA Income) | <input type="checkbox"/> 1099-K (3rd Party Network Trans)* |

86 *For any 1099-MISC or NEC or 1099-K's received – what was the income received in relation to? _____

Please attach a list of associated expenses if applicable.

Itemized Deduction Information

The standard deduction in 2025 is \$15,750 for single filers and \$31,500 for married filers. If you do not exceed these amounts, you typically will take the standard deduction (and not itemize). We can compute the best benefit for you; however, even if you ultimately take the standard deduction, computing the best benefit may incur additional time/fees that may not be otherwise required to file your return. If you provide (or attach) the below information, time will be incurred to analyze it. If you do NOT want us to optimize for the best method and you want to take the standard deduction, do not provide the below and check here:

87

Provide totals for 2025 only, do NOT attach checks, invoices or receipts unless specifically requested

| AMOUNT | ITEM | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------|-----------------|---------------|-----------------|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| \$ | Amount of Real Estate / Fire taxes YOU paid in 2025 on your primary/secondary home or land | | | | | | | | | | | | | | | | | | | | |
| \$ | Amount of Car / Personal taxes paid in 2025 on your vehicle (not sales tax) | | | | | | | | | | | | | | | | | | | | |
| \$ | Amount paid in 2025 for sales tax on major purchases during the year (cars, boats, etc.) | | | | | | | | | | | | | | | | | | | | |
| \$ | Amount paid for out-of-pocket medical expenses in 2025 (Co-pays, prescription drugs, etc.) <i>(if you paid more than 7.5% of your income, otherwise disregard or provide rough estimate then we will contact if more info is needed)</i> | | | | | | | | | | | | | | | | | | | | |
| \$ (Taxpayer) \$ (Spouse) | Amount paid for long-term care premiums | | | | | | | | | | | | | | | | | | | | |
| \$ | <u>Cash</u> charitable contributions made in 2025 <i>(retain receipts/Cancelled checks for your records, do NOT send to us)</i> | | | | | | | | | | | | | | | | | | | | |
| \$ | DOLLAR VALUE of <u>noncash</u> charitable contributions (clothes, household goods, furniture, etc.) You are required to have a receipt for these items (do not provide it to us, but retain for your records) For any donations valued over \$500, also provide the following detail for each donation: | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th>\$ Amount</th> <th>Date</th> <th>Charity Name</th> <th>Charity Address</th> <th>Items Donated</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | \$ Amount | Date | Charity Name | Charity Address | Items Donated | | | | | | | | | | | | | | | |
| \$ Amount | Date | Charity Name | Charity Address | Items Donated | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | Donated vehicle or boat during the year <i>(If yes, attach acknowledgement from the donee organization)</i> | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> If yes to any of these, attach form 1098 for amounts | Paid mortgage interest and/or primary mortgage insurance <ul style="list-style-type: none"> <input type="checkbox"/> Mortgage Principal was NOT used towards purchase or improvement of home <input type="checkbox"/> Total mortgage/line of credit was originally greater than \$750,000 <input type="checkbox"/> Refinanced a principal residence or second home this year | | | | | | | | | | | | | | | | | | | | |
| \$ | Amount of out-of-state purchases (by phone, internet, mail or in person) for which you did not pay at least your resident state sales tax | | | | | | | | | | | | | | | | | | | | |

Notes/comments on any questions checked off above (we will contact you for more detail if necessary)

| Question # | Notes/Comments/Etc. |
|------------|---------------------|
| | |
| | |