



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.) (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)															
\$ (Taxpayer) \$ (Spouse)	Amount paid for long-term care premiums															
\$	Cash charitable contributions made in 2025 (retain receipts/cancelled checks for your records, do NOT send to us)															
\$	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 <u>over \$500</u> , 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> </tbody> </table>	\$ Amount	Date	Charity Name	Charity Address	Items Donated										
\$ Amount	Date	Charity Name	Charity Address	Items Donated												
<input type="checkbox"/>	Donated vehicle or boat during the year (If yes, attach acknowledgement from the donee organization)															
<input type="checkbox"/> If yes to any of these, attach form 1098 for amounts	Paid mortgage interest and/or primary mortgage insurance <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.