

# MM Tax Service, Inc.

*Maria A. Migel, E.A.*

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## 2025 INCOME TAX ORGANIZER

**COMPLETING THIS INCOME TAX ORGANIZER IS OPTIONAL.** It is provided to assist you in gathering all your tax information and documents.

**INCOME** - Indicate if you received any of the following & supply the required documentation:

- ☐ Wages – provide Form W-2 for each job
- ☐ Lottery or Gambling winnings - provide Form W-2G
- ☐ Social Security Income – provide Form 1099-SSA
- ☐ Unemployment Income – provide Form 1099-G
- ☐ HSA Distributions – provide Form 1099-SA
- ☐ Section 529 (Edvest) Distributions - provide Form 1099-Q
- ☐ Pension or Annuity Income – provide Form 1099-R for each account
- ☐ IRA Income – provide Form 1099-R for each account & year-end IRA statement(s) showing the year end fair market value
- ☐ Retirement Plan Transfer or Rollover – provide Form 1099-R
- ☐ Roth IRA Conversion – provide details and Form 1099-R
- ☐ Interest Income – provide Form 1099-INT for each account
- ☐ Dividend Income – provide Form 1099-DIV for each account
- ☐ Stock Sale, Digital Assets, or Investment Property Sales – provide Form 1099-B for each account
- ☐ Investment/Brokerage Account – provide *entire copy* of Form 1099 for each account
- ☐ Ownership in Partnership, LLC's, Estate or S-Corporation – provide all Schedule K-1s
- ☐ Royalty Income – provide statement or information received
- ☐ Rent Income – provide completed Rental Property Organizer or your own schedule/list of income & expense details
- ☐ Farm Income – provide completed Farm Organizer or your own schedule/list of income & expense details
- ☐ Business Income – provide completed Business Organizer or your own schedule/list of income & expense details

If you received any income that you did not receive a tax document for, please explain it below (if needed) and provide any documentation you have for that income.


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**EXPENSES/DEDUCTIONS** - Indicate if any of the following apply & supply required documentation or necessary details

- ☐ Tip Deduction - provide records showing tip income (if not provided on your W2) and your occupation
- ☐ Overtime Deduction - provide records showing qualified overtime amount (if not provided on your W2)
- ☐ Health Savings Account (HSA) Contributions - provide Form 5498
- ☐ Marketplace Health Insurance - provide Form 1095-A
- ☐ Mortgage Interest Paid - provide Form 1098
- ☐ Dependent Care Expenses - provide a statement of payments along with the provider's name, ID number and address
- ☐ College Tuition - provide Form 1098-T from the educational institution & how many years of college the student completed
- ☐ Student Loan Interest Paid - provide Form 1098 from each service provider
- ☐ Gambling Losses - only deductible up to the amount of your winnings AND if you itemize deductions (provide win/loss statements)
- ☐ Educator Expenses
- ☐ Section 529 (Edvest) Contributions - provide beneficiary name(s), amount contributed for each beneficiary and if you are the owner of the account or not
- ☐ Car Loan Interest - loan must be on a new vehicle and incurred in 2025 - provide VIN and statement showing total interest paid in 2025.

**RETIREMENT** - If you are waiting to decide on a retirement plan contribution based upon your tax return, be sure you let us know when you submit your tax information, so we can discuss your options before we finalize your return.

Have you contributed or do you plan to contribute to any of the following for 2024? If you did not make the contribution yet, please do not list a date contributed)

- ☐ Traditional IRA
- ☐ Non-Deductible Traditional IRA
- ☐ Roth IRA

Taxpayer: Amount: \_\_\_\_\_ Date Contributed: \_\_\_\_\_  
Spouse: Amount: \_\_\_\_\_ Date Contributed: \_\_\_\_\_

- ☐ Self-Employed (SEP) IRA

Taxpayer: Amount: \_\_\_\_\_ Date Contributed: \_\_\_\_\_  
Spouse: Amount: \_\_\_\_\_ Date Contributed: \_\_\_\_\_

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## TAXES

- ☐ Real Estate (list taxes paid in 2025)
- ☐ Home: \_\_\_\_\_
- ☐ Cottage: \_\_\_\_\_
- ☐ Vacation Home: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- ☐ Sales Taxes on major purchases
- ☐ Item: \_\_\_\_\_ Tax Paid: \_\_\_\_\_

## MEDICAL

- ☐ Insurance Premiums (do not list pre-tax premiums, Marketplace premiums or Medicare deducted from your Social Security income)
- ☐ Medical: \_\_\_\_\_ ☐ Prescription: \_\_\_\_\_
- ☐ Dental: \_\_\_\_\_ ☐ Vision: \_\_\_\_\_
- ☐ LT Care (taxpayer): \_\_\_\_\_
- ☐ LT Care (spouse): \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- ☐ Out of Pocket Expenses
- ☐ Medical: \_\_\_\_\_ ☐ Dental: \_\_\_\_\_
- ☐ Eye Care: \_\_\_\_\_ ☐ Prescriptions: \_\_\_\_\_
- ☐ Long Term Care/Nursing Home: \_\_\_\_\_
- ☐ Miles: \_\_\_\_\_ ☐ Other: \_\_\_\_\_
- ☐

Please let us know if there is anything you would like us to be aware of while preparing your tax return, or anything you would like to discuss regarding the current year's return, by including a note or email when you submit your tax document or by using the space below. Please note that we do not review questionnaires or tax documents until we begin preparing your return. At that time, we will contact you if any follow-up is needed. Questions or discussions related to future tax years are best addressed after tax season.


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## WISCONSIN SPECIFIC ITEMS

Rent paid for personal residence in 2025

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

Was heat included in the rent? ☐ Yes ☐ No

Indicate if you paid any of the following and supply the required documentation:

- ☐ Private School Tuition - only applicable if the school is located in Wisconsin. Provide the student name and grade attended and the name, address and Tax ID Number of the school

Did you make any purchases (online or out of state) in which you did not pay Wisconsin Sales Tax? If yes, please provide the total amount \$ \_\_\_\_\_

Would you like to donate to any of the following organizations through your Wisconsin Tax Return? If yes, please list the donation amount:

- ☐ Wisconsin Endangered Resources \$ \_\_\_\_\_
- ☐ Second Harvest/Feeding America \$ \_\_\_\_\_
- ☐ Red Cross Disaster Relief \$ \_\_\_\_\_
- ☐ Cancer Research \$ \_\_\_\_\_
- ☐ Multiple Sclerosis \$ \_\_\_\_\_
- ☐ Special Olympics - WI \$ \_\_\_\_\_
- ☐ Veteran's Trust Fund \$ \_\_\_\_\_
- ☐ Military Family Relief \$ \_\_\_\_\_