

Carroll's Tax Service

6986 Kennebec Road
Willow Spring, NC 27592
919-552-7508

2025 TAX ORGANIZER

*New Clients-please provide your last year's tax return for review and reference.

PERSONAL INFORMATION (Please review all information for changes and/or corrections.)

Description	Taxpayer	Spouse
Full Name:		
Birthdate:		
Social Security #		
Occupation:		
Driver's License #:		
Expiration Date:		
Issue Date & State:		

CONTACT INFORMATION (Please verify information and change if necessary):

Description	Information	
Mailing or Street Address:		
Phone Number(s):	Cell	Cell
	Home	Home
Email Address(es):		

DEPENDENT INFORMATION (Please include all information for new dependents):

Full Name	SSN (<u>if new</u>)	Birthdate	Income (if > \$5,200)
			\$

TAX YEAR RETURN QUESTIONS

All questions pertain to the 2025 tax year. For any question answered "Yes", please include support.

Personal Information:	Yes	No
Did your marital status change?		
Can you or your spouse be claimed as a dependent by someone else?		
Were you enrolled in the Health Insurance Marketplace? <i>If yes, include Form 1095-A.</i>		
Dependents:	Yes	No
Were there any changes in dependents from the prior year?		
Did you or your spouse pay for childcare while either of you worked or attended school? <i>If yes, include daycare statement showing amount paid, name of daycare, Tax ID Number, and address.</i>		
Do you have any children under age 18 with unearned income greater than \$1,350?		
Do you have any children age 18 or older (or students aged 19-23) who did not provide more than half of their cost of support with unearned income greater than \$1,350?		
Education:	Yes	No
Did you or your spouse pay any student loan interest? <i>Include 1098-E form</i>		
Did you, your spouse or your dependents incur any post-secondary education expenses, such as tuition, supplies, books or computer? <i>Include 1098-T from the school</i>		
Gifts:	Yes	No
Did you or your spouse make any gifts (including birthday, holiday, anniversary, graduation, etc.) with a total value in excess of \$19,000 to an individual?		
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value?		
Retirement or Severance:	Yes	No
Did you or your spouse contribute to a Roth IRA, convert an existing IRA into a Roth IRA or roll any other distributions into a Roth IRA?		
Did you or your spouse turn age 73 and have money in an IRA or other retirement account without taking any distribution?		
If you are aged 73 or more, did you initiate an IRA distribution directly from the IRA trustee to a church or qualified organization (which can be excluded from income)?		
Personal Residence:	Yes	No
Did your address change? <i>If yes, please provide the new address on page 1.</i>		
Did you or your spouse take out a home equity loan? <i>If yes, please provide the purpose.</i>		
Did you or your spouse have an outstanding home equity loan at year-end? <i>If so, provide the principal balance & interest rate at the beginning & end of the year.</i>		
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?		
Did you sell your home? <i>If yes, provide all closing documents and forms.</i>		
Foreign Matters:	Yes	No

Did you or your spouse perform any work outside of the U.S. or pay any foreign tax?		
Did you or your spouse hold any money or securities in a foreign financial institution? <i>If so, please provide all information regarding the account(s).</i>		
Miscellaneous:	Yes	No
Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,100 during the year for domestic services performed in or around your home to individuals who could be considered household employees? <i>If so, please provide W-2's or wages support.</i>		
Were you or your spouse notified by the Internal Revenue Service or other taxing authority of any changes in prior year returns?		
Did you or your spouse sell, acquire, or exchange any virtual currencies? <i>If so, please provide information regarding these activities.</i>		
Did you, your spouse or your dependents receive an identity protection PIN from the IRS? <i>If so, please include this information.</i>		

WAGES, SALARIES & TIPS (*Please include all W-2 forms; filling out information is optional*):

Employer Name	Wages	Federal Withheld	State Withheld	State
	\$	\$	\$	

SOCIAL SECURITY BENEFITS (*Please include all 1099's; filling out information is optional*):

	Gross Benefits Received	Federal Withheld	State Withheld	Medicare Premiums
Taxpayer	\$	\$	\$	\$
Spouse				

INCOME FROM RETIREMENT (*Please include all 1099's; filling out information is optional*):

Payer Name	Distribution Amount	Federal Withheld	State Withheld	State
	\$	\$	\$	

STATE AND LOCAL TAX REFUNDS (*Please include all 1099's; filling out information is optional*):

Source (State or City)	Tax Year	Refund Amount
		\$

PASSTHROUGH INCOME (Please include all K-1's):

Entity Name	✓	Entity Name	✓

OTHER SOURCES OF INCOME (Please include all 1099's or supporting documentation):

Payer Name and/or Nature & Source <i>(List any other items and amounts below)</i>	Amount	Federal Withheld	State Withheld	State
Unemployment Income (Form 1099-G)	\$	\$	\$	
Alimony Received				
Jury Duty Pay				
Gambling Income (Form W-2G)				
Cancellation of Debt (1099-C)				
Other (Describe):				

TIP INCOME (Please include end of year check stub)

Source	Amount
	\$

OVERTIME PAY (Please include end of year check stub):

Source	Amount
	\$

INTEREST INCOME (Please include all 1099's; filling out information is *optional*):

Payer Name	Interest Income	U.S. Bond Interest	Tax-Exempt Interest
	\$	\$	\$

DIVIDEND INCOME (Please include all 1099's; filling out information is *optional*):

Payer Name	Ordinary Dividends	Qualified Dividends	Capital Gain Distributions
	\$	\$	\$

CAPITAL GAINS & LOSSES (Please include all 1099's; filling out information is *optional*):

Property Description	Date Acquired	Date Sold	Gross Sales Price	Cost Basis
			\$	\$

ITEMIZED DEDUCTIONS (SCHEDULE A)

Medical Expenses	Taxpayer/Joint	Spouse
Prescription Medicines and Drugs	\$	\$
Health Insurance Premiums Paid		
Long-Term Care Insurance Premiums Paid		
Insurance Reimbursements Paid to You		
Medical Miles (x \$0.22)		
Lodging		
Doctors, Dentists, etc.		
Hospitals		
Lab Fees		
Eyeglasses and Contacts		
Other (Describe):		
Taxes Paid	Taxpayer/Joint	Spouse
Real Estate Taxes	\$	\$
Personal Property Taxes (including Car Tags)		
General Sales Tax Paid on Specified Items		
Other (Describe):		
Mortgage Interest Paid (List Institution Paid and the 1098)-	Taxpayer/Joint	Spouse
	\$	\$
Cash Contributions (List Organization Paid)	Taxpayer/Joint	Spouse
	\$	\$
Charitable Miles (x \$0.14)		

Noncash Contributions (<i>List Organization & Description include receipts from organization</i>)	Taxpayer/Joint	Spouse
	\$	\$

STUDENT LOAN INTEREST EXPENSE (*Please include Form 1098-E*):

Payee Name	Amount
	\$

RETIREMENT CONTRIBUTIONS (*Please include all supporting documentation*):

Payee Name	Traditional	Roth	SEP/SIMPLE
	\$	\$	\$

CHILD AND DEPENDENT CARE EXPENSES (*Please include all supporting documentation*):

Provider Name	Provider Address	SSN or EIN	Amount Paid
			\$

OTHER POTENTIALLY DEDUCTIBLE ITEMS (*Please include all supporting documentation*):

Nature and Source	Taxpayer/Joint	Spouse
Educator Expenses	\$	\$
Health Savings Account Contributions (<i>Include form 1099-SA</i>)		
Alimony Paid (<i>List Recipient & SSN</i>)		
Gambling Losses		
Tuition Expenses (<i>Include Form 1098-T</i>)		
§529 Plan Contributions		
Prior Year Tax Preparation Fees		
Other (<i>Describe</i>):		

BANKING

Direct Deposit:	Yes	No
All refunds are required to be direct deposited starting 2026. Please provide bank information: All payments are also required to be drafted from bank accounts starting 2026.		
Name of Bank: _____		
Routing Number: _____ Account Number: _____		

RETURN DELIVERY

Processing:	Paper	Email	Both
Upon completion, how would you like to receive your tax return? <i>Please include a preferable email address if electronic delivery is requested.</i> (Email Address: _____)			

FEDERAL TAX PAYMENTS

Detail	Amount Paid	Date Paid
Prior Year Overpayment Applied	\$	
1 st Quarter Estimate (Due 4/15)		
2 nd Quarter Estimate (Due 6/15)		
3 rd Quarter Estimate (Due 9/15)		
4 th Quarter Estimate (Due 1/15)		
Extension Payment (Due 4/15/2026)		
Other (<i>Describe</i>):		

PRIMARY STATE TAX PAYMENTS

Detail	State	Amount Paid	Date Paid
Prior Year Overpayment Applied	\$		
1 st Quarter Estimate (Due 4/15)			
2 nd Quarter Estimate (Due 6/15)			
3 rd Quarter Estimate (Due 9/15)			
4 th Quarter Estimate (Due 1/15)			
Extension Payment (Due 4/15/2026)			
Other (<i>Describe</i>):			

OTHER STATE TAX PAYMENTS

Detail	State	Amount Paid	Date Paid
Prior Year Overpayment Applied	\$		
1 st Quarter Estimate (Due 4/15)			
2 nd Quarter Estimate (Due 6/15)			
3 rd Quarter Estimate (Due 9/15)			
4 th Quarter Estimate (Due 1/15)			
Extension Payment (Due 4/15/2026)			
Other (<i>Describe</i>):			

TAX PLANNING INFORMATION FOR TAX YEAR 2024

OTHER ITEMS OF SIGNIFICANCE

State Use Taxes
Amount of Internet and out of state purchases for which you did not pay sales tax \$ _____

I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer Signature: _____ **Date:** _____

Spouse Signature: _____ **Date:** _____