



Tina Bratina Tax  
and Accounting  
LLC

Tina-303-562-1287/720-709-5337 or Matt-720-709-5336

## NEW CLIENT-INDIVIDUAL TAX ORGANIZER-2025

Please provide last year's tax return, this is required as a new client

Taxpayer's name \_\_\_\_\_ Last Four-Digits of SSN \_\_\_\_\_

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

Spouse's name \_\_\_\_\_ Last Four-Digits of SSN \_\_\_\_\_

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

Home address \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City, town or post office \_\_\_\_\_ State \_\_\_\_\_ ZIP-Code \_\_\_\_\_

Telephone number (Taxpayer)

Telephone number (Spouse)

Home \_\_\_\_\_  
Cell \_\_\_\_\_

Home \_\_\_\_\_  
Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Blind? Yes No

Blind? Yes No

**Copies of the Driver's licenses will be required for Taxpayer and Spouse.**

\*Dependent Children Who Lived With You for 6months out of the year:

Full Name	Social Security Number	Date of Birth	Relationship	Dependent Care	CC-Y/N

Child Care:

Name	Address (Street, City, Zip-Code)	Tax-ID(SSN/EIN)*	Amount Paid	DCB

Statement with Tax ID required for Dependent Care Deduction.

-Insurance purchased through Market Place (Connect for Health) Yes \_\_\_\_\_ \*

\*Form 1095A Required to file Tax Return



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**-State Refund for 2024(per tax return filed)** Please provide total amount received \_\_\_\_\_



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**-Estimated Tax Payments Made (NOT Included on Other Income Statements(W2's, 1099's)**

Quarter Due Dates	Date Paid	Federal Amount Paid	State Amount Paid
1 <sup>st</sup> -04/15/2025			
2 <sup>nd</sup> -06/15/2025			
3 <sup>rd</sup> -09/15/2025			
4 <sup>th</sup> -01/15/2026			

**Income**

**-Income-W2**

Please provide all W-2s and include the number of W-2s provided for Tax Year 2025

Number of W-2s Provided \_\_\_\_\_ \*(Taxpayer)  
Number of W-2s Provided \_\_\_\_\_ (Spouse)

**-Income-1099 MISC/1099-NEC (Self-Employment Income)**

Please provide all 1099s and include the number of 1099s provided for Tax Year 2025

Number of 1099-NEC/Misc Provided \_\_\_\_\_ \*(Taxpayer)  
Number of 1099-NEC/Misc Provided \_\_\_\_\_ \*(Spouse)

**\*Please use page 5 for Business income and Expenses and page 6 for Rental Income and Expenses**

**-Social Security Income-Form SSA-1099**

Please provide all SSA-1099 Forms and include the number of SSA-1099s provided for Tax Year 2025

Form SSA-1099, SS Statement \_\_\_\_\_ \*(Taxpayer)  
Form SSA-1099, SS Statement \_\_\_\_\_ (Spouse)

**-Pensions & IRA's-1099R**

Please provide all 1099-R Forms, Distributions from Pensions, Annuities, Retirement, IRAs, etc.

Please provide all company forms that distributed 1099-Rs for Tax Year 2025

Form 1099-R \_\_\_\_\_ \*(Taxpayer)  
Form 1099-R \_\_\_\_\_ (Spouse)

**-Unemployment-Form 1099-G Certain Government Payments (This is Taxable Income)**

Please provide all 1099-Gs for Tax Year 2025

Form 1099-G \_\_\_\_\_ \*(Taxpayer)



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Form 1099-G \_\_\_\_\_ (Spouse)

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## Income

### - Gambling Income-Form W-2G

Please provide all W-2Gs and include the number of W-2Gs provided for Tax Year 2025

Form W2-G \_\_\_\_\_ (Taxpayer)

Form W2-G \_\_\_\_\_ (Spouse)

## Investment Income

### -Interest Income-1099 INT

Please provide all 1099-Interest Statements and include the number of statements received for Tax Year 2025

Number of 1099-Int Provided\_\_\_\_\_

Name of Payer	Amount	Name of Payer	Amount

### -Dividend Income

Please provide ALL pages (Front and Back) of Form 1099-B, Proceeds from Broker and Barter Exchange Transactions. (Please provide below all companies that distributed 1099-Bs for Tax Year 2025.)

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### -Stock Sold

Please provide ALL pages (Front and Back) of Form 1099-B, Proceeds from Broker and Barter Exchange Transactions. (Please provide below all companies that distributed 1099-Bs for Tax Year 2025.)

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### -Property Sold Primary Residence or Second Home only (Settlement Statement for the sale of the property required along with Original Purchase Price(Cost Basis))

Address/Description	Date Sold	Date Purchased	Selling Price	Cost Basis	Primary/Second Home

See Page 6 for Rental Home Sale



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## Itemized Deductions

### Medical Expenses

Paid to Whom	Amount	Mileage-.21 cents
Medical Insurance (supplemental only)		
Annual out of pocket Prescription cost		
Doctors / Dentist out of pocket cost		
Hospitals / Clinics out of pocket cost		
Eye Expenses out of pocket cost		
Hearing Aids and medical equipment out of pocket cost		
Therapy, Homecare, etc. out of pocket cost		
<b>Long Term Care Insurance Paid-Taxpayer</b>		
<b>Long Term Care Insurance Paid-Spouse</b>		
Other		
		<b>Total Mileage-</b>
<b>1099 SA for HSA Contribution (Employer or Self) Form Required</b>	-	

Mortgage Interest-Form 1098(Not Rental See Page 6)	Amount	Educational Expenses	Amount
Home Mortgage (Primary)		Student Loan Interest-Taxpayer	
Home Mortgage (Primary)		(Provide Forms)	
Home Mortgage (Second home)		Student Loan Interest-Spouse	
		(Provide Forms)	
<b>Real Estate Taxes Paid (Primary)</b>		<b>College Costs</b>	
Second Home		Please Provide <b>1098-T</b> Form College	
<b>Vehicle Registration Amount Paid</b>		<b>College Invest used for Expense</b>	
<i>(Ownership Tax only not total paid)</i>		Please Provide <b>1099Q</b> is used	

### Contributions/Donations(If needed provide list)

Paid Cash or Check-Name of Organization	Amount	Goods Given (Goodwill, Arc, etc.)	Thrift Amount
<b>Charitable Mileage (.14)</b>			

### Energy Credit Solar, Electric Vehicle Credit(NEW) and Energy Credits(Windows, HVAC &



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**Insulation)-Please provide documents for these credits.(Invoice, Purchasing agreement, etc)**



# Tina Bratina Tax and Accounting LLC

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## Self-Employed Business and 1099 Income and Expenses

<b>Name of Company and EIN(if applicable)-</b>	
<b>EIN(Employer Identification Number)-</b>	
<b>Income(Total for the year)</b>	
<b>Expenses(Total for the year in each category)</b>	
<b>Advertising</b>	
<b>Contract Labor Paid</b>	
<b>Insurance (Liability)</b>	
<b>Legal and Professional Services</b>	
<b>Office Supplies</b>	
<b>Rent</b>	
<b>Tools</b>	
<b>Equipment</b>	
<b>Meals with clients only</b>	
<b>Bank Service Fees</b>	
<b>Internet</b>	
<b>Cell phone</b>	
<b>SEP IRA CONTRIBUTION</b>	

**Business Mileage Total for the year \_\_\_\_\_ (70 cents per mile 2025)**

**Please provide Mileage Log form from Mile IQ-Otherwise it is your responsibility if you get audited to provide this to the IRS. They require the log to include starting mileage (1/1) and ending mileage (12/31) year to year along with day-to-day business mileage.**



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## Rental Property Information

If you are contracted with a Property Management Company, please provide end of year statement for each property from the company you use. Any expense you paid outside of the management company please provide below.

**(Only fill out if you manage your own rental property or paid outside of management company)**

Rental Income(Total for the year collected before expenses)	
Expenses-Total for the year(Most common, write in any missing category)	
Advertising	
Auto and Travel	Mileage-
Cleaning and Maintenance	
Insurance	
Legal and other Professional Fees	
Management Fees	
Mortgage Interest	
Repairs	
Supplies	
Real Estate Taxes	
Utilities	
HOA	
Bank Service Fees	

## Rental Property Sold (Settlement Statement for the sale of the property required)

Address/Description	Date Sold	Selling Price

If you did a 1031 exchange of a rental property, there is additional paperwork required and additional fee.