



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)

Home _____
 Cell _____

Telephone number (Spouse)

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 st -04/15/2025			
2 nd -06/15/2025			
3 rd -09/15/2025			
4 th -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)



Form 1099-G _____ (Spouse) **Tina-303-562-1287/720-709-5337 or Matt-720-709-5336**



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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.)

-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.)

-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		
Long Term Care Insurance Paid-Taxpayer		
Long Term Care Insurance Paid-Spouse		
Other		
		Total Mileage-
1099 SA for HSA Contribution (Employer or Self) Form Required	-	

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)	
Real Estate Taxes Paid (Primary)		College Costs	
Second Home		Please Provide 1098-T Form College	
Vehicle Registration Amount Paid		College Invest used for Expense	
(Ownership Tax only not total paid)		Please Provide 1099Q is used	

Contributions/Donations(If needed provide list)

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

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)



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Self-Employed Buisness and 1099 Income and Expenses

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

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.