

2025 INDIVIDUAL TAXPAYER ORGANIZER

TAXPAYER: SS card copy required

First:		Last:		SSN/ITIN	
Occupation:		DOB:		New to our firm? Yes No	
Address:		City:		State Zip	
Primary Phone		Cell?		Home? Email:	
Drivers License #		State?		Issued: Expires:	

SPOUSE: SS card copy required

First:		Last:		SSN/ITIN	
Occupation:		DOB:		New to our firm? Yes No	
Address:		City:		State Zip	
Primary Phone		Cell?		Home? Email:	
Drivers License #		State?		Issued: Expires:	

DEPENDENTS: SS cards / Birth certificate copies REQUIRED

Full Name	SSN/ITIN	IP PIN	DOB	Months in home	Relationship	College
						Y / N
						Y / N
						Y / N
						Y / N

Did any child dependent have unearned income of \$1,350 or more Y / N Does any child dependent have a disability? Y / N
Can anyone else claim a child listed above as their dependent for this tax year? Y / N

BANK INFORMATION		Use for direct deposit Y / N		Use for direct debit of balance due Y / N	
Checking	Savings	Financial Institue Name	Routing #	Account #	

QUESTIONS -- ALL TAXPAYERS "You" refers to both taxpayer and spouse -- ask your preparer if you are unsure about a question

YES NO	Are either you or your spouse legally blind?		
YES NO	Have you received any notice from the IRS or state revenue dept within the last year? If yes, please provide a copy		
YES NO	Did you purchase health insurance through Marketplace? (Provide 1095-A if yes)		
YES NO	Do you own or have financial interest in a foreign bank or financial account?		
YES NO	Did you (a) receive (as a reward, award, or payment for property/services); or (b) sell, exchange, or otherwise dispose of a digital asset (or financial interest in a digital asset), including cryptocurrencies, NFTs and stablecoins		
YES NO	Would you like to allow our firm to discuss your return with the IRS?		
YES NO	Did you receive / pay alimony?	Amount \$	Recipients SSN Divorce date
YES NO	Were any children born or adopted during this tax year?		
YES NO	Were any children attending college? (provide form 1098-T and/or form 1098-E)		
YES NO	Year in college:	Tuition paid by you: \$	Books \$: Other exp. \$:
YES NO	Did you pay for child/dependent care so you could work or go to school?		
	Provider name:	EIN/SSN:	GET:
	Address:	Amount paid \$	
YES NO	Did you, or will you, contribute any money to an IRA for 2025?		Traditional or ROTH
YES NO	Did you roll over any amounts or take withdrawals from a retirement account?		
YES NO	Did you sell or transfer any stock or sell rental or investment property?		
YES NO	Did you pay interest on a loan for a new vehicle purchase after 2024? If yes, please provide details.		
YES NO	Did you receive tip income? If yes, please provide details.		
YES NO	Did you receive overtime pay? If yes, please provide details.		

YES NO	Did you receive any payments of interest or dividends? Please provide 1099-INT or 1099-DIV
--------	--

QUESTIONS -- ALL TAXPAYERS (Continued) "You" refers to both taxpayer and spouse -- ask your preparer if you are unsure about a question

YES NO	Did you make any charitable contributions in 2025? If yes, please provide details. Physical: Monetary:				
YES NO	Are you an educator?				
YES NO	Did you have a HSA account? Did you take withdrawals from your HAS account?				
YES NO	Did you have a safe deposit box, union dues or unreimbrused employee expenses?				
YES NO	Do you have a mortgage? Please provide 1098 statement				
YES NO	Did you buy a home this year? Please provide your final settlement statement				
YES NO	Did you pay property tax on one or more properties? Please provide tax statement				
YES NO	Did you own an interest in a partnership, S-Corp? Please provide a K-1 for each interest.				
YES NO	Did you have out-of-pocket medical insurance, copays, prescriptions, mileage, or equipment? Amount \$				
YES NO	Did you pay any ESTIMATED taxes? Please specify amount and date paid Federal \$ \$ \$ \$ Stete \$ \$ \$ \$				
YES NO	Do you own a business (Sole proprietorship)? Gross Income Expenses Dues/Subscriptions Legal/Acctg Mileage (personal) (business) Advertising Software GET Equipment Supplies Travel Uniforms Cell phone Licenses Home Office? Other				
YES NO	Do you own a rental property? Gross Income Expenses Cleaning Interest Utilities Maintenance Repairs Yard Insurance Supplies Pest Mgmt fees Taxes GET				

ANY ADDITIONAL INFORMATION TO PROVIDE OR QUESTIONS/CONCERNS:
