

INCOME TAX ORGANIZER FOR TAX YEAR 2025

We're providing this organizer to assist you in compiling your tax information for 2025. The enclosed pages include information from last year's tax return and spaces in which to write current year information and any questions or comments you have for us. We appreciate the opportunity to serve you.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL:

GENERAL INFORMATION

Taxpayer's First Name	M.I.	Spouse's First Name	Spouse's M.I.
Taxpayer's Last Name	Suffix	Spouse's Last Name (if different)	
Taxpayer's Social Security Number		Spouse's Social Security Number	
Present Home Address		City, State, Zip Code	
E-Mail Address			

Filing Status: Please Check One

Single Married Filing Joint Married Filing Separately Head of Household Qualifying Widow(er)

If you selected head of household and have no dependents, list the name _____ and Social Security number _____ of your qualified child who lives with you and qualifies you for this status.

Dependents/Nondependents Qualifying for Child Care and/or EIC

Note: If any children listed below are nondependents then mark an 'X' in the column listed "Non Dep."

First Name	Last Name	Date of Birth	Social Security Number	Relationship	Months in home	Non Dep.

If you are claiming as a dependent a child who did not live with you, check the documents that substantiate this claim:

Pre-1985 divorce or separation agreement Signed Form 8332
 Post-1984 divorce or separation agreement WITHOUT CONDITIONS

Taxpayer's Birth Date	Spouse's Birth Date
Taxpayer's Occupation	Spouse's Occupation
Daytime Phone	Daytime Phone
Evening Phone	Evening Phone
Cell/FAX Phone	Cell/FAX Phone

State of Residency:(2-Letter Abbreviation)

State of Part-year Residency

2nd State of Part-year Residency

Please use the following space for any comments you wish to make to your preparer.

2025 TAX QUESTIONS

AT ANY TIME DURING 2025:

Did you or your spouse receive income from the following sources:

- Wages?
- Tips?
- Interest or Dividends?
- Social Security or Tier I Railroad Retirement?
- Lump sum from an employer sponsored plan and the recipient and/or employee was born before 1936?
- Retirement or IRA distribution for which the recipient is under age 59 1/2?
- Other pension, annuity, IRA, or retirement income?
- If IRA distribution, were nondeductible contributions ever made?
- If yes, provide the balance of all IRA accounts as of the end of 2024.**
- Unemployment compensation?
- Alimony?
- Self-employment and/or operation of a business?
- Operation of a farm?
- Rental of land and property for agricultural purposes?
- Other rental property?
- Gambling winnings?
- Royalties?
- Any miscellaneous income, such as prizes or jury duty pay?

Did you or your spouse receive any of the following forms: (Please provide them to your preparer)

W-2
W-2G
1095-A, 1095-B or 1095-C
1099R
1099INT
1099DIV
1099MISC
1099NEC
1099B
1099S
1099G
Any other 1099
K-1
IRS notice of change to prior year's return
Closing statements from real estate sales, purchases, or refinancing

Did you or your spouse sell or dispose of any of the following property:

- Stock, mutual fund, or other non-business assets?
- Your personal residence?
- Rental property?
- Property relating to a business or farm?
- Any other business property not listed above? (i.e. equipment, land)
- If you sold any property above, did it involve a bartering agreement?
- If you sold any property above, are you receiving payments in installments?

2025 TAX QUESTIONS

AT ANY TIME DURING 2025:

Did you or your spouse

- Have a home mortgage?
- Refinance your home mortgage?
- Use a portion of your home exclusively for business?
- Have medical expenses or pay for health insurance?
- Make regular or substantial contributions to charity, church, etc.?
- If yes, did you make over \$500.00 in non-cash contributions?
- Suffer a casualty loss in a federally declared disaster area?
- Incur any out of pocket expense or use your personal vehicle in conjunction with your job while you were a member of the Armed Forces?
- Move to be closer to a new job?
- Send payments to the IRS/state in order to prepay your current year tax liability (estimated taxes) or apply an overpayment from 2024?
- Have any interest in a partnership or S-corporation estate or trust for which you expect to receive Form K-1?
- Have any household employees to whom you paid \$1000.00 or more?
- Have a qualified fuel tax credit?
- Contribute to an: IRA? SEP? Keogh? Roth? or Simple retirement plan?
- Get claimed (or were eligible to be claimed) as a dependent on anyone else's return?

Did you or your spouse receive, sell, exchange, or otherwise acquire any financial interest in any virtual currency (for example, Bitcoin)?

Did you, your spouse, or any dependent receive insurance through the Marketplace?

Did your children receive more than \$1,150 and less than \$11,500 from interest and dividends that you wish to claim on your own tax return instead of your child's?

Did you pay child or dependent care expenses? If so, please bring names, addresses, Social Security/EIN numbers, amount paid to each provider, and amount paid for each dependent.

Did you pay qualified post-secondary education tuition and related expenses for yourself, your spouse, or your dependents?

Did you cash any US EE or I bonds to pay for post-secondary education for yourself, your spouse, or your dependents?

Did you pay interest on higher education loans?

Were you a pre-college educator who purchased books or classroom supplies?

Did you purchase a car, boat, aircraft, motor home or home building materials in 2025 or keep receipts on all sales tax items purchased in 2025?

Were there any births, adoptions, divorces, marriages, or deaths in your household?

Do you desire direct deposit? If yes, please attach voided check.

W-2 INCOME

2025
(W-2)

Listed below are your employers shown on your last year's income tax return.

Name of employer

Street address

City, State, Zip Code

Employer Identification Number

TAXPAYER

SPOUSE

Name of employer

Street address

City, State, Zip Code

Employer Identification Number

TAXPAYER

SPOUSE

Name of employer

Street address

City, State, Zip Code

Employer Identification Number

TAXPAYER

SPOUSE

Name of employer

Street address

City, State, Zip Code

Employer Identification Number

TAXPAYER

SPOUSE

Name of employer

Street address

City, State, Zip Code

Employer Identification Number

TAXPAYER

SPOUSE

Name of employer

Street address

City, State, Zip Code

Employer Identification Number

TAXPAYER

SPOUSE

Name of employer

Street address

City, State, Zip Code

Employer Identification Number

TAXPAYER

SPOUSE

Name of employer

Street address

City, State, Zip Code

Employer Identification Number

TAXPAYER

SPOUSE

* Please include a W-2 from each of your 2024 employers.

PENSION AND RETIREMENT INCOME

2025
(1099R)

PENSIONS AND IRAS

Listed below are your pension, IRA distributions, and Social Security received last year (if any).

Name of payer
Street address
City, State, Zip Code
Employer Identification Number

<input type="checkbox"/> TAXPAYER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> IRA
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Name of payer
Street address
City, State, Zip Code
Employer Identification Number

<input type="checkbox"/> TAXPAYER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> IRA
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Name of payer
Street address
City, State, Zip Code
Employer Identification Number

<input type="checkbox"/> TAXPAYER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> IRA
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Name of payer
Street address
City, State, Zip Code
Employer Identification Number

<input type="checkbox"/> TAXPAYER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> IRA
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Name of payer
Street address
City, State, Zip Code
Employer Identification Number

<input type="checkbox"/> TAXPAYER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> IRA
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Name of payer
Street address
City, State, Zip Code
Employer Identification Number

<input type="checkbox"/> TAXPAYER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> IRA
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* Please include any 1099's and other 2023 information.

If you ever made non-deductible contributions to your IRA, please provide year-end balances of all your IRA accounts.

SOCIAL SECURITY BENEFITS

(1040 WKT)

2025 AMOUNTS

Taxpayer Amount \$ _____

Spouse Amount \$ _____

2024 TOTAL AMOUNT

CHILD AND DEPENDENT CARE EXPENSES

2025
(2441)

Please list all care providers and the amounts paid to them in 2025. Any information from the prior year is shown below.

Name of provider

Street address

City, State, Zip Code

Social Security Number or EIN

Amount paid

\$ _____ 2025 AMOUNT \$ _____

Name of provider

Street address

City, State, Zip Code

Social Security Number or EIN

Amount paid

\$ _____ 2025 AMOUNT \$ _____

Name of provider

Street address

City, State, Zip Code

Social Security Number or EIN

Amount paid

\$ _____ 2025 AMOUNT \$ _____

Name of provider

Street address

City, State, Zip Code

Social Security Number or EIN

Amount paid

\$ _____ 2025 AMOUNT \$ _____

Name of provider

Street address

City, State, Zip Code

Social Security Number or EIN

Amount paid

\$ _____ 2025 AMOUNT \$ _____

List name of each child and total amount spent for care of that child.

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

*You may change or delete any information that does not apply to the current year.

PARTNERSHIP AND S-CORPORATION INCOME

2025
(K-1 P/S)

Your 2025 K-1 information is

shown below. **K-1**

INFORMATION

Partnership or S-Corporation

Federal ID Number

Enter "P" for partnership or "S" for S-Corp

K-1 INFORMATION

Name of Partnership or S-Corporation

Federal ID Number

Enter "P" for partnership or "S" for S-Corp

K-1 INFORMATION

Name of Partnership or S-Corporation

Federal ID Number

Enter "P" for partnership or "S" for S-Corp

K-1 INFORMATION

Name of Partnership or S-Corporation

Federal ID Number

Enter "P" for partnership or "S" for S-Corp

K-1 INFORMATION

Name of Partnership or S-Corporation

Federal ID Number

Enter "P" for partnership or "S" for S-Corp

K-1 INFORMATION

Name of Partnership or S-Corporation

Federal ID Number

Enter "P" for partnership or "S" for S-Corp

K-1 INFORMATION

Name of Partnership or S-Corporation

Federal ID Number

Enter "P" for partnership or "S" for S-Corp

K-1 INFORMATION

Name of Partnership or S-Corporation

Federal ID Number

Enter "P" for partnership or "S" for S-Corp

K-1 INFORMATION

Name of Partnership or S-Corporation

Federal ID Number

Enter "P" for partnership or "S" for S-Corp

* Please attach all K-1 schedules received for 2025.

ITEMIZED DEDUCTIONS

2025
(SCH A)

INTEREST AND DIVIDEND INCOME

2025
(SCH B)

INTEREST INCOME

2025

2024

T.S.J*

NAME OF PAYER

If you received any interest income from a seller financed mortgage, please enter the payer's name, address, and their SSN or EIN.

Name _____

SSN/EIN

City, State, Zip

Amount

Amount of nominee interest

Amount of accrued interest

Amount of tax-exempt interest

Amount of OID adjustment

Amount of ABP adjustment

DIVIDEND INCOME

2025

2024

T,S,J*

NAME OF PAYER

ORDINARY

ORDINARY

*Taxpayer, Spouse or Joint

Nominee Distribution Dividends

*Please attach any 1099-INT, 1099-QID, and 1099-DIV forms.

BUSINESS INCOME AND EXPENSES2025
(SCH C)

Your principal business or profession _____ Is this your spouse's Schedule C? _____

Business name _____ 2023 Business code _____

Business address _____ Employer ID _____
(Not SSN)

Accounting method: _____

Enter date if you disposed of or sold this business during the year _____

BUSINESS VEHICLE	2025	2024
Date placed in service	_____	_____
Miles used for: Business	_____	_____
Commuting	_____	_____
Other	_____	_____
PART I INCOME		
Gross receipts or sales	_____	_____
Returns and allowances	_____	_____
Other income	_____	_____
PART II EXPENSES		
Advertising	_____	_____
Car/Truck expenses	_____	_____
Commissions	_____	_____
Contract labor	_____	_____
Depletion	_____	_____
Employee benefit programs	_____	_____
Insurance	_____	_____
Interest - mortgage	_____	_____
Interest - other	_____	_____
Legal and professional services	_____	_____
Office expense	_____	_____
Pension and profit sharing	_____	_____
Rent or lease - vehicles, machinery	_____	_____
Rent - Other business property	_____	_____
Repairs and maintenance	_____	_____
Supplies	_____	_____
Taxes and licenses	_____	_____
Travel	_____	_____
Meals and entertainment	_____	_____
Utilities	_____	_____
Wages	_____	_____
Enter prior year unallowed loss (if any)	_____	_____
OTHER EXPENSES	(SCH C PG 2)	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Inventory method: <input type="checkbox"/> Cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other	_____	_____
Inventory at beginning of year	_____	_____
Purchases less cost of personal items	_____	_____
Inventory at end of the year	_____	_____

CAPITAL GAINS AND LOSSES

2025
(SCH D)

Stocks, Bonds, and Non-Business Assets

Amount of short-term loss carryover from 2024

Amount of long-term loss carryover from 2024

RENTAL REAL ESTATE AND ROYALTIES

2025
(SCH E)

KIND OF PROPERTY LOCATION OF PROPERTY CITY STATE ZIP	Property A		Property B		Property C	
	2025	2024	2025	2024	2025	2024
	Rent received					
	Royalties received					
	EXPENSES					
	Advertising					
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
Miscellaneous Expenses						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Enter loss carryover to 2024						
Did you actively participate in this venture?						
Did you use this property for personal use?						

RENTAL REAL ESTATE AND ROYALTIES						2025 (SCH E-DUP)
KIND OF PROPERTY LOCATION OF PROPERTY CITY STATE ZIP	Property A		Property B		Property C	
	2025	2024	2025	2024	2025	2024
	Rent received					
	Royalties received					
	EXPENSES					
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
Miscellaneous Expenses						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Enter loss carryover to 2024						
Did you actively participate in this venture?						
Did you use this property for personal use?						