1040 INDIVIDUAL TAX ORGANIZER 2025

BASIC TAXPAYER AND SPOUSE INFORMATION

Taxpayer's Name_______________________________ SSN_________________ DOB ___________ Occupation________________

Spouse's Name________________________________ SSN_________________ DOB ___________ Occupation________________

Mailing Address: Street____________________________ City___________________ State___________ Zip____________

Physical Address: Street___________________________ City___________________ State___________ Zip____________

Taxpayer Email____ Spouse Email____

Taxpayer Phone Home__________________________ Cell_______________________

Spouse Phone Home__________________________ Cell_______________________

Status as of 12/31/2025: Married__________ Civil Union______ Single_______ Unmarried widow(er)_______

During 2025 if you resided in more than one state for tax purposes, provide the period of residence in each location.

State #1_______________________________ Date: From ___________ To__________ Own or Rent__________

State #2_______________________________ Date: From ___________ To__________ Own or Rent__________

DEPENDENT INFORMATION

	Name	Relationship	# Months living with you in 2025	DOB	SSN	2025 Full-Time Student (Y or N)
A)						
B)						
C)						
D)						
E)						

BANK INFORMATION FOR DIRECT DEPOSIT OF REFUND (Note: The IRS discontinued paper refund checks!)

Bank name____ Type of account: Savings__________ Checking________

Bank routing number___________________________________ Account number____________________________________

PROCESSING OF POTENTIAL REFUND

I **do** want a portion of my 2025 overpayment applied to my **2026** income taxes: Yes____________ No____________

PLEASE PROVIDE THE FOLLOWING TAX FORMS AND CHECK THE BOX IF PROVIDED TO US

- ________W-2 (Wages)
- ________1095-A, 1095-B, 1095-C
- ________SSA-1099 (Social Security)
- ________1099-R (Retirement)
- ________1099-INT (Interest), 1099-DIV (Dividends), 1099-B (Proceeds)
- ________1099-MISC / 1099-NEC (Rents, other)
- ________1099-SA (Distribution from Health Savings Account)
- ________1099-Q (Payments from Qualified Education Programs)
- ________1098-Mortgage Interest
- ________1098-E (Student Loan Interest)
- ________1098-T (Tuition Statement)
- ________College/University statement of tuition charges and payments
- ________Schedule K-1(Partnerships, S-Corporations, Estate, Trusts)
- ________Property tax bills – 2 most recent annual bills
- ________Prior year federal and state tax returns (Not necessary if prior year return was prepared by us)
- ________Any other document marked "Important tax documents enclosed"
- ________Any IRS or state notices relating to a prior year's tax return

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GENERAL QUESTIONS (“For tax year 2025…”)	**YES**	**NO**
1. Did any births, adoptions, marriages, divorces or deaths occur in your immediate family? *Description of change in immediate family:*______________________________________		
2. Did you have any interest in, signature authority over, or were you a grantor/beneficiary of a foreign bank account, foreign estate or trust, foreign pension, or other foreign financial account?		
3. Did you make any federal quarterly estimated payments? This does not include payroll withholding reported on a W-2 by your employer. **PLEASE PROVIDE THE DATES AND AMOUNTS PAID**		
4. Did you make any state quarterly estimated payments? This does not include payroll withholding reported on a W-2 by your employer. **PLEASE PROVIDE THE DATES AND AMOUNTS PAID**		

HEAD OF HOUSEHOLD AND DEPENDENT QUESTIONS (“For tax year 2025…”)	**YES**	**NO**	**N/A**
5. Do you have any dependents who must file an income tax return?			
a. If yes, do you want us to prepare the dependent’s income tax return?			
6. Are each of your dependents, listed on page 1, a US citizen, national or resident of the United States?			
7. Did any of the dependents, listed on page 1, provide more than half of their own support?			
8. Have any of your dependents, listed on page 1, been convicted of a felony?			
9. Did you maintain a home and provide over half of the household costs, which is the principal place of abode of a dependent, for more than half the tax year?			
10. Are any of the qualifying children or qualifying relatives you are claiming as dependents married and filing a joint return with their spouse?			
11. Claiming a qualifying child for the Earned Income Tax Credit, Child Tax Credit, Additional Child Tax Credit, and Other Dependent Credit are covered by IRS tiebreaker rules when more than one person meets the tests to claim the child. Are there any other individuals who could claim any of the dependents listed in page 1?			
12. Is there an active Form 8332, “Release/Revocation of Claim to Exemption for child by Custodial Parent”? *If so, please provide a copy.*			
13. Do you have proper documentation to substantiate eligibility for the following credits and Head of Household status, if applicable; Earned Income Tax Credit, Child Tax Credit, Additional Child Tax Credit, Other Dependent Credit and the American Opportunity Tax Credit?			
14. Were any of the tax credits or head of household status, identified in the previous question, disallowed or reduced by the IRS in a previous tax year?			

Note: A taxpayer may not claim the Child Tax Credit or the Additional Child Tax Credit if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child unless the child’s custodial parent has released a claim to exemption for the child.

HEALTH COVERAGE QUESTIONS (“For tax year 2025…”)	**YES**	**NO**	**N/A**
15. Did you, the Taxpayer, have health insurance?			
16. Did your spouse have health insurance?			
17. Did you receive Medicaid insurance through Vermont Health Connect?			
18. Did you, your spouse or dependent purchase a health insurance plan through the Vermont Health Connect or other Health Exchange? ***If yes, please provide Form 1095-A.***			
19. Did you or your spouse’s health insurance plan cover someone you are not claiming as a dependent?			
20. Were you, your spouse or any of your dependents covered by someone else’s health plan?			
21. Was the taxpayer eligible to participate in an employer sponsored health insurance plan?			
22. Was the spouse eligible to participate in an employer sponsored health insurance plan?			
23. If self-employed did you or your spouse pay for health insurance through a plan other than through an employer sponsored plan?			

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INCOME ("For tax year 2025…")	**YES**	**NO**	**N/A**
24. Did you receive a distribution from an IRA or other qualified plan that was **rolled over into another IRA or qualified plan** within 60 days of the distribution?	_______	_______	
25. Did you receive income from legal proceedings or cancellation of debt?	_______	_______	
26. Did you receive any disability payments?	_______	_______	
27. Did you sell or purchase a principal residence or other real estate? *If yes, please provide the settlement statement sheet and Form 1099-S*	_______	_______	
28. Did you receive unemployment compensation? *If yes, provide Form 1099-G.*	_______	_______	
29. Did you receive or pay alimony?	_______	_______	
30. Were you granted, or did you exercise any stock options?	_______	_______	
31. Did you have any interests in partnerships, LLCs, S corporations? *If yes, provide Schedule K-1.*	_______	_______	
32. Were you the beneficiary of a trust or estate and receive a distribution? *If yes, provide Schedule K-1.*	_______	_______	
33. Did you have any income from rental property? *If yes, complete the Schedule E Worksheet**	_______	_______	
34. Did you have any income not identified in this Tax Organizer? *If yes, please provide a description of the income and the amount.)*	_______	_______	
35. Did you have any foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms?	_______	_______	
36. Did you have any income as a self-employed sole proprietor? (*If yes, complete Business Income Tax Return Data Organizer.**)	_______	_______	

*The Business Income Tax Return Data Organizer and Schedule E Worksheets are available at www.paceandhawley.com

DEDUCTIONS / CREDITS ("For tax year 2025…")	**YES**	**NO**	**N/A**
37. Did you contribute to an employer sponsored qualified retirement plan (e.g. 401(k), 403(b), etc.)?	_______	_______	
38. Did you contribute to the "Vermont Saves" retirement program sponsored by the State Treasurer?	_______	_______	
39. Did you contribute to a traditional IRA, Roth IRA, or SEP-IRA for tax year 2025? *If yes, provide the IRA's owner's name, account type, and contribution amount.* ______________________________	_______	_______	
40. If eligible, would you like to consider making an IRA contribution before April 15, 2026 for tax year 2025? *If yes, indicate the contribution amount, taxpayer or spouse, and type of account.* ______________________________	_______	_______	
41. Did you contribute to a Health Savings Account (HSA) for tax year 2025? *If yes, please provide an annual bank summary statement for your health savings account for 2025.*	_______	_______	
42. If eligible, would you like to consider making an HSA contribution before April 15, 2026 for tax year 2025? *If yes, provide the amount of the contribution and account owner's name.* ______________________________	_______	_______	_______
43. If yes, to an HSA contribution (Q41 or Q42), was your health insurance plan an HSA eligible high-deductible health insurance plan?	_______	_______	_______
44. Did you receive any distributions from a health savings account (HSA)? *If yes, please provide form 1099-SA.*	_______	_______	
45. Did you use distributions from a health savings account (HSA) for purposes other than for payment of qualified medical expenses?	_______	_______	_______
46. Did you incur expenses as an elementary or secondary educator? *If yes, how much:* _________	_______	_______	
47. Did you pay any college/university tuition expenses? *If yes, please provide Form 1098-T, a schedule from the University/College showing amounts billed and paid during 2025, and 1099-Q, if applicable.*	_______	_______	

	YES	NO	N/A
48. Did you purchase and install qualified solar electric, solar hot water, geothermal heat pumps or biomass stove in 2025? *If yes, please provide a description and the amount paid.*	______	______	
49. Did you make any qualified energy efficiency improvements to your home? *If yes, please provide a description and the amount paid by improvement category:* *Description:* ______ *Amount* ______ *Description:* ______ *Amount* ______	______	______	
50. Did you pay any property taxes? *If yes, please provide your two most recent property tax bills and the amounts paid in 2025.*	______	______	
51. Did you pay mortgage interest? *If yes, please provide Form 1098 or provide the name, SSN of the individual to whom you paid the mortgage.*	______	______	
52. Did you make any charitable contributions? *If yes, please provide the name, amount of the contribution and description if the contribution was not a cash, check, or credit card.*	______	______	
53. Did you make any payments on student loans? *If yes, please provide Form 1098-E.*	______	______	
54. Did you pay for child-care for your dependent so that you and your spouse could work? *If yes, please provide the amount paid* ***for each dependent*** *and* ***the name, SSN/EIN, address*** *and telephone number of the* ***day care provider****.*	______	______	______
55. Did you have any other deductions not listed above? *If yes. provide a description and amount.*	______	______	
56. Did you make any contributions to the VT Higher Education Investment plan? *If yes, please provide the annual statement for each account.*	______	______	
57. At any time during 2025, did you (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (such as cryptocurrency).	______	______	
58. If you have an eligible dependent born in 2025, would you like us to file Form 4547, to request opening a Trump Account and the $1,000 Federal contribution to the account?	______	______	______
59. Did you receive qualified tip income in 2025?	______	______	
a. If yes, what profession do you earn the tip income in? ______			______
b. What was the amount of the qualified tip income received in 2025? ______			______
To substantiate the tips, employees can rely on the amounts in W-2 Box 7, W-2 Box 14, or other employer provided statements. Self-employed individuals can use daily tip logs, receipt logs, etc.			
60. Did you receive qualified overtime required under the Federal Fair Labor Standards in 2025?	______	______	
a. If yes, how much were your total wages for the premium portion of overtime pay you received under the Federal Fair Labor Standards? ______			______
Note: the premium portion is only the "half" portion of "time and half".			
61. In 2025, did you purchase a new vehicle with final assembly in the United States?	______	______	
a. If yes, and would like to take the vehicle loan interest deduction please provide the following:			______
Vehicle Identification Number ("VIN") ______			
Make ______ Model ______ Interest Paid in 2025 ______			

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<u>GENERAL STATE QUESTIONS</u> ("For tax year 2025…")	**YES**	**NO**	**N/A**
62. Did you have income from a state other than the state of your residence?	_______	_______	
63. Are you required to pay the Vermont, or other state Use Tax, which is defined as tax on out-of-state /internet purchases where the retailer did not withhold sales tax? *If yes, please provide the amount of the <u>purchases</u> subject to the use tax:*______________________	_______	_______	

<u>VERMONT SPECIFIC QUESTIONS</u> ("For tax year 2025…")	**YES**	**NO**	**N/A**
64. Did anyone other than you, your spouse and dependents live with you and have income? *If yes, please* provide *a description of the income and amount.*	_______	_______	_______
65. Did any dependent living with you have more than $6,500 of earned income? If yes, please *provide a description of the income (Wages, self-employment etc.) and amount.*	_______	_______	_______
66. Did any dependent have any unearned (interest, dividends etc.) income? *If yes, please provide a description of the income and amount.*	_______	_______	_______
67. Did any household members receive gifts of $6,500 or more for the year? *If yes, please provide the amount.*	_______	_______	_______
68. Do you own real estate in Vermont? If yes, complete the following:	_______	_______	_______
a. Do you expect to be a Vermont resident and own and occupy your property on April 1, 2026?	_______	_______	_______
b. Did you live in Vermont for the entire 2025 calendar year?	_______	_______	_______
69. Do you expect to buy or sell your primary residence between January 1, 2026, and April 1, 2026?	_______	_______	_______
70. Did you rent for at least 6 months in Vermont in calendar year 2025? If yes, complete the following:	_______	_______	_______
a. Were you a Vermont resident for all 12 months in 2025?	_______	_______	_______
b. Would you like us to complete the Renter Rebate Claim?	_______	_______	_______

I have read and understood the above information and have provided you all income received in the tax year. The information I have provided is correct to the best of my knowledge. I have read and agreed to the terms in the 2025 1040 Engagement Letter.

Taxpayer Signature:____ Date:__________________________