



SIMONIC CPAs, Inc.
Certified Public Accountants
e-mail: simonic@simonic.net
www.simonic.net

8750 Perimeter Park Boulevard
Jacksonville, FL 32216-6347
(904)928-1040/Fax (904)928-0939

Personal Organizer

This checklist will serve as a guide in assembling your tax data and help you take advantage of all allowable deductions for tax preparation.

Members
AICPA & FICPA

Partners
Nicholas T. Simonic
Sean M. Simonic

TAX YEAR ENDED 2025

TAXPAYER BACKGROUND INFORMATION (FOR NEW CLIENTS AND CHANGES FOR CURRENT CLIENTS)

(T) Taxpayer's Full Name

(S) Spouse's Full Name

Address

City

Apt. #

Zip

Same address as last year:

Yes No

T Social Security #

T Date of Birth

T Occupation

Home Phone #

Work Phone #

E-mail address

S Social Security #

S Date of Birth

S Occupation

Work Phone #

Fax #(s)

E-mail address

DEPENDENTS

Name

Birth Date

Social Security #

Relationship

INDIVIDUAL ESTIMATED TAX PAID (please provide us documentation of payments)

DO NOT INCLUDE WITHHOLDING FROM SALARIES

1st Qtr pymt:

IRS: _____ State: _____

Date paid: _____ IRS: _____ State: _____

2nd Qtr pymt

IRS: _____ State: _____

Date paid: _____ IRS: _____ State: _____

3rd Qtr pymt

IRS: _____ State: _____

Date paid: _____ IRS: _____ State: _____

4th Qtr pymt

IRS: _____ State: _____

Date paid: _____ IRS: _____ State: _____

Amt paid w/ extension

IRS: _____ State: _____

IRS: _____ State: _____

WAGES FROM W-2'S

(Please enclose all copies of W-2 Forms received.)

PENSION, ANNUITY, INTEREST & DIVIDEND INCOME, & IRS DISTRIBUTIONS

(Please enclose all 1099 Forms received.)

UNEMPLOYMENT & SOCIAL SECURITY INCOME

(Please enclose government forms received.)

CAPITAL GAIN(S)/LOSS(ES)

(Please enclose 1099B Forms received and purchase details.)

OTHER INCOME

T/S/J

Sources

Prizes and awards	\$ _____
Royalties	\$ _____
Honorariums	\$ _____
Alimony received (No Child Support)	\$ _____
Other: Please Itemize	\$ _____

Do you have any expenses to offset other income

Yes _____ No _____

Name:

Tax Year: 2025

ADJUSTMENTS

T/S/J

Source

Regular IRA Contributions (not included on W-2) \$ _____
 Educator Expense \$ _____
 Medical Savings Accounts or Health Savings Contributions \$ _____
 Moving Expense (Military) (provide detail) \$ _____
 *Alimony Paid to: _____ \$ _____
 Recipient's Social Security #: _____

***NOTE: Does not apply to alimony initiated after 1/1/19**

Note: A contribution to an IRA by April 15th may apply for the previous year.

ITEMIZED DEDUCTIONS
MEDICAL EXPENSES

Medical Insurance Premium (including Medicare supplement, if retired) not paid by employer or not withheld from your paycheck \$ _____
 Prescriptions and eyeglasses not reimbursed by your medical insurance \$ _____
 Doctors and hospitals not reimbursed by your medical insurance \$ _____
 Auto mileage for medical purposes _____
 Other (please explain) \$ _____

TAXES

Sales Tax (If you bought any type of vehicle, please include invoices/documentation) \$ _____
 Real Estate (enclose Form 1098 from mortgage company) or tax payment receipt \$ _____
 Other taxes (please explain) personal property, etc. \$ _____

INTEREST

Personal home interest - principal home (enclose Form 1098) \$ _____
 Equity Line Interest or Second Mortgage \$ _____
 Personal home interest - 2nd home (enclose Form 1098) (includes certain boats) \$ _____
 Personal investment interest expense \$ _____

Note: If you sold or purchased your home during the year, please provide copies of the settlement statements.

CONTRIBUTIONS-If over \$500 please provide detailed list of each contribution

By cash or check: Church(es) Taxpayer must have receipts or cancelled checks \$ _____
 By cash or check: Charities please provide statements for all contributions listed here \$ _____
 Non-cash - volunteer travel expenses \$ _____
 Non-cash - supplies for church or charity \$ _____
 Non-cash mileage for volunteer work \$ _____
 Non-cash - fair market value of clothing, furniture, real estate, etc. \$ _____

EDUCATION CREDITS

Name of Student: _____ (Provide Form 1098T)

Year of College: (Circle one) FR SO JR SR Training Program Post-Graduate

Tuition and fees \$ _____ Date paid: _____

Student loan interest paid \$ _____

Payee

Educational Expense

Tuition and fees \$ _____ Transportation \$ _____
 Books and supplies \$ _____ Lodging \$ _____
 Auto travel (miles) \$ _____ Meals \$ _____
 Courses taken:

Please separate expense by each student

CHILD CARE CREDIT

Name of Dependent	Age	Relationship	Amount
			\$
			\$
			\$
			\$

Information on Child Care Provider is required:

Provider's name: _____

Address: _____

Federal ID or Social Security #: _____

HOME OFFICE INFORMATION

**Please use a separate page for each business activity
one separate page for self-employed business expenses).**

Home Office Expenses (if applicable)

Do you rent your home? (Circle one) Yes No

If you own your own home, date of purchase

Purchase price

\$ _____

Total square footage of home

Square footage of office and product area

Is office space used exclusively for business?

Yes _____ No _____ (if no stop)

Is home office for convenience of employer?

Yes _____ No _____ (if no stop)

Do you received any rents from your employer for your office in home?

Yes _____ No _____

Type of Expense - Indirect

(Please provide total amounts paid for the entire house)

Rent paid	\$	Interest	\$
Insurance	\$	Taxes	\$
Utilities (gas, electric, etc.)	\$		\$
Repairs and Upkeep	\$	Building	

Building Improvements \$ _____

Type of Expense - Direct

R & M on Office Area

\$ _____

Supplies for Office Area

\$ _____

Furnishing for Office Area

\$ _____

Auto Expenses -- See Business Organizer (for Schedule C clients)

RENTAL PROPERTY INFORMATION

(Use separate sheet for each property.)

Type and location of rental property:

How many rental days: _____

What services do you provide (such as breakfast, daily room cleaning, laundry etc) _____

How many rooms have you dedicated in your home solely for use of paying customers and never lived in those rooms personally. _____

Was property used for personal purposes more than 14 days or 10% of total days rented in tax year? Yes _____ No _____

Number of days used personally (Not including days spent working on the property) _____

Rent received, including sales tax, if applicable _____ \$ _____

Date of purchase _____

Purchase price _____ \$ _____

If property was purchased or sold in 2025, please provide settlement statement

Cost of improvements made this tax year:

Type	Date	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(If additional space needed, please use separate sheet.)

RENTAL INCOME

\$ _____

Expenses:

Association Fees	\$ _____	Office supplies/postage	\$ _____
Advertising	\$ _____	Pest control	\$ _____
Auto mileage (# OF MILES)	\$ _____	Repairs	\$ _____
Cleaning and maintenance	\$ _____	Sales tax	\$ _____
Commissions	\$ _____	Supplies	\$ _____
Decorating/painting	\$ _____	Special Assessments	\$ _____
Insurance	\$ _____	Taxes (real estate)	\$ _____
Lawn care	\$ _____	Trash Disposal	\$ _____
Legal/professional fees	\$ _____	Travel away from home	\$ _____
Licenses	\$ _____	Utilities	\$ _____
Management fees	\$ _____	Other: Provide Description	_____
Mortgage interest paid to banks, etc.	\$ _____	_____	_____

Do you actively participate in this activity?

Yes _____	No _____	More than 100 hrs
Yes _____	No _____	More than 500 hrs
Yes _____	No _____	More than 750 hrs