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### 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  
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### 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		Apt. #
City	State	Zip
Same address as last year:	Yes	No
T Social Security #	S Social Security #	
T Date of Birth	S Date of Birth	
T Occupation	S Occupation	
Home Phone #	Work Phone #	
Work Phone #	Fax #(s)	
E-mail address	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

<u>T/S/J</u>	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) <u>Taxpayer must have receipts or cancelled checks</u>	\$ _____
By cash or check: Charities <u>please provide statements for all contributions listed here</u>	\$ _____
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 Please separate expense by each student

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

Courses taken: \_\_\_\_\_

**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 &amp; M on Office Area \$ \_\_\_\_\_

Supplies for Office Area \$ \_\_\_\_\_

Furnishing for Office Area \$ \_\_\_\_\_

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

Name: \_\_\_\_\_

Tax Year: 2025

**MINISTER'S INFORMATION****GENERAL INFORMATION**

Are you ordained, licensed or equivalent \_\_\_\_\_

Yes

No

Are you exempt from paying Social Security? (Please provide approved Form 4361, if yes) \_\_\_\_\_

Does your employer own and provide your parsonage? \_\_\_\_\_

If yes, what is its furnished rental value? \_\_\_\_\_

\$ \_\_\_\_\_

Current fair market value \_\_\_\_\_

\$ \_\_\_\_\_

If no, do you own your own home? \_\_\_\_\_

Date of purchase \_\_\_\_\_

Purchase price \_\_\_\_\_

\$ \_\_\_\_\_

Parsonage allowance officially designated \_\_\_\_\_

\$ \_\_\_\_\_

Is this amount included on the income line of W-2 or 1099? \_\_\_\_\_

**Fair rental value of furnished home per month ( For all housing over \$36,000, please provide written Real Estate Professional appraisal)****Business Expenses**

Have you been reimbursed for your professional expenses, including mileage? \_\_\_\_\_

If yes, how much? \_\_\_\_\_

\$ \_\_\_\_\_

**Show the details of your expenses by completing the information below:****Total Parsonage Expenses Paid by You for Year****Type of Expense**

Rent paid	\$ _____
Principal payments	\$ _____
Taxes	\$ _____
Interest	\$ _____
Insurance	\$ _____
Repairs and upkeep	\$ _____
Lawn Care Expenses	\$ _____
Furniture/appliances	\$ _____
Decorator items	\$ _____
Misc. supplies/expenses	\$ _____
Utilities (water, electric, gas, phone etc.)	\$ _____

**Unreimbursed Professional Expenses**

Religious materials (Min \$	_____
Continuing Education	\$ _____
Gifts to Congregation	\$ _____
Office supplies	\$ _____
Postage	\$ _____
Seminars and Dues	\$ _____
Subscription	\$ _____
Telephone	\$ _____
*Business Long Distanc	\$ _____
*Business Cell	\$ _____
Vestments	\$ _____
Ministry Meals	\$ _____
Entertain # of People	\$ _____
Travel Fares & Hotels &	\$ _____
Other (give details)	_____

Description	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
Equipment purchases (i	\$ _____

Was auto available for personal use in off duty hours: (Circle one) Yes No

Percentage of Personal Use \_\_\_\_\_

**Auto Expenses****Auto Information**

Year/make \_\_\_\_\_

Purchase price (If purchased in 2025 include copy of invoice) \_\_\_\_\_

\$ \_\_\_\_\_

Date of purchase \_\_\_\_\_

Odometer at purchase \_\_\_\_\_

Total miles for year \*\* \_\_\_\_\_

Business miles\*\* \_\_\_\_\_

Commuting miles \_\_\_\_\_

Auto lease (if 1st year, enclose copy of lease) \_\_\_\_\_

\$ \_\_\_\_\_

Registration fees \_\_\_\_\_

\$ \_\_\_\_\_

Garage rent \_\_\_\_\_

\$ \_\_\_\_\_

Gas, oil and lube \_\_\_\_\_

\$ \_\_\_\_\_

Insurance and auto club \_\_\_\_\_

\$ \_\_\_\_\_

Repairs, tires and batteries \_\_\_\_\_

\$ \_\_\_\_\_

Tolls and parking \*\* \_\_\_\_\_

\$ \_\_\_\_\_

Washing and polishing \_\_\_\_\_

\$ \_\_\_\_\_

Interest on auto loan (do not include elsewhere) \*\* \_\_\_\_\_

\$ \_\_\_\_\_

**\*\*NOTE: Complete this whether claiming mileage or actual expenses.**

Name: \_\_\_\_\_

Tax Year: 2025

**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