2025 Tax Organizer
Personal Information

Personal Information

	Name	SSN	Has IP PIN	Date of Birth
Taxpayer			☐	
Spouse			☐	

Name of person to whom all information should be addressed, if not the taxpayer

Street address, city, state, and ZIP

	Occupation	Phone		
Taxpayer				
Spouse				

Taxpayer email	
Spouse email	

Filing status at the end of 2025

☐ Single ☐ Married ☐ Widowed - If widowed and your spouse died after December 31, 2023, enter the date of death _____

☐ Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2025? _____

Yes	No	
☐	☐	Would you like any refund to be direct deposited into your bank account? **(IF YES, ENTER BANK INFORMATION BELOW)**
☐	☐	Would you like any payment required to be paid electronically? **(IF YES, ENTER BANK INFORMATION BELOW)**
☐	☐	Would you like your tax preparation fee to be directly debited from your bank account? **(AFTER AMOUNT AGREED TO IN WRITING)**
☐	☐	Are you or any member of your family an owner of a revocable/living trust? **(IF YES, PLEASE PROVIDE COPY)**
☐	☐	At any time during 2025 did you:
		(a) receive (as a reward, award, or payment for property or service) a digital asset?
		(b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

Identification Information

Taxpayer's type of photo ID

☐ Driver's license ☐ State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Spouse's type of photo ID

☐ Driver's license ☐ State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use this Account for	
			Checking	Savings	Deposits	Withdrawals
			☐	☐	☐	☐
			☐	☐	☐	☐

PLEASE PROVIDE COPIES OF ALL THIRD PARTY TAX FORMS RECEIVED - Examples: W-2s, 1099s, K-1s, 1098s, etc.
NEW CLIENTS ONLY: PLEASE PROVIDE A COPY OF YOUR PRIOR YEAR TAX RETURNS

2025

Dependent and Other Information

Name:

Dependent Information

RETURNING CLIENTS ONLY NEED TO LIST ANY CHANGES/UPDATES

First and Last Name SSN	Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full-time Student	Childcare Expenses
	☐				☐	☐	
	☐				☐	☐	
	☐				☐	☐	
	☐				☐	☐	
	☐				☐	☐	

List dependents required to file a return _____

Child and Other Dependent Care Expenses

Name of Care Provider	Address	SSN or EIN	Amount Paid

Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2024						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

2025

Questionnaire

Name:

Questionnaire

Personal Information

Yes	No	
☐	☐	Did your marital status change during the year? If "Yes," explain. _____
☐	☐	Did your name change during the tax year? If "Yes," explain. _____
☐	☐	If your filing status is married, but you are filing separately from your spouse, did you and your spouse live apart for the last six months of 2025?
☐	☐	Can you or your spouse be claimed as a dependent by someone else?
☐	☐	Did your address change during the year?
☐	☐	Were you, your spouse, or any dependents a victim of identity theft? If "Yes," explain. _____
☐	☐	Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)? If "Yes," provide Notice CP01A from the IRS.

Dependent Information

Yes	No	
☐	☐	Did you have any changes in dependents during the year? If "Yes," explain. _____
☐	☐	Can another person qualify to claim any of your dependents?
☐	☐	Did you have any child or dependent care expenses during the year?
☐	☐	Did you have any adoption expenses during the year?
☐	☐	Did you have any children under age 18 or a full-time student under age 24 with more than $2,700 of unearned income?

Provide documentation for proof of dependent credits (school records, medical records, daycare records, etc.)

Health Care Information

Yes	No	
☐	☐	Did any member of your household have healthcare coverage through the Marketplace (Obamacare)? **If "Yes," provide copies of Form 1095-A.**
☐	☐	Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year? **If "Yes," provide copies of Form 1099-SA.**

Income, Purchases, Sales, and Debt Information

Yes	No	
☐	☐	Did you receive any tips not reported to your employer?
☐	☐	Did you receive any disability income during the year?
☐	☐	Did you cash in any U.S. savings bonds during the year?
☐	☐	Did you start a new business or purchase any rental property during the year?
☐	☐	Did you sell an existing business, rental property, or other property during the year?
☐	☐	Did you purchase any business assets or convert any assets to business use? If "Yes," provide the cost of the asset, the date it was placed in service, and the business use percentage.
☐	☐	Did you purchase any gasoline, diesel, or special fuels for off-road business use?
☐	☐	Did you buy or sell any stocks, bonds, or other investments during the year? **If "Yes," provide copies of 1099s**
☐	☐	Did you sell a principal residence during the year? **If "Yes," provide copies of the Settlement Statements**
☐	☐	Did you have a principal residence or a piece of real property foreclosed on during the year?
☐	☐	Did you abandon a principal residence or a piece of real property during the year?
☐	☐	Did you refinance your principal home or second home or take out a home equity loan during the year? **If "Yes," provide copies of the Settlement Statements**
☐	☐	Did you receive any principal or interest during this year from property sold in prior years?

2025

Questionnaire

Name:

Questionnaire

- ☐ ☐ Did you rent out your home or use it for business?
- ☐ ☐ Did you sell, exchange, or purchase any real estate during the year? **If "Yes," provide the Settlement Statements**
- ☐ ☐ Did you acquire a new or additional interest in a partnership or S corporation?
- ☐ ☐ Did you have any debts canceled or forgiven this year? **If "Yes," provide copies of Form 1099-A or 1099-C**
- ☐ ☐ Does anyone owe you money that has become uncollectible?
- ☐ ☐ Did you purchase a new or previously owned clean vehicle (electric vehicle, plug-in hybrid, fuel-cell vehicle, qualified commercial clean vehicle) during the year?
  If "Yes," provide the report the dealer or seller is required to provide to you and the vehicle identification number (VIN).
- ☐ ☐ Did you receive income or incur expenses associated with a fantasy sports league?
  If "Yes," provide documentation.
- ☐ ☐ Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
  If "Yes," attach Form 1099-MISC, Form 1099-NEC, or Form 1099-K.
- ☐ ☐ Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
  If "Yes," attach Form 1099-K or Form W-2.
- ☐ ☐ Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
  If "Yes," provide documentation.
- ☐ ☐ Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
  If "Yes," attach Form 1099-K.
- ☐ ☐ Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb, VRBO or HomeAway)?
  If "Yes," provide documentation.
- ☐ ☐ Did you receive income or incur expenses as an independent contractor (e.g., Shipt, Instacart, DoorDash)?
  If "Yes," provide documentation.
- ☐ ☐ Did you receive any other income you have not provided information for with this organizer?
  If "Yes," explain. _____

Itemized Deduction Information

Yes No

- ☐ ☐ Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- ☐ ☐ Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- ☐ ☐ Did you receive any state or local income tax refunds from prior years?
- ☐ ☐ Did you make any major purchases (vehicle, boat, etc.) during the year?
- ☐ ☐ Did you pay any real estate property taxes or personal taxes during the year?
- ☐ ☐ Did you pay mortgage interest during the year? **If "Yes," provide copies of Form 1098s**
- ☐ ☐ Did you make cash donations to charity during the year?
- ☐ ☐ Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- ☐ ☐ Did you donate a boat or vehicle during the year?
  If "Yes," attach Form 1098-C.
- ☐ ☐ Did you have gambling winnings or losses during the year?
- ☐ ☐ Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- ☐ ☐ Did you use your vehicle on the job other than for commuting to work?
- ☐ ☐ Did you work out of town at any time during the year?

Retirement Information

Yes No

- ☐ ☐ Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- ☐ ☐ Did you make any withdrawals or receive distributions from a pension or profit-sharing plan, IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year? **If "Yes," provide copies of Form 1099-Rs**
- ☐ ☐ Did you execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year? I**f "Yes," provide copies of Form 1099-Rs**

2025

Questionnaire

Name:

Questionnaire

☐ ☐ Did you receive any Social Security benefits during the year? **If "Yes," provide copies of Form SSA-1099**

Education Information

Yes	No	
☐	☐	Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)? **If "Yes," provide copies of Form 1098-T**
☐	☐	Did anyone in your household attend a post-secondary school during the year?
☐	☐	Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
☐	☐	Did you pay student loan interest for yourself, your spouse, or your dependents during the year? **If "Yes," provide copies of Form 1098-E**
☐	☐	Did you receive forgiveness on a qualifying federal student loan?

Foreign Tax Information

Yes	No	
☐	☐	Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
☐	☐	Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
☐	☐	Did the aggregate value of your foreign accounts exceed $10,000 at any time during the year?
☐	☐	Did you have any income from, or pay taxes to, a foreign country?
☐	☐	Did you receive a Schedule K-3 from a partnership or S corporation?
☐	☐	Did you have ownership in a foreign corporation at any time during the year?
☐	☐	Did you own property in a foreign country?

Refund, Withholding, and Estimated Tax Information

Yes	No	
☐	☐	If you have an overpayment of 2025 taxes, do you want the refund applied to your 2026 estimated taxes?
☐	☐	Did you make any estimated payments toward your 2025 taxes?
☐	☐	Did you apply an overpayment of your 2024 taxes to your 2025 estimated taxes?
☐	☐	Do you want to have any refund or balance due directly deposited or withdrawn? NOTE: Due to Executive Order 14247, Modernizing Payments to and from America's Banking Account, refunds received by check will be delayed at least six weeks. Direct deposit of refunds is recommended. If "Yes," provide a canceled checking or savings slip.
☐	☐	Do you anticipate your income or withholdings to be different for 2026?

One Big Beautiful Bill Implications

Yes	No	
☐	☐	Did you receive qualified tips reported on Form W-2 or a statement provided by your employer? **If "Yes," provide documentation or amount.**
☐	☐	Did you receive overtime pay reported on Form W-2 or a statement provided by your employer? **If "Yes," provide documentation or amount.**
☐	☐	Did you purchase a new passenger vehicle for personal use during 2025? If "Yes," are the following true:

Yes	No	
☐	☐	The final assembly was in the U.S.?
☐	☐	The gross vehicle weight is under 14,000 pounds?
☐	☐	The vehicle was not purchased with a lease?
☐	☐	The vehicle was used to secure the loan?

Yes	No	
☐	☐	If you have a dependent born during 2025, do you want to establish a Trump Account?

Yes	No	
☐	☐	If "Yes," do you want to receive a $1,000 pilot program contribution?

Miscellaneous Information

2025

Questionnaire

Name:

Questionnaire

Yes	No	
☐	☐	Did you receive, sell, exchange, gift, or otherwise dispose of any digital asset or financial interest in any digital asset? **If "Yes," provide any Forms 1099-DA received.**
☐	☐	Did you incur a gain or loss due to damaged or stolen property, while living in a federally declared disaster area? If "Yes," provide the incident date, value of the property, amount of insurance reimbursements, and the declaration number assigned by FEMA.
☐	☐	Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
☐	☐	Did you make gifts to any one person in excess of $19,000 during the year?
		Yes No
☐	☐	If "Yes," are you splitting the gift with your spouse?
☐	☐	Did you incur moving expenses with the military during the year?
☐	☐	Did you make any energy-efficient improvements to your main home during the year?
☐	☐	Are you a business owner who paid health insurance premiums for your employees during the year?
☐	☐	Did you receive a cash payment or digital asset of more than $10,000 in one transaction or two or more related transactions during the year?
		Yes No
☐	☐	If "Yes," was Form 8300, Report of Cash Payment over $10,000 Received in Trade or Business, filed?
☐	☐	Do you own interest or shares in or did you dispose of a Qualified Opportunity Fund during the year?
☐	☐	Did you make any purchases subject to use tax during the year? If "Yes," provide details.
☐	☐	Did you receive any notices from the IRS or state taxing authority? If "Yes," explain. _____
☐	☐	May the IRS discuss your tax return with your preparer?
☐	☐	Would you like a paper copy of your tax return sent to you as well as electronically? **($25 additional fee)**

2025

Schedule A - Itemized Deductions

Name:

Medical and Dental Expenses

DO NOT INCLUDE PRE-TAX AMOUNTS PAID

Health insurance premiums (paid by you, not through work) . . . . . _____

Amount above that is for Medicare premiums . . . . . _____

Long-term care premiums (you) . . . . . _____

Long-term care premiums (your spouse) . . . . . _____

Long-term care premiums (dependents) . . . . . _____

Mileage driven for medical purposes . . . . . _____

Out of pocket medical & dental expenses

Doctor, dental, etc . . . . . _____

Prescription medicines . . . . . _____

Glasses & contacts . . . . . _____

Hearing aids . . . . . _____

Medical equipment & supplies . . . . . _____

Hospital services . . . . . _____

Laboratory services . . . . . _____

Nursing services . . . . . _____

Other _____ _____

Other _____ _____

Taxes Paid

State and local income taxes . . . . . _____

General sales tax (vehicle, boat, home, etc.) . . . . . _____

Real estate taxes . . . . . _____

Personal property taxes (i.e vehicle reg fees) _____

_____

Other taxes (list) _____ _____

_____ _____

_____ _____

Interest Paid

Home mortgage interest paid (attach Form 1098) . . . . . _____

☐ Some of your home mortgage loan was not used to buy, build, or improve your home.

Home mortgage interest paid to an individual . . . . . _____

Paid to:

Name _____

Address _____

City, State, ZIP _____

SSN or EIN _____

Points not reported on Form 1098 . . . . . _____

Investment interest . . . . . _____

Charitable Contributions

Donations to charity	Cash	Noncash	Amount
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
Other _____	☐	☐	

Miles driven for charitable purposes . . . . . _____

Other Miscellaneous Deductions

Amortizable bond premiums . . . . . _____

Federal estate tax . . . . . _____

Gambling losses . . . . . _____

Impairment-related work expenses . . . . . _____

Claim repayments . . . . . _____

Unrecovered pension investments . . . . . _____

Loss from other activities from Schedule K-1 . . . . _____

Ordinary loss debt instrument . . . . . _____

Excess deduction on termination . . . . . _____

_____

_____

_____

_____

_____

_____

_____ _____

Tax preparation fees . . . . . _____

_____

_____

_____ _____

_____

2025

Schedule C - Profit or Loss from Business

Name:

General Business Information

TS _____ Professional product or service _____ Employer ID number _____

Business name _____

Business address, city, state, ZIP _____

Accounting Method: ☐ Cash ☐ Accrual ☐ Other (specify) _____

☐ This business started or was acquired during 2025. ☐ This business was disposed of during 2025.

Select if this business is for:

☐ Professional gambler ☐ Newspaper delivery and you are under 18 years of age

☐ Exempt Notary income ☐ A clergy

Yes	No	
☐	☐	Payments of $600 or more were paid to an individual, who is not your employee, for services provided for this business.
☐	☐	If "Yes," did you file Forms 1099 for the individuals?
☐	☐	Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?
☐	☐	If 'Yes," was any portion of the loan forgiven in 2025?

Income

	2025		2025
Gross receipts or sales		Other income	
Returns & allowances			

Expenses

	2025		2025
Advertising		Repairs & maintenance	
Car & truck expenses		Supplies	
Commissions & fees		Taxes & licenses	
Contract labor		Travel	
Depletion		Total meals	
Employee benefit programs		Utilities	
Insurance (other than health)		Wages	
Interest - mortgage		Family health coverage payments for taxpayer, spouse or dependents	
Interest - other		Other expenses (list)	
Legal & professional services			
Office expenses			
Pension & profit-sharing plans			
Rent or lease (vehicles, machinery, & equipment)			
Rent (other business property)			

Cost of Goods Sold

	2025		2025
Inventory at beginning of year		Materials & supplies	
Purchases		Other costs	
Cost of personal use items		Inventory at end of year	
Cost of labor		☐ There was a change in inventory method.	

2025

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name:

General Property Information

TSJ _____

Property description _____

Address, city, state, ZIP _____

Select the property type

☐ Single family residence ☐ Vacation / short-term rental ☐ Land ☐ Self-rental
☐ Multi-family residence ☐ Commercial ☐ Royalties ☐ Other _____

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

☐ This property was placed in service during 2025.
☐ This property was disposed of during 2025.
☐ This property is your main home or second home.
☐ This property was owned as a qualified joint venture.

	Yes	No
Payments of $600 or more were paid to an individual, who is not your employee, for services provided for this rental.	☐	☐
If "Yes," did you file Forms 1099 for the individuals?	☐	☐

Income

	2025		2025
Rent income		Royalties from oil, gas, mineral, copyright or patent	

Expenses

	Rental Unit Expenses	Rental and Homeowner Expenses
Advertising		
Auto & travel		
Cleaning & maintenance		
Commissions		
Insurance		
Legal & professional fees		
Management fees		
Mortgage interest		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		
Depletion		
Other expenses		

If this Schedule E is for a a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

2025

Expenses Related to Business

Name:

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

Yes	No		Yes	No	
☐	☐	Was this vehicle available for use during off-duty hours?	☐	☐	Do you have evidence to support your deduction?
☐	☐	Was another vehicle available for personal use?	☐	☐	If "Yes," is the evidence written?

Mileage

Number of miles the vehicle was driven during 2025

Business . . . . . _____ Other . . . . . _____

Commuting . . . . . _____

Expenses

Garage rent . . . . . _____ Repairs . . . . . _____

Gas . . . . . _____ Tires . . . . . _____

Insurance . . . . . _____ Tolls . . . . . _____

Licenses . . . . . _____ Lease addback . . . . . _____

Oil . . . . . _____ Other expenses

Parking fees . . . . . _____ _____ _____

Rental fees . . . . . _____ _____ _____

Interest . . . . . _____ _____ _____

Property tax . . . . . _____ _____ _____

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business? _____

What is the total square footage of your home? _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? _____

How many hours per day was the area used? _____

☐ The daycare facility was in operation for the entire year

Expenses	Office expenses	Home expenses
Mortgage interest		
Real estate taxes		
Excess mortgage interest		
Excess real estate taxes		
Insurance		
Rent		
Repairs & maintenance		
Utilities		
Other expenses		

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.