

Hope's Tax Service - 2025 TAX ORGANIZER

PERSONAL DATA - MUST PROVIDE ID FOR TAXPAYER And SPOUSE

Taxpayer's Name _____

Spouse's Name _____

Address _____

Cell # _____ E-mail Address: _____

Other # _____ alternate E-mail Address: _____

Social Security Number

Date of Birth

Occupation

You _____

Spouse _____

IDENTIFICATION INFORMATION

Taxpayer's type of Photo ID

Driver's License State-issued Photo ID

Photo ID number _____

State ID was issued _____

Date ID was issued _____

Date ID expires _____

Spouse's type of Photo ID

Driver's License State-issued Photo ID

Photo ID number _____

State ID was issued _____

Date ID was issued _____

Date ID expires _____

DEPENDENT CHILDREN & OTHER DEPENDENTS DATA

Name

Date of Birth

Social Security #

Relationship

Is your direct deposit the same as
as last year? YES OR NO

IRS will not mail refund checks as of 9/30/2025

DIRECT DEPOSIT OF REFUND

Routing Number _____

Acct Number _____

Bank Name _____

Checking or Savings _____

INCOME

Wages Earned

Taxpayer Employer Name _____ Spouse Employer Name _____

Taxpayer Employer Name _____ Spouse Employer Name _____

Unemployment? _____

Retirement or Social Security? _____

Interest/Dividend Income Received

Self-employment? _____ 1099-K _____ Payor _____ Amount _____

Please provide income and expenses. Expenses can include _____

all receipts, mileage, home office deduction for self-employment business _____

Any other income? _____

Rental property?

Sale of stocks or bonds or crypto?

MEDICAL EXPENSES (exp must exceed 7.5% of your adj gross income)	
Prescription Medicines	\$
Medical Insurance Prem.	\$
Long-Term Care Ins. Prem's	\$
Doctors/Dentists/Eye Exams	\$
Hospital	\$
Nursing Home	\$
Glasses/Contact Lenses	\$
Hearing Aids/Batteries	\$
Medical Supplies/Equipment	\$
Medical Travel (# of Miles)	\$
Parking/Lodging	\$
Medical Reimbursements	\$
Other Medical	\$

INTEREST EXPENSES		
Home Mtg (1st home)		\$
Home Mtg (2nd Mtg or 2nd home)		\$
Car loan interest (if qualifies under Tax Bill)		\$

CHARITABLE CONTRIBUTIONS			
Check	\$	Cash	\$
Payroll deduction	\$	Other	\$

CHARITABLE NON-CASH CONTRIBUTIONS			
	Date donated	Cash Value	FMV
Goodwill		\$	\$
Salvation Army		\$	\$
Other		\$	\$

TAXES PAID	
Fed. Tax pd w/ 2024 return	\$
IA Tax pd w/ 2024 return	\$
NE Tax pd w/ 2024 return	\$
Real Estate Tax-Home	\$
Auto Registration Tax	\$

EDUCATION COSTS (include 1098-T from college)	
Student Name	Tuition/Fees Pd.
	\$
	\$
College Savings Plan contributions?	\$

CHILD CARE EXPENSES		
Amount	Name & Address of Provider	SSN/EIN

ENERGY EFFICIENT HOME IMPROVEMENT...TAX CREDITS WE NEED THE INVOICE		
Date	Type of Improvement	Amount
		\$
		\$

OTHER DEDUCTIONS		
Alimony Pd if ded \$	Gambling Losses (up to amount	Roth IRA Contributions \$
IRA Contributions \$	of claimable winnings) \$	

**Additional Law Enforcement Deductions Checklist:
(only to be used for Off-duty Income)**

UNIFORMS
Uniforms
Badges, Emblems, Insignia
Belts
Clothing
Dry Cleaning

PROFESSIONAL
Licenses, Permits
Union Dues
Association Dues
Professional Dues
Range Dues
Subscriptions
Seminars
Books, Manuals, Classes
Supplies

EQUIPMENT/SUPPLIES
Ammunition/Pouch
Camera, Film, Etc
Flashlight, Bulb, Batteries
Equipment Repairs
Safety Equipment
Guns
Mace
Maps
Whistle
Baton
Pager, Beeper
Cell Phone

TRAVEL
RT Mileage To/From 1099 Jobs