

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		Daytime Phone	Evening Phone	Cell 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

Are you or your spouse blind?
 Are you or your spouse disabled?
 Are you or your spouse a full-time student?
 Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?
 At any time during 2025 did you:
 (a) receive (as a reward, award, or payment for property or services) 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

Appointment Information

Your 2025 appointment is scheduled for _____

Dependent and Other Information

Name:

SSN:

Dependent Information

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						

Asset Listing for 2025

Name:

SSN:

Assets for:

Form 4835 - Farm Rental Income and Expenses

Name:

SSN:

General Information

TSJ _____ Employer ID number _____

Description _____

 This farm was disposed of during 2025

Income

	2025	2024	2025	2024
Income from production of livestock, produce, grains, and other crops			Crop insurance proceeds:	
Total cooperative distributions			Amount received in 2025	
Total agricultural payments			<input type="checkbox"/> You elect to defer to 2026	
Commodity Credit Corporation (CCC) loans:			Amount deferred from 2024	
CCC loans reported			Other income	
CCC loans forfeited				

Expenses

	2025	2024	2025	2024
Car & truck expenses			Seeds & plants purchased	
Chemicals			Storage & warehousing	
Conservation expenses			Supplies purchased	
Custom hire (machine work)			Taxes	
Employee benefit programs			Utilities	
Feed purchased			Veterinary, breeding, & medicine	
Fertilizers & lime			Other expenses (list)	
Freight & trucking				
Gasoline, fuel, & oil				
Insurance (other than health)				
Interest - mortgage (paid to banks, etc.)				
Interest - other				
Labor hired (less jobs credit)				
Pension & profit-sharing plans				
Rent - vehicles, machinery & equipment				
Rent - other (land, animals, etc.)				
Repairs & maintenance				

Healthcare Coverage Questionnaire

Name:

SSN:

Healthcare Information

Member of Household for Healthcare Purposes	Covered the Entire Year	Covered Less than 12 Months	No Healthcare Coverage at All

YES NO

Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?

Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

Employer Medicare Medicaid Marketplace (Exchange) Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

Was your previous insurance policy canceled in 2025?

Was coverage offered by your employer or your spouse's employer?

Are you a member of a federally recognized Indian tribe?

Are you eligible for services through an Indian healthcare provider?

Are you a member of a healthcare sharing ministry?

Did you live in the United States the entire year?

Are you enrolled in TRICARE?

Did you apply for CHIP coverage?

Do any of the following apply to you? Do NOT indicate which one.

- Became homeless
- Evicted in the past six months, or facing eviction or foreclosure
- Received a shut-off notice from a utility company
- Recently experienced domestic violence
- Recently experienced the death of a close family member
- Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
- Filed for bankruptcy in the last six months
- Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
- Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

2025

**Healthcare Coverage Questionnaire for Taxpayer and Spouse
(for preparer use)**

PRIMARY TAXPAYER	All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
	Insured through Marketplace (Obamacare)? MUST provide 1095-A.												
Had health care coverage from another source?													
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number.													
Employer offered health coverage which was declined?													
If Yes, what would be the cost for SELF coverage?													
If Yes, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

SPOUSE	All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
	Insured through Marketplace (Obamacare)? MUST provide 1095-A.												
Had health care coverage from another source?													
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number													
Employer offered health coverage which was declined?													
If Yes, what would be the cost for SELF coverage?													
If Yes, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

**Healthcare Coverage Questionnaire for Dependents
(for preparer use)**

	All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A.													
Had health care coverage from another source?													
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number.													
Required to file a return? Yes <input type="checkbox"/> No <input type="checkbox"/>	AGI of that return? _____												

	All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A													
Had health care coverage from another source?													
Was exempt from health care mandate. Has Exemption Certificate Number? If Yes, provide number.													
Required to file a return? Yes <input type="checkbox"/> No <input type="checkbox"/>	AGI of that return? _____												

	All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A													
Had health care coverage from another source?													
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number.													
Required to file a return? Yes <input type="checkbox"/> No <input type="checkbox"/>	AGI of that return? _____												

Schedule C - Profit or Loss from Business

Name:

SSN:

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	2024	2025	2024
Gross receipts or sales			Other income	
Returns & allowances				

Expenses

	2025	2024	2025	2024
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		<input type="checkbox"/> There was a change in inventory method.

Detail Worksheet

Name:

SSN:

Income or Loss from Investments in Partnerships, S Corporations, and Fiduciaries

Name:

SSN:

Schedule K-1 from Partnerships, S Corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

Expenses Related to Business

Name:

SSN:

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

Yes No

Was this vehicle available for use during off-duty hours?
 Was another vehicle available for personal use?

Yes No

Do you have evidence to support your deduction?
 If "Yes," is the evidence written?

Number of miles the vehicle
was driven during 2025

2025

2024

Total number of miles the vehicle
was driven in prior years

2025

2024

Business	.....	.....
Commuting	.....	.....
Other	.....	.....

Business	.....
Total	.....

Expenses

2025

2024

2025

2024

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	2025	2024
Mortgage interest	.....	.....	.....
Real estate taxes	.....	.....	.....
Excess mortgage interest	.....	.....	.....
Excess real estate taxes	.....	.....	.....
Insurance	.....	.....	.....
Rent	.....	.....	.....
Repairs & maintenance	.....	.....	.....
Utilities	.....	.....	.....
Other expenses	.....	.....	.....

Home Expenses

2025 2024

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.

Schedule F - Profit or Loss from Farming

Name:

SSN:

General Information

TS Principal product _____ Employer ID number _____Accounting method, if not cash: Accrual This farm was disposed of during 2025.Yes No Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this farm. 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, 2022? If "Yes," was any portion of the loan forgiven in 2025?

Income

	2025	2024	2025	2024
Sale of livestock / other items			Custom hire income	
Cost of items bought for resale			Beginning inventory for accrual . . .	
Sale of products you raised			Ending inventory for accrual . . .	
Total cooperative distributions (Provide 1099-PATR)			<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method.	
Total agricultural payments			Other income	
Commodity Credit Corporation (CCC) loans:				
CCC loans reported				
CCC loans forfeited				
Crop insurance proceeds:				
Amount received in 2025				
<input type="checkbox"/> You elect to defer to 2026				
Amount deferred from 2024				

Expenses

	2025	2024	2025	2024
Car & truck expenses			Rent - other (land, animals, etc.) . .	
Chemicals			Repairs & maintenance	
Conservation expenses			Seeds & plants purchased	
Custom hire (machine work)			Storage & warehousing	
Employee benefit programs			Supplies purchased	
Feed purchased			Taxes	
Fertilizers & lime			Utilities	
Freight & trucking			Veterinary, breeding, & medicine . .	
Gasoline, fuel, & oil			Family health coverage payments for taxpayer, spouse or dependents	
Insurance (other than health)			Other expenses (list)	
Interest - mortgage (paid to banks, etc.)				
Interest - other				
Non-W-2 labor hired				
W-2 wages paid				
Pension & profit-sharing plans				
Rent - vehicles, machinery & equipment				

Household Employment

Name:

SSN:

TSJ _____ Employer Identification Number _____

Yes No

Did you pay any one household employee cash wages of \$2,700 or more in 2025?

Did you withhold federal income tax during 2025 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2024 or 2025 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2025 by April 15, 2026?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2025

2024

Total cash wages subject to Social Security tax

Total cash wages subject to Medicare tax.

Total cash wages subject to Additional Medicare tax withholding

Federal income tax withheld

Qualified sick leave wages

Qualified family leave wages

Qualified health plan expenses

TSJ _____ Employer Identification Number _____

Yes No

Did you pay any one household employee cash wages of \$2,700 or more in 2025?

Did you withhold federal income tax during 2025 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2024 or 2025 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2025 by April 15, 2026?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2025

2024

Total cash wages subject to Social Security tax

Total cash wages subject to Medicare tax.

Total cash wages subject to Additional Medicare tax withholding

Federal income tax withheld

Qualified sick leave wages

Qualified family leave wages

Qualified health plan expenses

Income

Name:

SSN:

Wages & Salaries

Provide all copies of Form W-2

Retirement

Provide all copies of Form 1099-R

Yes No Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?
 Yes No Did you use any of the distributions for disaster relief?

Income

Name:

SSN:

Dividend Income

Provide all copies of Form 1099-DIV and other statements that report dividend income.

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income.

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Sale of Capital Assets

Name:

SSN:

Sale of Capital Assets (including items not reported on Form 1099-B)

Provide all brokerage statements

Installment Sale Income

TSJ	Description of property:	2025	Prior Years
Date acquired	_____	Date sold	_____
Selling price
Mortgages assumed
Cost of property sold
Depreciation allowed
Commissions and expense of sale
Gross profit percentage
Interest received
Principal payments received
Property was sold to a related party	<input type="checkbox"/>		

Other Income and Adjustments

Name:

SSN:

Other Income

	2025 Taxpayer	2024 Taxpayer	2025 Spouse	2024 Spouse
Social Security Benefits (attach Forms 1099-SSA)				
Railroad Retirement Benefits (attach Forms 1099-RRB)				
State income tax refund (attach Forms 1099-G)				
Alimony received				
Divorce or separation date _____	Amount _____			
Unemployment compensation (attach Forms 1099-G)				
Unemployment compensation repaid in 2025				
Gambling winnings (attach Forms W2-G)				
Alaska Permanent Fund				
Jury duty pay				
ABLE distributions				
Scholarships or grants not reported on Form W-2				
Other income: _____ _____ _____				

Adjustments

	2025 Taxpayer	2024 Taxpayer	2025 Spouse	2024 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)				
Contributions made to a Health Savings Account (HSA)				
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents				
Alimony paid				
Name _____				
SSN _____	Divorce or separation date _____			
Name _____				
SSN _____	Divorce or separation date _____			
Contributions made to a Self-Employed Pension plan (SEP) SIMPLE or Solo 401K				
Contributions made to an Individual Retirement Account (IRA)				
Contributions made to a Roth IRA				
Interest paid on a student loan				
Other adjustments: _____				

Additional Deductions

Name:

SSN:

Additional Deductions

	2025 Taxpayer	2024 Taxpayer	2025 Spouse	2024 Spouse
Enter any income from Puerto Rico that you excluded				
Enter the amount from Form 4563, Line 15				
If Form W-2, Box 5, is \$176,100 or less, enter qualified tips included in Form W-2, Box 7.				
Qualified Tips included on Form 4137, line 1(c)				
If you received qualified tips from one employer.				
Qualified tips received in the course of a trade or business				
Qualified overtime compensation included on Form W-2, Box 1				
Qualified overtime compensation included on Form 1099-NEC, Box 1 or Form 1099-MISC, Box 3				

Passenger Vehicle Loan Interest

TS _____
 Loan origination date
 Outstanding principal
 Year
 Make _____
 Model _____
 Vehicle identification number (VIN)

 Business interest
 Personal Interest

TS _____
 Loan origination date
 Outstanding principal
 Year
 Make _____
 Model _____
 Vehicle identification number (VIN)

 Business interest
 Personal Interest

TS _____
 Loan orinination date
 Outstanding principal
 Year
 Make _____
 Model _____
 Vehicle identification number (VIN)

 Business interest
 Personal Interest

TS _____
 Loan origination date
 Outstanding principal
 Year
 Make _____
 Model _____
 Vehicle identification number (VIN)

 Business interest
 Personal Interest

Income

Name:

SSN:

Form 1099-Misc Income

Provide all copies of Form 1099-MISC

Form 1099-NEC Income

Provide all copies of Form 1099-NEC

Other Information

Name:

SSN:

Mortgage Interest Provide all copies of Form 1098

Lender's Name	2025 Mortgage Interest Received	2024 Mortgage Interest Received	2025 Mortgage Insurance Premiums	2024 Mortgage Insurance Premiums	2025 Real Estate Taxes Paid	2024 Real Estate Taxes Paid

Employee Business Expenses

TS _____

Select if you are:

- A qualified performing artist
- A fee-based state or local government official
- A disabled employee with impairment-related work expenses
- An Armed Forces reservist
- A member of the clergy

Select if you:

- Used your personal vehicle for your job during 2025

	NOT reimbursed by your employer		Reimbursed by your employer not included in box 1 of your W-2	
	2025	2024	2025	2024
Parking fees, tolls, local transportation				
Meals				
Overnight business travel expenses (Do not include meals & entertainment)				
Other business expenses				

Casualties and Thefts

TSJ _____ FEMA code _____

TSJ _____ FEMA code _____

Property description _____

Property description _____

Property location _____

Property location _____

Date property was acquired _____

Date property was acquired _____

Date property was damaged or stolen _____

Date property was damaged or stolen _____

Cost of property damaged or stolen _____

Cost of property damaged or stolen _____

Fair market value before incident _____

Fair market value before incident _____

Fair market value after incident _____

Fair market value after incident _____

Insurance reimbursement _____

Insurance reimbursement _____

