



# 2025 TAX ORGANIZER

[www.magtaxservice.com](http://www.magtaxservice.com)

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Important: Do not complete on your browser. First download and save to your "Documents" folder on your hard drive. Close the file from the internet browser. Reopen the file from your computer and save as you populate fields. This will prevent losing your information if you navigate away from the browser.

## FEE STRUCTURE

Most Basic Returns in a range from..... \$195 to \$395

Average Pricing for 2024:..... \$475

### Additional Forms Pricing:

Federal Schedule C (Profit/Loss Business) .....	\$150/Schedule
Federal Schedule D (Capital Gains/Losses) .....	\$50.00/25 trades
Federal Schedule E (Rental Income/Losses) Depreciation .....	\$150/Schedule
Federal Schedule F .....	\$150
Federal Schedule K-1 .....	\$100
Additional State Returns .....	\$50
Amended Return, if MAG TAX Service LLC prepared the Return..	\$150
Paper Copy Requests .....	\$25

**Additional charges may apply to more complex returns and/or additional forms used. We will provide a quote based on your uploaded tax documents and the information provided on this Tax Organizer.**

## PAYMENT OPTIONS

3+ Payment can be done at the user portal with credit/debit card Online.

4+ To access the payment screen log in to the portal, from the main menu click on the 4th Quick link: "Pay Tax Preparation Fee"

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# Personal Information

	First Name and Initial	Last Name	Social Security #	Date of Birth			
Taxpayer							
Spouse							
	Occupation	Dependent on Other Return	Blind	Deceased	Full Time Student	Campaign Fund	IRS Identity Pin
Taxpayer							
Spouse							

Required	Driver's License Number	State of Issuance	Issuance Date	Expiration Date
Taxpayer License No.				
Spouse License No.				

	Present Mailing Address	Spouse Cell & E-Mail information
Cell Phone		Spouse Cell No.
Home/Other Phone		Home/Other Phone
E-Mail		Spouse E-Mail
Street Address		Notes to MAG TAX Service LLC:
City State, Zip Code		
School District Name		
School District Code		
Did you move in 2025?		
Indicate Move Date:		
Previous Street Address		
City, State, Zip Code		

Filing Status	Single	Married Filing Jointly	Married Filing Separately	Head of Household
Check One				
<p>F k " { q w j c x g j g m j ' l p u t c p e g ' v j t q w i j " O c t n g v R r e g * Q d c o c . " q t " J g c n j e c t g d q x + A k i l g u . l p e n f g ' h q t o " 3 2 ; 7 C</p> <p>F k " { q w t g e g l x g . " u g m " t c f g f . " g z e j c p i g f . " q t " q j g t y k u g ' c e s w k g l f k u r q u g " c " F k i k c n l c u n g v q t " E t { r v j ' e w t g p e { A</p>				

**Note: If filing Married Separately please provide information related to your Spouse**

Spouses Full Name	Spouse Social Security Number	Will Spouse Itemize Deductions?	Did you live with your Spouse at any time during the last 6 month the year?

**Dependents: Please provide information as it appears on Dependents' Social Security Card**

First Name & Initial	Last Name	Social Sec. Number	Relationship	Date of Birth	Annual Gross Income	Months at Home

If Dependent is between 19 & 23, was he/she a full-time student for at least 5 months of the year?

**Child & Dependent Care Expense:**

Did you pay child or dependent care expenses in order to work, look for work or attend school full time? \_\_\_\_\_

Is your spouse employed or a full-time student? \_\_\_\_\_

Name of Child Care Provider	
Street Address	
City, State, ZIP	
Social Security # or Employer ID# <b>Required</b>	
Amount Incurred and Paid during Tax Year	
Name of Qualifying Child or Dependent	Social Security # of Child or Dependent

Name of Child Care Provider	
Street Address	
City, State, ZIP	
Social Security # or Employer ID# <b>Required</b>	
Amount Incurred and Paid during Tax Year	
Name of Qualifying Child or Dependent	Social Security # of Child or Dependent

**Questions**

**YES NO**

		YES	NO
1.	Did your marital status change?		
2.	Can you or your spouse be claimed as a dependent by another taxpayer?		
3.	Did you pay for childcare while you worked or looked for work?		
4.	Did you sell, exchange or purchase any real estate? If so please attach closing statements.		
5.	Did you receive grants of stock options, exercise any stock options or dispose of any stock acquired under a qualified employee purchase plan?		
6.	Did you pay any student loan interest? If Yes, Amount \$		
7.	Did you or your spouse contribute to an IRA? If Yes, Traditional IRA Amount \$ Roth IRA?		
8.	Did you or your spouse withdraw any amounts from your IRA, Roth IRA, educational IRA or 401k? (Note: Do not include loans from 401k)		
9.	Were you notified by the IRS of any changes to prior year returns?		
10.	Are you required to file a city or local tax return?		
11.	Did you have any gambling winnings to report?		
12.	Did you pay taxes to more than one state? If yes: State: Dates:		
13.	Did you receive a refund from your prior year STATE Income Tax Return? If yes, please indicate Amount \$		
14.	Did you itemize deductions on 2024 FEDERAL Income Tax Return? Had a Mortgage?		
15.	Did you receive alimony payments? If Yes, Amount \$		
16.	Did you make alimony payments? If Yes, Amount \$		
17.	Did you receive any Unemployment Compensation? If Yes, Amount \$		
18.	Do you have any foreign bank accounts?		
19.	Do you want to Authorize MAG TAX SERVICE to discuss this tax return with IRS?		
20.	Did You made energy efficient purchases for your main home? If Yes Please Upload Receipts		
21.	Did you purchase an electric vehicle in 2025? If Yes upload Receipt		

# Income

**W2 - Wages and Salaries - Please Upload all copies of employer W2's - Include Employer Summary Below**

	Tax Payer/Spouse	Employer Name		Tax Payer/Spouse	Employer Name
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

**Investment Income: Interest, Dividends, and Capital Gains: Upload Forms 1099-INT,1099-DIV, 1099-A,1099-B, 1099-S**

	Taxpayer/Spouse	Bank , Brokerage or Source Name	Interest	Dividends	Capital Gains
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**Pension and Annuities: Please enclose all forms 1099-R**

	Source	Amount
1.		
2.		
3.		
4.		
5.		

**Social Security Income Please enclose all forms 1099-SSA**

	Source	Amount
1.		
2.		

**Miscellaneous Income: Please enclose all forms 1099-MISC**

	Source	Amount
1.		
2.		

**Other Income: Please identify source and amount**

	Source	Amount
1.		
2.		

**Estimated Tax Payments**

Any payments made by you directly to the taxing authority in addition to W-2 withholdings?"**Do not include amounts from W2**

	Amount	Date	Amount	Date	Amount	Date	Amount	Date
<b>Federal</b>								
<b>State</b>								

## Itemized Deductions

**Medical and Dental Expenses:** These are out-of-pocket expenses not reimbursed by insurance. To be deductible, medical & dental expenses must exceed 7 1/2% of your Adjusted Gross Income.

	Amount		Amount
Prescription Medicine and Drugs		Lodging	
Total Medical and Dental Insurance Premiums Paid		Doctors, Dentist, etc.	
Long-term Care Insurance Premiums Paid		Hospital Fees	
Long-term Care Expense		Lab Fees	
Miles Traveled for Medical Care		Eyeglasses and Contacts	

**Taxes Paid:**

Item	Amount
Real Estate Taxes Paid	
Personal Property Taxes Paid (Auto Excise Tax)	
State and Local Taxes Paid (Balance Due on Previous Year's State and Local Taxes that You Paid in this Current Year if applicable <b>Do not include amount on W2s</b> )	

**Interest Paid:**

Item	Amount
Home Mortgage Interest Paid to a Financial Institution (enclose form 1098)	
Deductible Points Paid for Obtaining a Mortgage if paid out of pocket in 2025	
Other Home Mortgage Interest Paid (Provide Name and Address of Recipient)	
Investment Interest Expense Paid	

**Charitable Contributions:**

**Caution:** Only contributions made to a U.S., Canadian or Mexican IRS recognized organized charities are deductible. Canceled checks are not considered a receipt from a charitable organization. The law requires receipts for all charitable contributions. Please do not upload receipts for donations, list below. Additional time will be quoted for reconciling receipts for donations. Please list below.

**Cash Contributions: (Cash or Check)**

Name of Organization	Amount

**Non-Cash Contributions:**

Name of Organization	Amount

**If the TOTAL of all noncash contributions is over \$500, please provide the following information.**

	First Charity	Second Charity
Name of Donee Organization		
Address of Donee Organization		
Description of donated property		
Date property acquired by you		
Your Cost or Basis in property		
Date property was donated		
Fair Market Value at time of donation		

**Miscellaneous Deductions:**

Item	Amount
Gambling Losses (to the extent of reportable winnings)	

## EDUCATION CREDITS

Information to Claim AOTC or Lifetime Learning Credits

### American Opportunity Tax Credit

Student Name	Student SS#	Tuition Expenses	Book Cost	Year In School	Prior Years Credit Claimed

### Lifetime Learning Credit

Student Name	Student SS#	Tuition Expenses	Book Cost

**Note:** You cannot take AOTC and the Lifetime Learning Credit for the same student for a given year.

For the AOTC and Lifetime Learning Credit, you may claim qualified expenses and fees for yourself, your spouse and/or your dependents. For AOTC your child must be enrolled at least half-time in the first four years of their undergraduate degree program. **If you already claimed AOTC for 4 years, then you must claim the Life Time Learning Credit.** If you are married, you must file a joint return to receive either of these credits.

The IRS defines qualified expenses as the tuition and fees an individual is required to pay in order to be enrolled or attend an eligible institution.

# Profit or Loss from a Business Schedule C

Note: If you have more than One Schedule C, Complete a Second Organizer with only this page

Ownership	
Name of Business	
Type Of Business/Service/Industry	
Employer Identification Number	
Entity Type	

### Income:

Gross Receipts	\$
Other Income	\$

### Cost of Goods Sold

Beginning Inventory	\$
Purchases	\$
Cost of Labor	\$
Materials & Supplies	\$
Ending Inventory	\$

### Expenses:

Advertising	\$	Rent	\$
Bad Debts	\$	Repairs & Maintenance	\$
Car & Truck Expense	\$	Supplies	\$
Parking Fees & Tolls	\$	Taxes & Licenses	\$
Commissions & Fees	\$	Travel	\$
Health Insurance – Proprietor	\$	Meals and Entertainment	\$
Insurance – Other	\$	Utilities	\$
Insurance – Mortgage	\$	2025 Tax Preparation Fee Paid	\$
Interest – Other	\$	Other:	\$
Legal and Professional Fee	\$		\$
Office Expense	\$		\$
Pension & Profit Sharing	\$		\$

Property/Assets Placed in Service During the Current Tax Year ( Over \$1,000 and not included above as an expense - do not duplicate any cost please):

Description	Cost	Date Placed in Service

### Vehicle Information for Schedule C

Make and Model of Vehicle	
Date Vehicle was placed in service	
Total business miles driven in tax year	
Number of Business Miles	

Did you Have a Home Office in 2025?

# Rental Income & Expenses – Schedule E

Note: If you have more than One Schedule E, Complete a Second Organizer with only this page

Ownership	
Property Type	
Address of Property	
Percent Ownership	
Rental Days in 2025	

**Income:**

Rents	
Other Income	

**Expenses:**

Advertising		HOA/Association/ Management Fees	
Auto and Travel		Mortgage Interest	
Cell Phone/Internet		Interest – Other	
Cleaning & Maintenance		Repairs	
Commissions		Supplies	
Insurance		2025 Tax Preparation Fee	
Legal & Professional Fees		Other Expenses	
Real Estate Taxes			

**Property Placed in Service during the current Tax Year Over \$1,000 not included above:**

Description	Cost	Date Placed in Service

**Vehicle Information:**

Make and Model of Vehicle	
Date Vehicle was placed in service	
Value of Vehicle when placed in service	
Total miles driven in tax year	
Number of Business Miles	
Do you have another vehicle available for personal use?	
Do you lease your vehicle?	
Was your vehicle available during off-duty hours?	
Do you have written evidence to support claim?	

## Partnership, S-Corporations, Estates and Trust

Please enclose all copies of Schedule K-1 for each Partnership, S-Corporation, Trust or Estate.

# Engagement Letter

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the service we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and requested state income tax returns from the information you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all documents, canceled checks, and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to the taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined necessary for the preparation of your income tax returns.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretation of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government examination, we will be available upon request to assist you and will render additional invoices for the time and expenses incurred.

Our fees for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the forgoing fairly sets forth your understanding, please sign in the space indicated and return this entire package to our office. We want to express our appreciation for this opportunity to work with you.

Sincerely,

Miguel A. Garriga  
MAG TAX SERVICE LLC

I (We) have submitted this information for the sole purpose of preparing my (our) tax returns. Each item can be substantiated by receipts, canceled checks or other documentation. This information is true, correct and complete to the best of my (our) knowledge.

**Note:** Only Sign after completing all pages. Otherwise you will loose entered data.

\_\_\_\_\_  
Taxpayer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

**Direct Deposit of Refund:**

Name of Financial Institution: \_\_\_\_\_

Routing Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account – Ej genlqpe

\_\_\_\_\_  
Checking      Savings

**All eligible returns will be filed electronically. A copy of your return can be found on our Portal.**