

**PERSONAL INFORMATION ORGANIZER**  
Please complete this Organizer before your appointment.

**1. PERSONAL INFORMATION**

Name		SSN or ITIN	Date of Birth	Date of Death	Occupation	Blind	Disabled
Taxpayer						<input type="checkbox"/>	<input type="checkbox"/>
Spouse						<input type="checkbox"/>	<input type="checkbox"/>
Street Address		Apt.	City or town	State	Zip Code	County	
Foreign country		Foreign province/state			Foreign postal code		
E-mail Address(es)				Home Phone		Mobile Phone	

**2. FILING STATUS**

Single                       Check if parent (or someone else) can claim you as a dependent on their return.  
 Married Filing Joint  
 Married Filing Separate       Check if you lived apart from your spouse for all of 2025  
 Head of Household  
 Qualifying Widow(er)      Year spouse died: \_\_\_\_\_

**3. DEPENDENTS**

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	Child Care Expenses Paid
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		

**4. REFUND INFORMATION**

1. Would you like to have any refunds directly deposited into your bank account? . . . . .  Yes  No

<p><b>Bank Account</b>                  Ownership      <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint                  Type              <input type="checkbox"/> Checking <input type="checkbox"/> Savings                  Bank name _____                  Routing number _____                  Account number _____                  Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes</p>	<p><b>Bank Account</b>                  Ownership      <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint                  Type              <input type="checkbox"/> Checking <input type="checkbox"/> Savings                  Bank name _____                  Routing number _____                  Account number _____                  Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes</p>
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**5. IDENTIFICATION INFORMATION**

<p><b>Taxpayer</b>                  Type of ID:      <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID                                           <input type="checkbox"/> No ID                  ID number _____                  Location of issuance _____                  Issue date _____                  Expiration date _____</p>	<p><b>Spouse</b>                  Type of ID:      <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID                                           <input type="checkbox"/> No ID                  ID number _____                  Location of issuance _____                  Issue date _____                  Expiration date _____</p>
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**6. HEALTH CARE INFORMATION**

Please indicate where you received your health insurance from for all members of your tax household.

Employer       Government-Sponsored Marketplace       Private Exchange (Individual Insurance Company)

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**7. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS**

1. Check the applicable boxes if you wish to contribute \$3 to the Presidential Election campaign fund.	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse
2. Were you a victim of identity theft and have you been contacted by the IRS? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please furnish the 6-digit PIN issued to you by the IRS . . . . .		
3. Were you (or your spouse if filing jointly) a nonresident alien for any part of 2025 . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you received any notices or correspondences from the IRS or state in the past 3 tax years? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have any children age 18 or under (or student under age 24) who had unearned income of more than \$2,200? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Did you give a gift of more than \$15,000 to one or more people? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. If age 65 or older, do you want to file Form 1040-SR, U.S. Tax Return for Seniors, instead of Form 1040?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**8. COMMENTS**

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## TAX DOCS NEEDED TO PREPARE YOUR RETURNS

CLIENT NAME: \_\_\_\_\_

*Please watch your mailbox for your tax docs end of Jan thru Feb. Those with investment accounts may receive docs up thru March. We do not have access to look up tax docs and anything missing we are not aware so be on the lookout for your tax docs.*

- \*\*NEW CLIENTS** - Copies of your previous year tax returns need to be uploaded/emailed or dropped off to us
- W-2(s) \_\_\_\_\_ SELF \_\_\_\_\_ SPOUSE
- Year end paystub or employer summary that lists tips and overtime pay - \*NEW for 2025**
- Unemployment (FORM 1099G) if applicable
- Interest Income, Dividend Income, Reports from stock accounts
- Mortgage interest/property tax statements (FORM 1098)
- 1099's - (R-retirement cashout/distributions, INT-interest income, DIV-dividends, MISC-miscellaneous, G-government/unemployment, SSA-social security statement, B-stock sales (need cost basis)
- HSA - Health savings accounts – if you took a distribution for medical, need your 1099SA
- K1's - from S Corporations, Partnerships, Trusts & Estates
- W-2G - gambling income
- Additional dependents (if new from previous year)  
Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_
- College Tuition (FORM 1098-T), if using 529 plan need form 1099Q, books & supplies total
- Childcare information – (daycare statement if you have)  
Name of Caregiver \_\_\_\_\_ SSN/EIN \_\_\_\_\_  
Address \_\_\_\_\_ Total paid \_\_\_\_\_
- Marketplace insurance/Healthcare.gov(FORM 1095-A)
- Energy Efficient Home Improvements - provide receipt and we can see if any credit applies
- Electric Vehicle - provide bill of sale and we can see if any credit applies
- Purchased new 2025 AMERICAN MADE vehicle - provide bill of sale and interest paid for 2025**  
**\*NEW for 2025**
- Traditional or ROTH IRA contributions

**ADDITIONAL - the deductions listed below are for people who have enough to itemize and do not apply to everyone**

- Donation receipts
- Medical insurance paid (out of pocket), if you used HSA to pay do not include amounts paid with HSA
- Medical bills, prescriptions -TOTAL AMOUNT will need to exceed 10% of income
- Long Term Care Insurance
- Medical Miles, if medical exceeds 10% of income
- License Plate Fees (can be found on your vehicle registration)

### SELF EMPLOYMENT

\*\*If you have self-employment income/expenses to report you will be asked to fill out a Biz Tax Organizer. You can obtain this from our website at vancetaxservice.com or you can request via email amy@vancetaxservice.com. Do not turn in receipts to us, you need to add up your own receipts or you will be charged bookkeeping fees at our hourly rate.

### RENTAL INCOME

\*\*If you have rental income/expenses to report you will be asked to fill out a Rental Tax Organizer. You can obtain this from our website at vancetaxservice.com or you can request via email amy@vancetaxservice.com. Do not turn in receipts to us, you need to add up your own receipts or you will be charged bookkeeping fees at our hourly rate.