

# PERSONAL INFORMATION ORGANIZER

## 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

<input type="checkbox"/> Single	<input type="checkbox"/> Check if parent (or someone else) can claim you as a dependent on their return.
<input type="checkbox"/> Married Filing Joint	
<input type="checkbox"/> Married Filing Separate	<input type="checkbox"/> Check if you lived apart from your spouse for all of the year
<input type="checkbox"/> Head of Household	
<input type="checkbox"/> 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"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		

## 4. REFUND INFORMATION

1. Would you like to have any refunds directly deposited into your bank account? . . . . .		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<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		
<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		

## 5. IDENTIFICATION INFORMATION

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

## 6. HEALTH CARE INFORMATION

Please indicate where you received your health insurance from for all members of your tax household.		
<input type="checkbox"/> Employer	<input type="checkbox"/> Government-Sponsored Marketplace	<input type="checkbox"/> Private Exchange (Individual Insurance Company)

## PERSONAL INFORMATION ORGANIZER

Please complete this Organizer before your appointment.

## 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

## 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/mailed 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](http://vancetaxservice.com) or you can request via email [amy@vancetaxservice.com](mailto: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](http://vancetaxservice.com) or you can request via email [amy@vancetaxservice.com](mailto: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.