

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
☐ Married Filing Joint
☐ Married Filing Separate
☐ Head of Household
☐ Qualifying Widow(er)

☐ Check if parent (or someone else) can claim you as a dependent on their return.
☐ Check if you lived apart from your spouse for all of 2025
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

Bank Account

Ownership ☐ Taxpayer ☐ Spouse ☐ Joint
Type ☐ Checking ☐ Savings
Bank name _____
Routing number _____
Account number _____
Account outside the jurisdiction of the United States? ☐ Yes

Bank Account

Ownership ☐ Taxpayer ☐ Spouse ☐ Joint
Type ☐ Checking ☐ Savings
Bank name _____
Routing number _____
Account number _____
Account outside the jurisdiction of the United States? ☐ Yes

5. IDENTIFICATION INFORMATION

Taxpayer

Type of ID: ☐ Driver's license ☐ State-issued ID
☐ No ID
ID number _____
Location of issuance _____
Issue date _____
Expiration date _____

Spouse

Type of ID: ☐ Driver's license ☐ State-issued ID
☐ No ID
ID number _____
Location of issuance _____
Issue date _____
Expiration date _____

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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| | | |
|--|-----------------------------------|---------------------------------|
| 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 |

[illegible]

Please complete this Organizer before your appointment.
Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

| Attach W-2s: | | |
|---------------|--------------------------|--------------------------|
| Employer Name | Taxpayer | Spouse |
| _____ | <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"/> |

Unreported tip income received: _____

[illegible]

| Attach 1099-R & 5498 | | Roth | Other | | |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| Payer Name | IRA | IRA | Taxpayer | Spouse | |
| | <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"/> | |
| | <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"/> | |

| Attach SSA 1099 or RRB 1099 | Yes | No |
|---|--------------------------|--------------------------|
| Did you receive social security benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive railroad retirement benefits? . . | <input type="checkbox"/> | <input type="checkbox"/> |

| Attach K-1s: | | |
|--------------|--------------------------|--------------------------|
| Payer Name | Taxpayer | Spouse |
| | <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"/> |

| Attach 1099-Bs: | | |
|-----------------|--------------------------|--------------------------|
| Payer Name | Taxpayer | Spouse |
| | <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"/> |

[illegible]

1. Did you sell your home? ☐ Yes ☐ No
2. Did you earn any foreign income or pay any foreign taxes?. ☐ Yes ☐ No
3. Do you have a health savings account (HSA), Archer MSA or Medicare Advantage (MA) MSA? ☐ Yes ☐ No
4. Did you have a financial account in a foreign country (i.e. bank account, securities account, ☐ Yes ☐ No
etc.)? If Yes, did the aggregate value of all financial accounts exceed \$10,000 at any time during ☐ Yes ☐ No
2025 ☐ Yes ☐ No
5. Did you have any debt forgiven (i.e. student loans, home mortgage, etc.)? ☐ Yes ☐ No
6. Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual
currency? ☐ Yes ☐ No

DEDUCTIONS ORGANIZER

Please complete this Organizer before your appointment.
Itemized Deduction Organizers are on separate pages.

1. EDUCATION

Attach 1098-Ts, 1098-E's and 1099-Q's:

| Student Name | Educational Institution | Fr | So | Jr | Sr | Oth | Tuition & Fees | Student Loan Interest Paid | Books, Supplies & Equipment | 529 Plan |
|--------------|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|----------------------------|-----------------------------|--------------------------|
| | | <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"/> |
| | | <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"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | <input type="checkbox"/> |

2. JOB-RELATED MOVING EXPENSES

| Description | Amount |
|--|--|
| Lodging | _____ |
| Gas and Oil. | _____ |
| Mileage | _____ |
| Other | _____ |
| Miles from old home to your new workplace | _____ |
| Miles from old home to old workplace | _____ |
| Member of the Armed Forces? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

3. IRA CONTRIBUTIONS

| Description | Amount |
|---|--------|
| Contributions to a Traditional IRA. | _____ |
| Contributions to a ROTH IRA | _____ |

4. OTHER DEDUCTIONS

| Description | Amount |
|---|--------|
| Educator expenses. | _____ |
| Alimony paid Rec. SSN: _____ | _____ |
| Date of original divorce/separation _____ | |
| Health Savings Account contributions | _____ |
| Archer Medical Savings Account contributions | _____ |
| Jury duty repayment to employer | _____ |
| Foreign qualified housing expenses. | _____ |
| Contributions to College 529 Savings Plan. . | _____ |
| Qualified business net (loss) carryover from 2022 | _____ |
| Qualified REIT dividends and PTP net (loss) carryover | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

5. MISCELLANEOUS DEDUCTION QUESTIONS

1. Did you purchase an item(s) during 2025 for which you paid a large amount of sales tax? ☐ Yes ☐ No
2. Did you refinance a mortgage during 2025 ☐ Yes ☐ No

[illegible]

CREDITS AND PAYMENTS ORGANIZER
Please complete this Organizer before your appointment.

1. REBATE RECOVERY CREDIT - ECONOMIC IMPACT PAYMENT RECEIVED - n/a for 2025

| | |
|--------------------|--------------|
| Taxpayer | n/a for 2025 |
| Spouse | n/a for 2025 |

2. ADVANCE CHILD TAX CREDIT - PAYMENT AMOUNT RECEIVED n/a for 2025

| | | |
|-----------------------------|----------------------|-----------------------|
| July n/a for 2025 | August - | September - |
| October ---- | November - | December - |

3. CHILD CARE CREDIT

| | | | | | |
|---------------------------------------|---------|--------------------------|-----------|----------------|-------------|
| Attach Daycare Provider Statement(s): | | | Telephone | Identification | |
| Care Provider Name | Address | Tax-Exempt | Number | Number | Amount Paid |
| _____ | _____ | <input type="checkbox"/> | _____ | _____ | _____ |
| _____ | _____ | <input type="checkbox"/> | _____ | _____ | _____ |
| _____ | _____ | <input type="checkbox"/> | _____ | _____ | _____ |
| _____ | _____ | <input type="checkbox"/> | _____ | _____ | _____ |
| _____ | _____ | <input type="checkbox"/> | _____ | _____ | _____ |

4. RESIDENTIAL ENERGY CREDIT

| | |
|---|---|
| Solar electric property _____ | Metal or asphalt roof _____ |
| Solar water heating _____ | Exterior windows and skylights _____ |
| Small wind energy _____ | Electric heat pump or central air conditioner _____ |
| Geothermal heat pump _____ | Natural gas, propane or oil water heater _____ |
| Fuel cell property _____ | Biomass fuel stove _____ |
| Insulation material _____ | Natural gas, propane or oil furnace _____ |
| Exterior doors _____ | Advanced main air circulating fan _____ |

1. Were the qualified improvements for your main home in the United States? ☐ Yes ☐ No

2. Were any of the improvements related to the construction of this main home? ☐ Yes ☐ No

5. MISCELLANEOUS CREDIT QUESTIONS

1. Did you pay any expenses related to the adoption of an eligible child? ☐ Yes ☐ No

2. Are you currently repaying the First-Time Homebuyer Credit? ☐ Yes ☐ No

3. Do you (and your spouse) have a social security number that allows you to work and is valid? ☐ Yes ☐ No

4. Were you issued a Mortgage Credit Certificate (MCC) by a state or local governmental unit or agency? ☐ Yes ☐ No

6. ESTIMATED TAX PAYMENTS

| | | |
|--|-----------|-------------|
| Federal estimated payments | Date Paid | Amount Paid |
| Applied from 2024 federal refund 1st quarter payment | _____ | _____ |
| 2nd quarter payment | _____ | _____ |
| 3rd quarter payment | _____ | _____ |
| 4th quarter payment | _____ | _____ |
| | | |
| State estimated payments | Date Paid | Amount Paid |
| Applied from 2024 state refund 1st quarter payment | _____ | _____ |
| 2nd quarter payment | _____ | _____ |
| 3rd quarter payment | _____ | _____ |
| 4th quarter payment | _____ | _____ |
| State Name | _____ | _____ |

| | | |
|--|-----------|-------------|
| Local estimated payments | Date Paid | Amount Paid |
| Applied from 2024 local refund 1st quarter payment | _____ | _____ |
| 2nd quarter payment | _____ | _____ |
| 3rd quarter payment | _____ | _____ |
| 4th quarter payment | _____ | _____ |
| Locality Name | _____ | _____ |