



**RICHARDSON CONSULTING**

CONSULTING, ACCOUNTING AND TAX PREPARATION

**Tax Organizer  
for  
Individuals  
2025**

**Please email, mail or hand deliver this Tax Organizer and all supporting documents to:**

**Tracy Richardson  
Richardson Consulting  
211 Billinger Street Summerville, SC  
29486**

**Email: [Keith@RCSaccounting.com](mailto:Keith@RCSaccounting.com)**

**If you have any questions,  
please do not hesitate to call us at  
Keith: 978-407-2000  
Tracy: 978-400-8570  
Margaret: 978-790-6000**

| Personal Information   |  |      |  |  |        |  |           |  |  |
|------------------------|--|------|--|--|--------|--|-----------|--|--|
| Taxpayer               |  |      |  |  | Spouse |  |           |  |  |
| First name & Initial   |  |      |  |  |        |  |           |  |  |
| Last name              |  |      |  |  |        |  |           |  |  |
| Social Security number |  |      |  |  |        |  |           |  |  |
| Date of birth          |  |      |  |  |        |  |           |  |  |
| Occupation             |  |      |  |  |        |  |           |  |  |
| E-mail address         |  |      |  |  |        |  |           |  |  |
| Work phone             |  | Cell |  |  | Work   |  | Cell      |  |  |
| Home phone             |  |      |  |  | Home   |  |           |  |  |
| Address                |  |      |  |  |        |  | Apt/Suite |  |  |
| City                   |  |      |  |  | State  |  | ZIP       |  |  |

Taxpayer Legally Blind

☐ Yes

☐ No

Taxpayer Disabled

☐ Yes

☐ No

Pres Campaign Fund (Taxpayer)

☐ Yes

☐ No

Spouse Legally Blind

☐ Yes

☐ No

Spouse Disabled

☐ Yes

☐ No

Pres Campaign Fund (Spouse)

☐ Yes

☐ No

Filing status: Single ☐ Head of Household ☐ Married filing joint ☐ Married filing separate ☐ Widower ☐ Year of Spouse death?\_\_\_\_\_

| Dependents (Children & Others) |              |               |                        |                       |          |                   |                          |
|--------------------------------|--------------|---------------|------------------------|-----------------------|----------|-------------------|--------------------------|
| Name                           | Relationship | Date of Birth | Social Security Number | Months Lived With You | Disabled | Full Time Student | Dependent's Gross Income |
|                                |              |               |                        |                       |          |                   |                          |
|                                |              |               |                        |                       |          |                   |                          |
|                                |              |               |                        |                       |          |                   |                          |
|                                |              |               |                        |                       |          |                   |                          |
|                                |              |               |                        |                       |          |                   |                          |

Please answer the following questions to determine maximum deductions:

- 1 Did your marital status change during the year?

☐ Yes

☐ No
2. Did your address change during the year?

☐ Yes

☐ No
3. Were there any changes in dependents?

☐ Yes

☐ No
4. Did you receive unreported tip income of \$20 or more in any month?

☐ Yes

☐ No
5. Did you receive any unemployment or disability income?

☐ Yes

☐ No
6. Did you buy or sell any stocks, bonds or other investment property?

☐ Yes

☐ No
7. Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan?

☐ Yes

☐ No
8. Did you convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA?

☐ Yes

☐ No
9. Could you be claimed as a dependent on another person's tax return?

☐ Yes

☐ No
10. Did you pay anyone for domestic services in your home?

☐ Yes

☐ No
11. Did you pay anyone for childcare services?

☐ Yes

☐ No
- 12 Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc)?

☐ Yes

☐ No
- 13 Did you give a gift of more than \$14,000 to one or more people?

☐ Yes

☐ No
14. Did you go through bankruptcy, foreclosure, or repossession proceedings?

☐ Yes

☐ No
15. Did you incur a loss because of damaged or stolen property?

☐ Yes

☐ No
16. Were you notified or audited by either the IRS or State taxing agency?

☐ Yes

☐ No
17. Did you work from a home office or use your car for business?

☐ Yes

☐ No
18. May the IRS discuss your tax return with your preparer?

☐ Yes

☐ No
- 19 Were you a citizen of, have income from, or live in a foreign country?

☐ Yes

☐ No
20. Do you want to electronically file your tax return?

☐ Yes

☐ No
21. Did you buy any internet merchandise for which you did not pay sales/use tax?

☐ Yes

☐ No
22. **Health Insurance** Did you have ACA compliant health insurance during the year?  
(Attach Form 1095-A, 1095-B, and/or 1095-C)

☐ Yes

☐ No

Income

| Type of Income                                   | Form(s) to Attach   | # Attached          | Notes |
|--|---|---------------------|-------|
| Wage & Salary Income                             | Form W-2s   |                     |       |
| Pensions, Annuities, Profit Sharing, IRA's, etc. | Form(s) 1099-R  |                     |       |
| Social Security/Railroad Benefits                | Form(s) SSA-1099  |                     |       |
| Interest Income                                  | Form(s) 1099-INT & Broker statements  |                     |       |
| Dividend Income                                  | Form(s) 1099-DIV  |                     |       |
| Partnership, Trust, Estate Income                | Form(s) K-1   |                     |       |
| Investments Sold                                 | Form(s) 1099-B & confirmation slips (should include Date Acquired, Date Sold, Cost, and Sale Price) |                     |       |
|  |   |                     |       |
|  |   |                     |       |
| Property Sold                                    | Form(s) 1099-S & closing statements   |                     |       |
| Address of Property Sold                         | Date Acquired   | Cost & Improvements |       |
|  |   |                     |       |

Other Income

| Type                    | Amount | Type                      | Amount |
|-------------------------|--------|---------------------------|--------|
| Alimony Received        |        | Gambling/lottery winnings |        |
| Jury duty               |        | Disability Income         |        |
| State Income tax refund |        | Other                     |        |
| Other                   |        | Other                     |        |

Adjustments to Income

| Type                                    | Amount | Type  | Amount |
|---|--------|---|--------|
| Alimony Paid<br>Name _____<br>SS# _____ |        | Tuition and Fees paid<br>Who was it paid for? _____<br>IRA/SEP Contributions - Taxpayer |        |
| Educator Expenses                       |        | IRA/SEP Contributions - Spouse  |        |
| Health Savings Account                  |        | Student loan interest   |        |

Medical/Dental Expenses

| Type                                     | Amount | Type                        | Amount |
|--|--------|-----------------------------|--------|
| Medical insurance premiums (paid by you) |        | Medical equipment, supplies |        |
| Long Term Care insurance                 |        | Nursing care                |        |
| Prescription drugs                       |        | Medical therapy             |        |
| Glasses, contacts                        |        | Hospital                    |        |
| Hearing aids, batteries                  |        | Doctor/Dental/Orthodontist  |        |
| Braces                                   |        | Mileage                     |        |

Taxes Paid

| Type                             | Amount | Type        | Amount |
|----------------------------------|--------|-------------|--------|
| Real property tax (attach bills) |        | Other _____ |        |
| Personal property tax            |        | Other _____ |        |

Interest Expense

|  |  |  |           |
|--|--|--|-----------|
| Mortgage interest paid (attach 1098's) |  | Interest paid to individual for your home (attach amortization schedule) |           |
|  |  | Paid to _____  | SSN _____ |
| Investment Interest                    |  | Address _____  |           |

Charitable Contributions

| Type   | Amount | Type               | Amount |
|--|--------|--------------------|--------|
| Total cash contributions                                 |        | Charitable mileage |        |
| Total non-cash contributions (if over \$500 attach list) |        |                    |        |

Casualty/Theft Loss

| For property damaged by storm, water, fire, accident, or stolen |  |                         |  |
|---|--|-------------------------|--|
| Location of Property  |  | Amount of Damage        |  |
|   |  | Insurance reimbursement |  |
| Description of Property   |  | Repair costs            |  |
|   |  | Federal grants received |  |

Miscellaneous/Unreimbursed Expenses

| Type                               | Amount | Type                                    | Amount |
|------------------------------------|--------|---|--------|
| Dues - union, professional         |        | Safe deposit box                        |        |
| Books, subscriptions, supplies     |        | IRA custodial fees                      |        |
| Licenses                           |        | Investment periodicals, advisory fees   |        |
| Tools, equipment, safety equipment |        | Job search expense                      |        |
| Uniforms (including cleaning)      |        | Moving of household goods (job related) |        |
| Tuition, Books (work related)      |        | Other _____                             |        |
| Entertainment                      |        | Other _____                             |        |
| Tax Preparation Fee                |        | Other _____                             |        |

Estimated Tax Payments

|                         |         |       |                         |         |       |
|-------------------------|---------|-------|-------------------------|---------|-------|
|                         | Federal | State |                         | Federal | State |
| 1 <sup>st</sup> Quarter |         |       | 3 <sup>rd</sup> Quarter |         |       |
| 2 <sup>nd</sup> Quarter |         |       | 4 <sup>th</sup> Quarter |         |       |

Day Care Expense

|                    |  |             |  |
|--------------------|--|-------------|--|
| Provider #1        |  | Provider #2 |  |
| Address            |  |             |  |
| EIN/SS#            |  |             |  |
| Amount Paid        |  |             |  |
| Children cared for |  |             |  |
|                    |  |             |  |

Health Insurance

|          |  |   |
|----------|--|---|
| Taxpayer | <input type="checkbox"/> I was insured through the Marketplace   | <b>Attach Form 1095-A, 1095-B, and/or 1095-C</b><br><input type="checkbox"/> Not insured at all |
|          | <input type="checkbox"/> Insured privately, through employer, or Medicaid  |   |
|          | Indicate months covered:<br><input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec |   |
|          | Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, provide number _____  |   |
| Spouse   | <input type="checkbox"/> I was insured through the Marketplace   | <b>Attach Form 1095-A, 1095-B, and/or 1095-C</b><br><input type="checkbox"/> Not insured at all |
|          | <input type="checkbox"/> Insured privately, through employer, or Medicaid  |   |
|          | Indicate months covered:<br><input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec |   |
|          | Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, provide number _____  |   |

Health Insurance continued

|                        |   |   |
|------------------------|---|---|
| Dependent<br><br>_____ | <input type="checkbox"/> I was insured through the Marketplace<br><input type="checkbox"/> Insured privately, through employer, or Medicaid<br><br><i>Indicate months covered:</i><br><input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec<br>Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, provide number _____ | <b>Attach Form 1095-A, 1095-B, and/or 1095-C</b><br><input type="checkbox"/> Not insured at all |
| Dependent<br><br>_____ | <input type="checkbox"/> I was insured through the Marketplace<br><input type="checkbox"/> Insured privately, through employer, or Medicaid<br><br><i>Indicate months covered:</i><br><input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec<br>Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, provide number _____ | <b>Attach Form 1095-A, 1095-B, and/or 1095-C</b><br><input type="checkbox"/> Not insured at all |
| Dependent<br><br>_____ | <input type="checkbox"/> I was insured through the Marketplace<br><input type="checkbox"/> Insured privately, through employer, or Medicaid<br><br><i>Indicate months covered:</i><br><input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec<br>Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, provide number _____ | <b>Attach Form 1095-A, 1095-B, and/or 1095-C</b><br><input type="checkbox"/> Not insured at all |
| Dependent<br><br>_____ | <input type="checkbox"/> I was insured through the Marketplace<br><input type="checkbox"/> Insured privately, through employer, or Medicaid<br><br><i>Indicate months covered:</i><br><input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec<br>Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, provide number _____ | <b>Attach Form 1095-A, 1095-B, and/or 1095-C</b><br><input type="checkbox"/> Not insured at all |
| Dependent<br><br>_____ | <input type="checkbox"/> I was insured through the Marketplace<br><input type="checkbox"/> Insured privately, through employer, or Medicaid<br><br><i>Indicate months covered:</i><br><input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec<br>Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, provide number _____ | <b>Attach Form 1095-A, 1095-B, and/or 1095-C</b><br><input type="checkbox"/> Not insured at all |

Self-Employment Information

Business Name

|                                |        |                                   |                                 |
|--------------------------------|--------|-----------------------------------|---------------------------------|
| <b>Total Sales</b>             |        | <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Spouse |
| <b>Expenses</b>                |        |                                   |                                 |
| Advertising                    |        | Repairs Expense                   |                                 |
| Commissions/Fees               |        | Supplies Expense                  |                                 |
| Dues & Publications            |        | Taxes                             |                                 |
| Interest Expense               |        | Travel Expense                    |                                 |
| Insurance                      |        | Meals & Entertainment             |                                 |
| Legal & Professional Fees      |        | Telephone                         |                                 |
| Office Expense                 |        | Utilities                         |                                 |
| Rent (office) Expense          |        | Wages (gross W-2)                 |                                 |
| Equipment Rental Expense       |        | Postage                           |                                 |
| Auto Expense                   |        | Bank Charges                      |                                 |
| Auto Mileage                   |        | Tools & Equipment                 |                                 |
|                                |        | Uniforms                          |                                 |
|                                |        |                                   |                                 |
|                                |        |                                   |                                 |
|                                |        |                                   |                                 |
| <b>Assets Purchased</b>        |        | <b>Notes</b>                      |                                 |
| Date                           | Amount | Asset                             |                                 |
|                                |        |                                   |                                 |
|                                |        |                                   |                                 |
|                                |        |                                   |                                 |
|                                |        |                                   |                                 |
| <b>Cost of Goods Sold</b>      |        |                                   |                                 |
| Inventory at beginning of year |        | Material & supplies               |                                 |
| Purchases                      |        | Other:                            |                                 |
| Cost of items for personal use |        | Other:                            |                                 |
| Cost of labor                  |        | Inventory at end of year          |                                 |

| Expenses Related to Business  |   |              |                                     |   |   |
|---|---|--------------|-------------------------------------|---|---|
| Auto Expense  |   |              |                                     |   |   |
| Name of business vehicle is used for  |   |              |                                     |   |   |
| Description of vehicle:   |   |              | Date vehicle was placed in service: |   |   |
| Check if Applicable:  |   |              |                                     |   |   |
|   | Another vehicle is available for personal use           |              |                                     | There is evidence to support your deduction |   |
|   | This vehicle is available for use during off-duty hours |              |                                     | The evidence is written                     |   |
| Number of miles the vehicle was driven during the tax year: Business_____Commuting_____Total_____ |   |              |                                     |   |   |
| Type  | Amount  | Type         | Amount                              | Type  | Amount  |
| Garage rent   |   | Property tax |                                     | Gas   |   |
| Insurance   |   | Repairs      |                                     | Tires                                       |   |
| Licenses  |   | Tolls        |                                     | Oil   |   |
| Parking fees  |   | Interest     |                                     | Lease payments                              |   |
| Other _____   |   | _____        |                                     | _____                                       |   |
| _____   |   | _____        |                                     | _____                                       |   |
| Business Use of Home  |   |              |                                     |   |   |
| Name of business home is used for   |   |              |                                     |   |   |
| What is the 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   |              | Home expenses                       |   | 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. |
| Mortgage interest   |   |              |                                     |   |   |
| Real estate taxes   |   |              |                                     |   |   |
| Excess mortgage interest  |   |              |                                     |   |   |
| Insurance   |   |              |                                     |   |   |
| Rent  |   |              |                                     |   |   |
| Repairs & maintenance   |   |              |                                     |   |   |
| Utilities   |   |              |                                     |   |   |
| Other expenses  |   |              |                                     |   |   |

| <b>Rental Income</b>   | Property #1 | Property #2 | Property #3 | Property #4 |
|------------------------|-------------|-------------|-------------|-------------|
| Address                |             |             |             |             |
| City/State             |             |             |             |             |
| <b>Rent Received</b>   |             |             |             |             |
| <b>Expenses</b>        |             |             |             |             |
| Advertising            |             |             |             |             |
| Auto & Travel          |             |             |             |             |
| Auto Miles             |             |             |             |             |
| Cleaning & Maintenance |             |             |             |             |
| Commissions Paid       |             |             |             |             |
| Grounds & Gardening    |             |             |             |             |
| Insurance              |             |             |             |             |
| Interest Expense       |             |             |             |             |
| Legal & Professional   |             |             |             |             |
| Management Fees        |             |             |             |             |
| Repairs & Maintenance  |             |             |             |             |
| Supplies               |             |             |             |             |
| Taxes                  |             |             |             |             |
| Utilities              |             |             |             |             |
| Association Dues       |             |             |             |             |
| Pest Control           |             |             |             |             |
| Other:                 |             |             |             |             |
| Other:                 |             |             |             |             |
| Other:                 |             |             |             |             |
| Other:                 |             |             |             |             |
| Other:                 |             |             |             |             |
| Other:                 |             |             |             |             |
|                        |             |             |             |             |
|                        |             |             |             |             |
|                        |             |             |             |             |

## Notes

---



---



---



---

I (We, if filing Jointly) acknowledge that the above information provided by me/us is true and accurate to the best of my/our knowledge. I/We hereby relieve Richardson Consulting, its agents and affiliates, from any liability whatsoever, regarding the preparation of this/ these tax returns, and agree to hold them harmless from any damages I/We may suffer and understand that my/our sole relief is limited to the return of any fee paid for the preparation of these tax documents. I/we guarantee payment of the preparation fee and any related charges.

Primary Taxpayer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**Additional Documents Required: Copy of Driver's License or State issued ID**