



Small Business Accounting

2025 Income Tax Organizer

I WANT MY REFUND(S) DIRECT DEPOSITED: YES NO

(If YES, please enclose a blank check or provide bank information below)

Routing #: _____ Account #: _____

No change from previous year.

Taxpayer (T) _____

Spouse (S) _____

Address: _____

Occupation (T) _____

Occupation (S) _____

Date of Birth (T) _____

Date of Birth (S) _____

Social Security # _____

Social Security # _____

School District _____

Preferred form of contact _____

Email (T) _____

Email (S) _____

Phone (T Cell) _____

Phone (S Cell) _____

Dependent's names (Exact spelling, SS# and dates of birth are mandatory). If claiming per divorce decree (and not the custodial parent) please include signed form 8332.

SS# _____
SS# _____
SS# _____
SS# _____

Birth Date _____
Birth Date _____
Birth Date _____
Birth Date _____

THIS SECTION MUST BE COMPLETED:

- 1) Do you possess documentation (i.e. birth certificate, SS Card) to substantiate eligibility to claim the child tax credit? Yes No
- 2) Were any tax credits related to your dependents ever disallowed or reduced in a previous year? Yes No
- 3) Is your dependent a citizen of the United States? Yes No
- 4) In 2025, did you receive, sell, send, exchange, or otherwise acquire interest in virtual currency? Yes _____ No _____
- 5) Did you have financial interest in a foreign account or property in 2025? Yes _____ No _____
- 6) Did you or your spouse donate directly to a charity from your IRA? If YES \$ (TP) _____ (SP) _____
- 7) Did any family member purchase health Ins. from Health Ins. Exchange? Yes _____ No _____ (Include form 1095-A, if "Yes")
- 8) Do you have an Identity Protection PIN (IP PIN) for 2025? Provide if applicable (TP) _____ (SP) _____

INCOME RECEIVED FOR CURRENT TAX YEAR

1. Income from wages (Form(s) W-2)
2. **Tip Income or Overtime Pay? If yes, provide details**
3. Interest or Dividend income (Form(s) 1099 INT and/or 1099 DIV)
4. Retirement Distributions (Form(s) 1099 R)
5. Income from unemployment (Form 1099 G)
6. Social Security income (Form(s) SSA 1099)
7. Gain/Loss on sale of investments (Form 1099-B, Consolidated form 1099, Form 1099-S/closing statement if sale of real estate)
8. Income and expenses related to rental properties (separated by property)
9. Income & expenses related to self-employment income, including farm activities (bring 1099's received)
10. Alimony received/(paid) in current year \$ _____ Original Divorce Date _____
11. Gambling income (W2-G and any winnings that are not on Form W-2G)
12. Federal and state tax paid or refunded in 2025, related to 2024 or prior: Fed \$ _____ State \$ _____

ESTIMATED TAX PAYMENTS

FEDERAL:

Date Paid _____ Amount Paid \$ _____
Date Paid _____ Amount Paid \$ _____
Date Paid _____ Amount Paid \$ _____
Date Paid _____ Amount Paid \$ _____

STATE:

Date Paid _____ Amount Paid \$ _____
Date Paid _____ Amount Paid \$ _____
Date Paid _____ Amount Paid \$ _____
Date Paid _____ Amount Paid \$ _____

MEDICAL EXPENSES

Misc Medical (co-pays, etc) \$ _____
 Medical Ins Premiums \$ _____
 Medicare Part B Premiums \$ _____
 T - Long Term Care Ins Prem \$ _____
 S - Long Term Care Ins Prem \$ _____
 Medical Miles # _____

Did you have distributions from an HSA in 2025? If YES
 Please bring forms 1099 SA to your appointment

TAXES

Real Estate – Principal Residence \$ _____
 Real Estate – Second Residence \$ _____
 Real Estate – Other \$ _____
 Auto Registration Fees \$ _____
 Sales Tax PD on Auto/Boat etc. \$ _____

INTEREST EXPENSE

Home Mortgage Interest

\$ _____
 \$ _____
 \$ _____
 \$ _____

Home Equity Interest

\$ _____
 \$ _____

OTHER DEDUCTIONS

Investment Int Expense \$ _____
 Student Loan Int \$ _____
 Attach 1098-E
 Educator Expenses \$ _____

ROTH IRA CONTRIBUTIONS

(T) \$ _____ (S) \$ _____

TRADITIONAL IRA CONTRIBUTIONS

(T) \$ _____ (S) \$ _____

GAMBLING LOSSES \$ _____

HOME ENERGY EFFICIENT IMPROVEMENTS:

Please provide details on energy efficient improvements made to your personal residence.

CHARITABLE CONTRIBUTIONS (For Cash Gifts Over

\$250 Written Acknowledgement is Required for all others you must have receipts or cancelled checks)
 _____ \$ _____
 _____ \$ _____
 Non-Cash Contributions \$ _____
 Travel Expense for Charitable Work \$ _____
 (Number of Miles) # _____

CHILD CARE EXPENSES (required even if using employer sponsored Dependent Care Benefit)

Provider Name _____
 SSN/EIN# _____
 Address: _____
 Amount Paid \$ _____

Provider Name _____
 SSN/EIN # _____
 Address: _____
 Amount Paid \$ _____

IOWA TUITION AND TEXTBOOK CREDIT

(25% of the first \$2000 in tuition, textbook and extracurricular expense for each K thru 12 dependent)
 Amount Paid \$ _____

Did you receive ESA funding (private school) Yes No

COLLEGE TUITION COSTS (bring breakdown of costs and who they were paid for, per dependent).

All 1098-T's (per college) will be required.

Check box each year dependent attended college

	Dependent 1	Dependent 2	Dependent 3
2022	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2023	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2024	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2025	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

College Savings- IA 529 Plan Contributions (2025):

Taxpayer Spouse

Dependent 1:

Dependent 2:

Dependent 3:

Dependent 4:

College Savings – IA 529 Plan Distributions (2025):

Bring form 1099-Q and qualified expenses not reported on form 1098-T.

Taxpayer Signature _____

Spouse Signature _____