

2025 Tax Return Organizer

Please Check the appropriate box and provide all supporting documents

General

Do you have supporting evidence for all of your income and deductions

Yes No

Direct Deposit

If you have a refund due would you like to use Direct Deposit

If you have a tax payment due would you like to use Direct Withdrawl

Health Care Information

Did you or any member of your family enroll in health insurance coverage through the Health Insurance Marketplace at healthcare.gov under the Affordable Care Act? If yes, enclose Form 1095-A, Health

If applicable, tax return will not be accepted without this form.

Dependent Information

Did you have any additional dependents in the tax year?*

Did you pay for dependent care while you worked?

Misc Information (if yes provide amounts)

Did you contribute to a College Savings Plan the year?

Did you contribute to a Health Savings Plan (HSA) this year?

Did you have any qualifying education expenses this year?

Did you contribute to a: IRA/ROTH IRA/SEP/SIMPLE/Qualified Plans?

*circle applicable plan and provide amounts

Did you receive any distributions from an HSA?

Were all distributions made for qualified medical expenses?

Digital Asset Transactions

At any time during the tax year, did the you (or your spouse) receive (as a reward, award, or payment) or sell, exchange, give, or otherwise dispose of a digital asset (or any financial interest in a digital asset)

Contact Information

Is your address on file different that your current address*

* If yes, include information on second sheet

Over-->

2025 Information Update

Please provide the best phone number to contact you _____

Please provide the best phone email to contact you _____

Preferred Contact Method

	Phone Call
	Text
	Email

Please provide your (and spouse if applicable) current drivers license issue date and expiration date

Name: _____ Issue Date: _____ Exp Date: _____

Name: _____ Issue Date: _____ Exp Date: _____

New Street Address _____

State _____ City _____ Zip _____

New Dependents Information

Name _____ SSN _____ DOB _____

Estimated Tax Payments Made

Federal		State	
Date Paid	Amount Paid	Date Paid	Amount Paid
Prior years overpayment applied			
1st Qtr			
2nd Qtr			
3rd Qtr			
4th Qtr			