

## 2025 Tax Return Organizer

Please Check the appropriate box and provide all supporting documents

### General

	Yes	No
Do you have supporting evidence for all of your income and deductions	<input type="checkbox"/>	<input type="checkbox"/>

### Direct Deposit

If you have a refund due would you like to use Direct Deposit	<input type="checkbox"/>	<input type="checkbox"/>
If you have a tax payment due would you like to use Direct Withdrawl	<input type="checkbox"/>	<input type="checkbox"/>

### Health Care Information

Did you or any member of your family enroll in health insurance coverage through the Health Insurance Marketplace at <a href="https://healthcare.gov">healthcare.gov</a> under the Affordable Care Act? If yes, enclose Form 1095-A, Health	<input type="checkbox"/>	<input type="checkbox"/>
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*If applicable, tax return will not be accepted without this form.*

### Dependent Information

Did you have any additional dependents in the tax year?*	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for dependent care while you worked?	<input type="checkbox"/>	<input type="checkbox"/>

### Misc Information (if yes provide amounts)

Did you contribute to a College Savings Plan the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you contribute to a Health Savings Plan (HSA) this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any qualifying education expenses this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you contribute to a: IRA/ROTH IRA/SEP/SIMPLE/Qualified Plans?	<input type="checkbox"/>	<input type="checkbox"/>
*circle applicable plan and provide amounts		
Did you receive any distributions from an HSA?	<input type="checkbox"/>	<input type="checkbox"/>
Were all distributions made for qualified medical expenses?	<input type="checkbox"/>	<input type="checkbox"/>

### 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)

<input type="checkbox"/>	<input type="checkbox"/>
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### Contact Information

Is your address on file different that your current address*	<input type="checkbox"/>	<input type="checkbox"/>
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\* If yes, include information on second sheet

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## 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				