

# 2025

## PERSONAL TAX ORGANIZER

## **DISCLOSURE**

Thank you for choosing **The Tax Girl** to assist with your 2025 Tax Filing. Your signature below confirms the terms of our engagement. We will prepare your 2025 Federal and State Income Tax Returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit the documents you submit. The Tax Organizer has been provided to assist you and help to avoid overlooking information.

We will return your original records at the end of this engagement. You should securely store these records, along with supporting documents, canceled checks, etc. as may be needed to prove accuracy and completeness of a return. We will retain copies of your records for seven years, after which these documents will be destroyed.

## **PRIVACY POLICY**

We do not disclose any nonpublic personal information about our clients or former clients to anyone except as requested by our clients or as required by law. We restrict access to nonpublic personal information concerning our clients to employees who need access to such information to provide products and services. The TAX GIRL maintains physical, electronic, and procedural safeguards that comply with federal regulations to guard all non-public personal information. If there are any questions about our policy, please contact us.

## **SIGNATURE/DATE**

Signing below TAXPAYER will certify the information provided is true and correct to the best of knowledge.

---

**Signature (Taxpayer)**

**Date**

---

**Signature (Spouse)**

**Date**

## SECTION 1

**PLEASE COMPLETE ALL QUESTIONS AND ATTACH  
ANY AND ALL APPLICABLE SUPPORTING  
DOCUMENTS. DO NOT SEND PICTURES.  
ATTACH COPY OF DRIVER LICENSE OR IDENTIFICATION**

**DO YOU HAVE AN IDENTITY PIN?** \_\_\_\_\_

**HOW MANY W-2's DID YOU RECEIVE?** \_\_\_\_\_

**DID YOU RECEIVE UNEMPLOYMENT (EDD)?** \_\_\_\_\_  
**(FORM-1099G)**

**ARE YOU SELF EMPLOYED?** \_\_\_\_\_

**ARE YOU A SOLE PROPRIETOR (DBA)?** \_\_\_\_\_

**ARE YOU A SINGLE MEMBER LLC (SMLLC)?** \_\_\_\_\_

**ARE YOU A MULTI MEMBER LLC (MMLLC)?** \_\_\_\_\_

**ARE YOU A PARTNERSHIP?** \_\_\_\_\_ **FORM 1065**

**ARE YOU A CORPORATION?** \_\_\_\_\_ **FORM 1120 or 1120S**

**ARE YOU TRUSTEE OR TRUSTOR?** \_\_\_\_\_ **FORM 1041**

**(COMPLETE PAGE 8)**

**DO YOU HAVE AN EIN?** \_\_\_\_\_

**(COMPLETE PAGE 8)**

**DO YOU RECEIVE a K-1 from an Entity or Trust?** \_\_\_\_\_

**(COMPLETE PAGE 8)**

**ARE YOU AN INDEPENDENT CONTRACTOR?** \_\_\_\_\_

**(Attach 1099-NEC and/or 1099-K & Complete Page 8)**

**DID YOU RECEIVE SOCIAL SECURITY INCOME?**

**(FORM SSA-1099)**

**DID YOU RECEIVE RETIREMENT INCOME? \_\_\_\_\_**  
**(FORM 1099R) or RAILROAD RETIREMENT(RRB-1099)**

**DID YOU RECEIVE RENTAL INCOME OR ROYALTIES? \_\_\_\_\_**  
**(Attach Income(1099-MISC) and/or Rental Worksheet**

**DID YOU RECEIVE DISABILITY INCOME? \_\_\_\_\_**  
**(Form-1099G)**

**DID YOU RECEIVE OR PAY ALIMONY? \_\_\_\_\_**

**DO YOU HAVE HEALTH INSURANCE? \_\_\_\_\_**  
**(ATTACH FORM 1095) for proof of health coverage.**

**DO YOU ITEMIZE DEDUCTIONS? \_\_\_\_\_**  
**(ATTACH SUPPORTING DOCS)**

**DID YOU PAY CHILD CARE EXPENSES? \_\_\_\_\_**  
**(COMPLETE SECTION 4)**

**DID YOU OR ANY DEPENDENT ATTEND COLLEGE? \_\_\_\_\_**  
**(COMPLETE SECTION 5)**

**DID YOU PAY STUDENT LOAN INTEREST \_\_\_\_\_**  
**(FORM 1098-E)**

**DO YOU RECEIVE FOREIGN INCOME? \_\_\_\_\_**  
**(ATTACH SUPPORTING DOCS)**

**DO YOU RECEIVE INVESTMENT INCOME? \_\_\_\_\_**  
**(ATTACH SUPPORTING DOCS (1099B or 1099-DIV)**

**DID YOU INVEST, RECEIVE, SELL, OR EXCHANGE OR  
DISPOSE OF VIRTUAL CURRENCY? \_\_\_\_\_**  
**(ATTACH SUPPORTING DOCS)**

**DID YOU PURCHASE HOME ENERGY OR SOLAR PANELS?\_\_\_\_\_ (ATTACH SUPPORTING DOCS)**

**DID YOU PURCHASE A NEW ELECTRIC OR PLUG-IN HYBRID VEHICLE? \_\_\_\_\_ ATTACH SUPPORTING DOCS)**

**DO YOU HAVE A FOREIGN BANK ACCOUNT OR ASSETS? \_\_\_\_\_ ATTACH SUPPORTING DOCS**

**DO YOU HAVE INCOME FROM ANY SOURCES BELOW:**

**\_\_\_ AWARDS/GRANTS/PRIZES**

**\_\_\_ DISTRIBUTIONS FROM A 529 PLAN (1099Q)**

**\_\_\_ FARM INCOME OR FARM RENTAL INCOME**

**\_\_\_ GAMBLING OR LOTTERY (W-2G)**

**\_\_\_ HSA (1099SA)**

**\_\_\_ LAWSUIT PROCEEDS (1099-MISC)**

**\_\_\_ CANCELLATION OF DEBT (1099C)**

**\_\_\_ SALE OF PRIMARY OR RENTAL PROPERTY- (1099-S)**

**\_\_\_ STATE AND LOCAL INCOME TAX REFUNDS (1099G)**

**\_\_\_ JURY DUTY**

**\_\_\_ TAX EXEMPT INTEREST**

**DID YOU RECEIVE STUDENT LOAN FORGIVENESS? \_\_\_\_**

**DID YOU CONTRIBUTE TO A TRADITIONAL OR ROTH IRA? \_\_\_\_\_**

**DID YOU HAVE A CASUALTY LOSS IN A FEDERALLY DECLARED DISASTER AREA? \_\_\_\_\_**

**DID YOU ADOPT A CHILD? \_\_\_\_\_**

**ARE YOU A MEMBER OF THE NATIONAL GUARD OR ARMED FORCES RESERVIST? \_\_\_\_\_**

**DID YOU PAY ESTIMATED FEDERAL OR STATE TAX PAYMENTS? \_\_\_\_\_ (ATTACH PROOF OF PAYMENT)**

## **SECTION 2**

### **DEPENDENTS**

Name\_\_\_\_\_ SS#\_\_\_\_\_

DOB\_\_\_\_\_ Relationship\_\_\_\_\_

Name\_\_\_\_\_ SS#\_\_\_\_\_

DOB\_\_\_\_\_ Relationship\_\_\_\_\_

Name\_\_\_\_\_ SS#\_\_\_\_\_

DOB\_\_\_\_\_ Relationship\_\_\_\_\_

## **SECTION 3**

### **EARNED INCOME CREDIT**

Each child that you claim must have lived with you for more than half of 2025 in the United States. The United States includes the 50 states and the District of Columbia. It doesn't include Puerto Rico or U.S. possessions such as Guam.

To prove the child lived with you in the United States, you must provide one of the following document(s) • school record • Medical records from doctors, hospital or medical clinic (immunization records may not include all the necessary information) • adoption or child placement documents • court records (foster children)

**OR**

2025 dated statements on letterhead from: • the child's school • the child's childcare provider (not a relative) • the child's health care provider, doctor, nurse or clinic • a social service agency • a placement agency official • your employer • an Indian tribal official • your landlord or property manager • a place of worship • shelters

**AND**

The child must be a qualifying child by one of the following:

1. Son, Daughter, Adopted Child, Grandchild, Niece, Nephew, Step-Child, Brother, Sister, or Foster Child.

2. The child must live with the Taxpayer for more than half of the Tax Year.

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

What is the relationship of the child to the Taxpayer?

Did the qualifying child live with the Taxpayer for more than half the year?

Is the qualifying child under the age of 19 or 24 (Full Time Student)?

Is the qualifying child totally and permanently disabled regardless of age?

## SECTION 4

### CHILD CARE INFORMATION

Name of Provider\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ ZIP\_\_\_\_\_

SS#\_\_\_\_\_ EIN#\_\_\_\_\_

Telephone\_\_\_\_\_ Amt Paid\$\_\_\_\_\_

## SECTION 5

### EDUCATION EXPENSES (FORM 1098-T)

#### FORM 1098-T (REQUIRED)

Name of  
College\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_

Tuition \$\_\_\_\_\_ Books \$\_\_\_\_\_

Name of Attendee\_\_\_\_\_

2yr College\_\_\_\_\_ 4yr College\_\_\_\_\_ Lifetime Learning \_\_\_\_\_

EIN#



## SECTION 6

### BUSINESS INCOME

Name of  
Entity\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ ZIP\_\_\_\_\_

EIN#\_\_\_\_\_ Gross Income\$\_\_\_\_\_

Self Employed (DBA)\_\_\_\_\_ Independent Contractor\_\_\_\_\_ SMLLC\_\_\_\_\_

Partnership/MMLLC/Trust-Complete Business Tax Organizer

### **Business Expenses**

1. Advertising\_\_\_\_\_

2. Car Expenses\_\_\_\_\_

3. Contract Labor\_\_\_\_\_

4. Meals\_\_\_\_\_

5. Depreciation\_\_\_\_\_

6. Employee Benefits\_\_\_\_\_

7. Insurance(Not Health)\_\_\_\_\_

8. Interest\_\_\_\_\_

9. Legal\_\_\_\_\_

10. Office Expenses\_\_\_\_\_

11. Other Expenses\_\_\_\_\_

12. Payroll\_\_\_\_\_

13. Repairs\_\_\_\_\_

14. Supplies\_\_\_\_\_

15. Taxes\_\_\_\_\_

16. Telephone\_\_\_\_\_

17. Utilities\_\_\_\_\_

## ADDITONAL INFORMATION

ATTACH ALL SUPPORTING DOCUMENTATION

VIA EMAIL: [THETAXGIRL@ATT.NET](mailto:THETAXGIRL@ATT.NET)

FAX : 213-652-1962

REQUEST SECURE BOX LINK

MAIL: THETAXGIRL

4858 W. PICO BL. #775

LOS ANGELES, CA. 90019

DROP OFF: 4428 WEST SLAUSON AVE #6

WINDSOR HILLS, CA. 90043

**SEND PHOTOCOPIES OF DRIVER LICENSE OR ID**