

2025 Individual Tax Organizer

Personal Information

Taxpayer

First name	M.I.	Last name	Suffix	Date of birth	SSN or ITIN
Occupation	Email			Phone number	
ID type	ID number		Issuing state	Issue date	Expiration date
Street	City		State	ZIP Code	

Spouse

First name	M.I.	Last name	Suffix	Date of birth	SSN or ITIN
Occupation	Email			Phone number	
ID type	ID number		Issuing state	Issue date	Expiration date

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying surviving spouse

Select all that apply to 2025	Taxpayer	Spouse
Legally blind	<input type="checkbox"/>	<input type="checkbox"/>
Permanently and totally disabled	<input type="checkbox"/>	<input type="checkbox"/>
Claimed as a dependent on another individual's tax return	<input type="checkbox"/>	<input type="checkbox"/>
Full-time student	<input type="checkbox"/>	<input type="checkbox"/>
Designate \$3 to the Presidential Election Campaign Fund	<input type="checkbox"/>	<input type="checkbox"/>
Spouse is not filing a tax return (MFS)	<input type="checkbox"/>	
Spouse had no income (MFS)	<input type="checkbox"/>	

Dependent Information

Name (first and last)	Relationship	Date of birth	SSN or ITIN	Months in home	Received income	Disabled	Full time student	Childcare expenses
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Refund preference

Direct deposit Paper check
 Apply to 2026 estimated taxes

Balance due preference

Bank draft Credit card
 Mail a check Payment plan

Banking information

Financial institution _____

Account holder _____

Routing number _____

Account number _____

Type of account Checking Savings

Personal or business Personal Business

Select if applicable to account: IRA Non-U.S.

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None apply

2025 Life Events

- Changed marital status
- Taxpayer, spouse, or a dependent changed their name with the SSA
- Received notice or letter from the IRS or a state revenue agency
- First time filing a tax return
- Taxpayer, spouse, or a dependent passed away during the year

- Taxpayer, spouse, or a dependent received an identity protection PIN (IP PIN) from the IRS
- Had a baby or adopted a child
- Member of the Armed Forces
Duty type _____
- Changed address during the year

None apply

2025 Financial Events

- Bought, sold, or refinanced a home or rental property
- Incurred property damage or theft caused by a federally declared disaster
- Converted or rolled over any retirement accounts
- Received, sold, exchanged, gifted or otherwise disposed of a digital asset

- Had a financial interest in or signature authority over a foreign account or trust
 - Combined value of foreign account(s) exceed \$10,000
- Gifted more than \$19,000 total to one or more individual(s)
- Purchased health insurance through the Marketplace or a public exchange
- Had health insurance coverage for the entire year (CA, DC, MA, NJ, and RI only)

2025 Income Sources

	Number of forms		Number of forms
<input type="checkbox"/> Employment (W-2)	_____	<input type="checkbox"/> Rent (1099-MISC)	_____
<input type="checkbox"/> Retirement distribution (1099-R)	_____	<input type="checkbox"/> Royalties (1099-MISC)	_____
<input type="checkbox"/> Social Security (SSA-1099)	_____	<input type="checkbox"/> ESA or 529 distribution (1099-Q)	_____
<input type="checkbox"/> Self-employment (1099-NEC or 1099-K)	_____	<input type="checkbox"/> HSA or MSA distribution (1099-SA)	_____
<input type="checkbox"/> State or local tax refund (1099-G)	_____	<input type="checkbox"/> Partnership (Schedule K-1)	_____
<input type="checkbox"/> Unemployment compensation (1099-G)	_____	<input type="checkbox"/> S-corporation (Schedule K-1)	_____
<input type="checkbox"/> Interest (1099-INT)	_____	<input type="checkbox"/> Estate or trust (Schedule K-1)	_____
<input type="checkbox"/> Dividends (1099-DIV)	_____	<input type="checkbox"/> Gambling (W-2G)	_____
<input type="checkbox"/> Sold stocks or investments (1099-B)	_____	<input type="checkbox"/> Farming	_____
<input type="checkbox"/> Canceled debt (1099-C)	_____	<input type="checkbox"/> Other income not listed above	_____

None apply

2025 Adjustments and Credits

		Amount
<input type="checkbox"/> Higher education expenses	<input type="checkbox"/> Adoption expenses	\$ _____
<input type="checkbox"/> Child or dependent care expenses	<input type="checkbox"/> Alimony paid Date of divorce or separation _____ Recipient's SSN _____	\$ _____
<input type="checkbox"/> HSA contributions	<input type="checkbox"/> Educator expenses	\$ _____
<input type="checkbox"/> IRA contributions	<input type="checkbox"/> Household employee expenses	\$ _____
<input type="checkbox"/> Student loan interest	<input type="checkbox"/> Energy-efficient home improvements	\$ _____
<input type="checkbox"/> Plug-in electric vehicle purchase Date acquired _____ Vehicle year, make, and model _____	<input type="checkbox"/> Armed Forces moving expenses	\$ _____

Deductions

Medical and dental	
Medical and dental expenses	\$

Casualty and theft	
Casualty and theft losses	\$
<input type="checkbox"/> Check if caused by federally declared disaster	

Taxes paid	
State and local income taxes	\$
Sales taxes	\$
Real estate taxes	\$
Personal property taxes	\$

Gambling	
Gambling losses	\$

Interest paid	
Mortgage interest	\$
Vehicle loan interest	\$

Other miscellaneous deductions	
	\$
	\$
	\$
	\$
	\$
	\$

Charitable contributions	
Donations to charity (cash)	\$
Donations to charity (non-cash)	\$

Estimated Taxes

Overpayments and estimated tax payments				
	Federal		State:	
Description	Date	Amount	Date	Amount
2024 overpayment applied to 2025				
First quarterly payment				
Second quarterly payment				
Third quarterly payment				
Fourth quarterly payment				
Additional payment(s)				