R.D. BOORSMA & ASSOCIATES INC
2025 TAX ORGANIZER
2920 FULLER AVE NE #101
GRAND RAPIDS MI 49505
Phone:616-361-0784 | Fax:616-361-6757 | office@rdboorsma.com

FILLING STATUS → Joint ☐ Single ☐ Head of Household ☐ Married Filing Separate ☐

NAME_____ **SSN**_____ **DOB** __/__/___
PHONE_____ **EMAIL**_____
ADDRESS_____
CITY RESIDENT OF _____

SPOUSE NAME_____ **SSN**_____ **DOB**___/___/____
PHONE_____ **EMAIL**_____

DIRECT DEPOSIT

Bank Name_____
Routing Number_____ Account Number_____

DEPENDENTS **DO NOT INCLUDE SELF OR SPOUSE**

NAME	SOCIAL SECURITY #	DOB	RELATIONSHIP
_____	_____	____/___/_____	_____
_____	_____	____/___/_____	_____
_____	_____	____/___/_____	_____
_____	_____	____/___/_____	_____

IF YOU HAVE ANY OF THE FOLLOWING DOCUMENTATION PLEASE PROVIDE:

FORM(S) → W2 Wages, Salaries, Tips and Other Compensation, Documentation of Overtime

FORM(S) → 1099 R: Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRA's

FORM(S) → SSA 1099: Social Security, Railroad Benefits, Medicare B, C, or D Premiums

FORM(S) → 1099 MISC / 1099 NEC: If you are self-employed, please bring a separate list of expenses.

FORM(S) → 1099 INT: Interest Income / 1099 DIV: Dividend Income / 1099 B: Broker Statements

FORM(S) → 1098 T: Student Loan Interest Paid

FORM(S) → 1098 SA: Contributions and Distributions made to HSA (Health Savings Account), Archer MSA (Archer Medical Savings Account), MA MSA (Medicare Advantage Medical Savings Account)

FORM(S) → 1099 G: Certain Government Payments (Unemployment)

FORM(S) → Schedule K1: Partnership, S- Corporation, Trust

FORM(S) → 2025 Property Tax bill for Primary residence, Second Home, Cottage, or Lots

OTHER → 2025
Vehicle registration fees: _____
Donations: _____
Energy Efficient Home Improvement Expenses: _____
Date of divorce: _____ **Alimony Paid or Received:** _____
New vehicle interest: _____ **VIN #** _____

COLLEGE TUITION PAID: PROVIDE THE 1098T FOR EACH STUDENT

Student Name_____ Year 1 2 3 4

Student Name_____ Year 1 2 3 4

Cost of books or materials required for courses $_____

DAYCARE EXPENSES:

Provider Name _____

Provider Address _____

Provider ID# (Fed ID#) _____

Provider Name _____

Provider Address _____

Provider ID# (Fed ID#) _____

RENTAL PROPERTY INCOME & EXPENSES
(LIST ADDITIONAL PROPERTIES ON SEPARATE SHEET)

Rental Property Address: _____

Income: _____

List of expenses on separate sheet: (Advertising, Mileage, Cleaning/Maintenance, Insurance, Interest, Repairs, Supplies, Taxes, Utilities, Major Improvements)

Rental Property Address: _____

Income: _____

List of expenses on separate sheet: (Advertising, Mileage, Cleaning/Maintenance, Insurance, Interest, Repairs, Supplies, Taxes, Utilities, Major Improvements)

RENTERS CREDIT FOR TENANT

Landlord Name_____ Address_____

Months Rented _____ Rent amount per month $_____

Landlord Name_____ Address_____

Months Rented_____ Rent amount per Month $_____

PREPAID ESTIMATED TAXES PAID 2025 **DO NOT INCLUDE TAXES ON W2**

1ST QUARTER FEDERAL_____STATE_____CITY_____

2ND QUARTER FEDERAL_____STATE_____CITY_____

3RD QUARTER FEDERAL_____STATE_____CITY_____

4TH QUARTER FEDERAL_____STATE_____CITY_____