

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@rdbboorsma.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: _____

Purchase Price: _____ Purchase Date: _____

Income: _____

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

Rental Property Address: _____

Purchase Price: _____ Purchase Date: _____

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 _____