

## 2025 PERSONAL ORGANIZER

**NEW CLIENT:** \_\_\_\_\_ **EXISTING CLIENT:** \_\_\_\_\_

IF YOU ARE A CURRENT CLIENT JUST USE FOR CHANGES OR ADDITIONAL INFO YOU MIGHT HAVE.

YOU STILL NEED THE PHYSICAL FORMS IF YOU FILL OUT THIS ORGANIZER, THIS IS JUST SO WE DON'T MISS ANYTHING.

HOW DID YOU FIND ABOUT OUR TAX SERVICE: REFERRED: \_\_\_\_\_ ADVERTISING: \_\_\_\_\_

IF YOU WERE REFERRED PLEASE GIVE NAME FOR THEIR REFERRAL BONUS: \_\_\_\_\_

### PERSONAL INFORMATION:

TAXPAYER NAME: \_\_\_\_\_ SS# \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

TAXPAYER EMAIL: \_\_\_\_\_ (mandatory for esignatures)

SPOUSE NAME: \_\_\_\_\_ SS# \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SPOUSE EMAIL: \_\_\_\_\_ (mandatory for esignatures)

FILING JOINTLY: \_\_\_\_\_ MARRIED FILING SEPARATE: \_\_\_\_\_ SINGLE: \_\_\_\_\_ HEAD OF HOUSEHOLD: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

ARE TAXPAYER OR SPOUSE MILITARY: TAXPAYER \_\_\_\_\_ SPOUSE \_\_\_\_\_ IS SPOUSE THAT IS A CIVILIAN  
CONSIDERED A RESIDENT OF THE SAME STATE AS MILITARY? \_\_\_\_\_ IF NOT WHAT STATE IS CIVILIAN  
A RESIDENT OF? \_\_\_\_\_

IF SO, WHAT IS YOUR STATE OF RESIDENCE: \_\_\_\_\_ OTHER STATES: \_\_\_\_\_

DO YOU HAVE OTHER STATES YOU LIVED IN, OR MADE INCOME IN DURING THE YEAR?: \_\_\_\_\_

### DEPENDANT SECTION:

**LIST DEPENDANTS/CHILDREN: (ALSO IF YOU TAKE CARE OF A PARENT PLEASE LIST)**

DEPENDANT #1 FULL NAME: \_\_\_\_\_ SS# \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ ALL YEAR? \_\_\_\_\_ WHAT IS THE RELATIONSHIP? CHILD \_\_\_\_\_ OTHER \_\_\_\_\_

COLLEGE STUDENT? \_\_\_\_\_ DISABLED? \_\_\_\_\_

DEPENDANT #2 FULL NAME: \_\_\_\_\_ SS# \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ ALL YEAR? \_\_\_\_\_ WHAT IS THE RELATIONSHIP? CHILD \_\_\_\_\_ OTHER \_\_\_\_\_

COLLEGE STUDENT? \_\_\_\_\_ DISABLED? \_\_\_\_\_

DEPENDANT #3 FULL NAME: \_\_\_\_\_ SS# \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_ ALL YEAR? \_\_\_\_\_ WHAT IS THE RELATIONSHIP? CHILD \_\_\_\_\_ OTHER \_\_\_\_\_  
COLLEGE STUDENT? \_\_\_\_\_ DISABLED? \_\_\_\_\_  
DEPENDANT #4 FULL NAME: \_\_\_\_\_ SS# \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_ ALL YEAR? \_\_\_\_\_ WHAT IS THE RELATIONSHIP? CHILD \_\_\_\_\_ OTHER \_\_\_\_\_  
COLLEGE STUDENT? \_\_\_\_\_ DISABLED? \_\_\_\_\_  
DEPENDANT #5 FULL NAME: \_\_\_\_\_ SS# \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_ ALL YEAR? \_\_\_\_\_ WHAT IS THE RELATIONSHIP? CHILD \_\_\_\_\_ OTHER \_\_\_\_\_  
COLLEGE STUDENT? \_\_\_\_\_ DISABLED? \_\_\_\_\_  
DEPENDANT #6 FULL NAME: \_\_\_\_\_ SS# \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_ ALL YEAR? \_\_\_\_\_ WHAT IS THE RELATIONSHIP? CHILD \_\_\_\_\_ OTHER \_\_\_\_\_  
COLLEGE STUDENT? \_\_\_\_\_ DISABLED? \_\_\_\_\_

## **INCOME SECTION:**

PLEASE CHECK WHICH DOCUMENTS OF **INCOME** YOU HAVE AND **QTY** OF EACH FOR VERIFICATION:

W2 FORMS: \_\_\_\_\_ W2G FORMS (GAMBLING): \_\_\_\_\_ 1099G(UNEMPLOYMENT): \_\_\_\_\_  
1099R: \_\_\_\_\_ 1099 (CONTRACT LABOR): \_\_\_\_\_ K1 FORM: \_\_\_\_\_ SOCIAL SECURITY INCOME: \_\_\_\_\_  
INTEREST INCOME: \_\_\_\_\_ DIGITAL ASSETS (CRYPTO, ETC): \_\_\_\_\_ STOCKS: \_\_\_\_\_  
OTHER INCOME NOT MENTIONED ABOVE: \_\_\_\_\_

YOU CAN DOWNLOAD THESE ORGANIZERS TO FILL OUT ON MY WEBSITE:

SELF-EMPLOYMENT INCOME AND EXPENSES: \_\_\_\_\_ RENTAL INCOME AND EXPENSES: \_\_\_\_\_

## **PERSONAL EXPENSES:**

OTHER FORMS YOU MAY NEED FOR YOUR TAXES **(ITEMS YOU PAID, PLEASE TOTAL EACH):**

1098T (COLLEGE TUITION): \_\_\_\_\_

CAR LICENSE RENEWAL (DOES NOT INCLUDE SALES TAX): \_\_\_\_\_

CASH DONATIONS: CHURCH \$ \_\_\_\_\_ OTHER ORG: \$ \_\_\_\_\_

ITEMS GIVEN AS DONATIONS: (GOODWILL, SALVATION ARMY, OTHER) PLEASE PROVIDE RECEIPTS FOR THESE \$ \_\_\_\_\_

OTHER DONATIONS NOT LISTED ABOVE: \_\_\_\_\_

**CHILDCARE (PLEASE PROVIDE FORM FROM THE CHILDCARE BUSINESS THAT INCLUDES SS# OR FED ID#, ADDRESS AND AMOUNT OF PROVIDER: \_\_\_\_\_**

**HOUSE INTEREST: \_\_\_\_\_ OTHER HOUSE INTEREST(HELOC, ETC):\_\_\_\_\_**

**HOUSE TAXES FOR THE YEAR: \_\_\_\_\_ MEDICAL BILLS (PLEASE TOTAL):\_\_\_\_\_**

**INSURANCE PAID OUT OF POCKET: \_\_\_\_\_ MEDICINE (PAID OUT OF POCKET):\_\_\_\_\_**

**MEDICARE: \_\_\_\_\_ EYEGLASSES:\_\_\_\_\_ HEARING AIDS:\_\_\_\_\_ DENTIST:\_\_\_\_\_**

**TAX OWED LAST YEAR FROM PREVIOUS TAXES:\_\_\_\_\_**

**DO YOU OWN YOUR HOME:\_\_\_\_\_ RENT:\_\_\_\_\_**

**DID YOU PAY ESTIMATED TAXES?: PLEASE LIST HERE**

**APRIL 15, 2025:\_\_\_\_\_ JUNE 15, 2025:\_\_\_\_\_ SEPTEMBER:\_\_\_\_\_ JAN 15, 2026:\_\_\_\_\_**

**IF YOU HAVE INFORMATION THAT IS NOT ON THIS DOCUMENT ADD IT HERE:**