

## 2025 PERSONAL ORGANIZER

**NEW CLIENT:** \_\_\_\_\_ **EXISTING CLIENT:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**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 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:**