

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 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: