

Tax Organizer For 2025 Income Tax Return

Prepared For:

Prepared By:

This Tax Organizer can be used to help identify information needed to prepare your 2025 income tax return. Enter your 2025 tax information and if additional space is required, enclose a separate sheet with the details. If available, your prior year information has been included for reference.

Please return this Tax Organizer along with all Forms W-2, 1099, and any other relevant information that will assist in the accurate preparation of your 2025 income tax return.

PERSONAL INFORMATION ORGANIZER
Please complete this Organizer before your appointment.

1. PERSONAL INFORMATION

Name		SSN or ITIN		Date of Birth	Date of Death	Occupation	Blind	Disabled
Taxpayer							<input type="checkbox"/>	<input type="checkbox"/>
Spouse							<input type="checkbox"/>	<input type="checkbox"/>
Street Address		Apt.	City or town		State	Zip Code	County	
Foreign country		Foreign province/state				Foreign postal code		
E-mail Address(es)				Home Phone		Mobile Phone		
Spouse's E-mail Address(es)				Spouse's Mobile Phone				

2. FILING STATUS

<input type="checkbox"/> Single	<input type="checkbox"/> Check if parent (or someone else) can claim you as a dependent on their return.
<input type="checkbox"/> Married Filing Joint	
<input type="checkbox"/> Married Filing Separate	<input type="checkbox"/> Check if you lived apart from your spouse for all of 2025.
<input type="checkbox"/> Head of Household	
<input type="checkbox"/> Qualifying surviving spouse (QSS)	Year spouse died: _____

3. DEPENDENTS

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	Child Care Expenses Paid
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		

4. REFUND INFORMATION

1. Would you like to have any refunds directly deposited into your bank account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Bank Account								
Ownership	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint	Bank Account	Ownership	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings		Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings		
Bank name	_____			Bank name	_____			
Routing number	_____			Routing number	_____			
Account number	_____			Account number	_____			
Account outside the jurisdiction of the United States?	<input type="checkbox"/> Yes				Account outside the jurisdiction of the United States?	<input type="checkbox"/> Yes		

5. IDENTIFICATION INFORMATION

Taxpayer		Spouse	
Type of ID:	<input type="checkbox"/> Driver's license	<input type="checkbox"/> State-issued ID	<input type="checkbox"/> Driver's license
	<input type="checkbox"/> No ID		<input type="checkbox"/> State-issued ID
ID number	_____		
Location of issuance	_____		
Issue date	_____		
Expiration date	_____		
ID number	_____		
Location of issuance	_____		
Issue date	_____		
Expiration date	_____		

PERSONAL INFORMATION ORGANIZER

Please complete this Organizer before your appointment.

6. HEALTH CARE INFORMATION

Please indicate where you received your health insurance from for all members of your tax household.

Employer Government-Sponsored Marketplace Private Exchange (Individual Insurance Company)

7. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS

1. Check the applicable boxes if you wish to contribute \$3 to the Presidential Election campaign fund. Taxpayer Spouse

2. Were you a victim of identity theft and have you been contacted by the IRS? Yes No

If Yes, please furnish the 6-digit PIN issued to you by the IRS _____

3. Were you (or your spouse if filing jointly) a nonresident alien for any part of 2025? Yes No

4. Have you received any notices or correspondences from the IRS or state in the past 3 tax years? Yes No

5. Do you have any children age 18 or under (or student under age 24) who had unearned income of more than \$2,700? Yes No

6. If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return? Yes No

7. Did you give a gift of more than \$19,000 to one or more people? Yes No

8. If age 65 or older, do you want to file Form 1040-SR, U.S. Tax Return for Seniors, instead of Form 1040? Yes No

8. COMMENTS

BUSINESS INCOME AND EXPENSES (Schedule C)

Indicate the owner of this business:	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Business Name:			
Business product or service:			
Business Address:			
City, State, and Zip Code:			
Did you start or acquire this business during 2025?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Accounting Method:	<input type="checkbox"/> Cash	<input type="checkbox"/> Accrual	<input type="checkbox"/> Other (describe)
Method used to value inventory:	<input type="checkbox"/> Cost	<input type="checkbox"/> Lower of cost or market	<input type="checkbox"/> Other (describe)

Income and Cost of Goods Sold	2025 Amount	2024 Amount
Gross receipts or sales		
Returns and allowances		
Other income (enclose description)		
Inventory at beginning of year		
Purchases less cost of items withdrawn for personal use		
Cost of labor		
Materials and supplies		
Other costs		
Inventory at end of year		

Expenses	2025 Amount	2024 Amount	Wages	Energy efficient commercial bldgs deduction	Other: _____	2025 Amount	2024 Amount
Advertising							
Commissions and fees							
Contract labor							
Depletion							
Employee benefits							
Insurance (other than health)							
Mortgage interest							
Other interest							
Legal and professional fees							
Office expenses							
Pension and profit sharing							
Rent - Vehicle, machinery							
Rent - Other							
Repairs and maintenance							
Supplies							
Taxes and licenses							
Travel							
Meals and entertainment							
Utilities							

Vehicle Information			
Vehicle description		Date placed in service	Cost or basis
Business miles		Commuting miles	Other miles
Actual expenses such as gas, oil, repairs, etc			Parking fees and tolls

Sales, Purchases, and Disposition of Assets in 2025 (New clients, enclose detailed listing of all depreciable assets.)				
Asset description	Date acquired	Purchase price	Date sold	Sales Price

Business Use of Home				
Area used exclusively for business		Total area of home		
Was the home used as a day care facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date home placed in service	
Casualty losses		Insurance	Rent	
Mortgage interest		Repairs and maintenance	FMV of home	
Real estate taxes paid		Utilities and other expenses	Value of land	
Carryover of unallowed expenses to 2025	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(if yes, enter amount)	

PROFIT OR LOSS FROM FARMING (Schedule F)

Indicate the owner of this farm: Taxpayer Spouse Joint

Principal product

Accounting Method: Cash Accrual

Did you materially participate in the operation of this farm during 2025? Yes No

Income	2025 Amount	2024 Amount
Sales of livestock and other items bought for resale		
Cost of livestock and other items bought for resale		
Sales of livestock, produce, grains, and other products you raised		
Cooperative distributions		
Agricultural program payments		
Commodity Credit Corporation (CCC) loans reported under election		
Commodity Credit Corporation (CCC) loans forfeited		
Crop insurance proceeds and disaster payments received in 2024		
Custom hire		
Other income		
Inventory of livestock, produce, etc. at beginning of year (accrual method only)		
Cost of livestock, produce, etc. purchased during year (accrual method only)		
Inventory of livestock, produce, etc. at end of year (accrual method only)		

Expenses	2025 Amount	2024 Amount		2025 Amount	2024 Amount
Chemicals			Seeds and plants purchased		
Conservation			Storage and warehousing . .		
Custom hire			Supplies purchased		
Employee benefits			Taxes		
Feed purchased			Utilities		
Fertilizers and lime			Veterinary and breeding . .		
Freight and trucking			Other _____		
Gasoline, fuel, and oil			_____		
Insurance			_____		
Mortgage interest			_____		
Other interest			_____		
Labor hired			_____		
Pension and profit-sharing . .			_____		
Vehicles and machinery rent .			_____		
Other rentals			_____		
Repairs and maintenance . . .			_____		

Vehicle Information

Vehicle description _____ Date placed in service _____

Actual expenses such as gas, oil, repairs, etc. _____ Parking fees and tolls _____

Sales, Purchases, and Disposition of Assets in 2025

(New clients, enclose detailed listing of all depreciable assets.)

RENTAL AND ROYALTY INCOME AND EXPENSES (Schedule E, pg 1)

Indicate the owner of this property:	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Description of property			
Location of property			
Did you or your family use this property during the tax year for personal purposes for more than the greater of: (a) 14 days, or (b) 10% of the total days rented at fair market value?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you meet the Active Participation requirements for this property? (To meet these requirements, you must have participated in making management decisions or arranged for others to provide services in a significant and bona fide sense. Such management decisions include approving new tenants, deciding on rental terms, approving repair expenditures, or other similar decisions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was this property fully disposed of during 2025?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Income	2025 Amount	2024 Amount
Rents received		
Royalties received		

Expenses	2025 Amount	2024 Amount
Advertising		
Cleaning and maintenance		
Commissions		
Insurance		
Legal and other professional fees		
Management fees		
Mortgage interest paid to banks		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		
Other _____		

Amortization		
Section 481(a) adjustment		

Vehicle Information				
Vehicle description _____	Date placed in service _____	Cost or basis _____		
Business miles _____	Commuting miles _____	Other miles _____		
Actual expenses such as gas, oil, repairs, etc _____	Parking fees and tolls _____			
Travel expenses _____				

Sales, Purchases, and Disposition of Assets in 2025				
(New clients, enclose detailed listing of all depreciable assets.)				
Asset description	Date acquired	Purchase price	Date sold	Sales price

DEDUCTIONS ORGANIZER

Please complete this Organizer before your appointment.
Itemized Deduction Organizers are on separate pages.

1. EDUCATION

Attach 1098-Ts, 1098-E's and 1099-Q's:								Student Loan	Books, Supplies & Equipment	529 Plan
Student Name	Educational Institution							Tuition & Fees	Interest Paid	
	Fr	So	Jr	Sr	Oth					
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ITEMIZED DEDUCTIONS

Medical and Dental Expenses (not including reimbursements)	2025 Amount	2024 Amount
Medical/dental care insurance premiums (other than self-employed)		
Medicare B and D premiums from SSA-1099 and RRB-1099-R		
Qualified long-term care premiums		
Doctor, dentist, and hospital fees		
Prescription medicines and drugs		
Medical aids such as eyeglasses, contact lenses, and hearing aids		
Total transportation expenses		
Other medical and dental expenses		

Taxes Paid	2025 Amount	2024 Amount
State and local income taxes paid (other than withholdings and estimates)		
Actual state and local general sales taxes paid.		
State and local real estate taxes.		
Personal state/local property taxes (list type of tax paid) _____		

Interest Paid	2025 Amount	2024 Amount
Home mortgage interest paid to financial institution (enclose Form 1098 or statement)		
Home mortgage interest paid to individual.		
<i>Individual's name</i> _____		
<i>Individual's address</i> _____		
<i>Individual's ID number</i> _____		
Qualified mortgage insurance premiums (VA, FHA, RHS, or private)		
Investment interest expense		

ITEMIZED DEDUCTIONS (continued)

Casualty and Theft Losses (for property damaged by storm, water, fire, accident, or theft)

Enclose supporting documentation of what is written here, i.e. insurance reimbursement, receipts for cost of repairs.

(If additional losses were incurred, please attach a separate sheet of paper with these details.)

Location of property:	Residential property <input type="checkbox"/>	Business property <input type="checkbox"/>
Description of property:	Federal Disaster <input type="checkbox"/>	
Date of loss:	FEMA disaster declaration # _____	
Amount of damage _____	Cost basis of property _____	Repair Costs _____
Insurance reimbursement _____	FMV of property before loss _____	Other _____
Federal monies received _____	FMV of property after loss _____	Other _____

Unreimbursed Employee Business Expenses

(if any depreciable assets were sold (including the vehicle), please see worksheet below)

Dues (related to job) _____
 Subscriptions related to your work _____
 Licenses and regulatory fees _____
 Tools and supplies used in your work _____
 Work clothes, uniforms if required _____
 Medical exams required by your employer _____
 Work related education (books, tuition) _____
 Legal fees related to your job _____
 Job search expenses (current occupation) _____

*In home office:

Total square footage _____
 Office square footage _____
 Office square footage _____
 Rent _____
 Insurance _____
 Utilities _____
 Repairs/Maintenance _____

Vehicle Information

Vehicle description _____
 Date placed in service _____
 Cost or basis _____

Miles of vehicle

Business miles _____
 Commuting miles _____
 Other miles _____

Expenses

Actual expenses
(gas, oil, repairs, etc.) _____
 Parking fees and tolls _____
 Travel expenses _____

*Questions relating to mortgage interest, taxes, and casualty losses were asked previously

Sales, Purchases, and Disposition of Assets in 2025

(New clients, enclose detailed listing of all depreciable assets.)

T S	Asset description	Date acquired	Purchase price	Date sold	Sales price

Investment Related Expenses

Tax preparation fees _____
 Safe deposit box _____
 Custodial, trust admin fees _____
 Fees to collect interest and dividends _____
 Tax advice not related to investment income _____
 Legal fees related to producing taxable income _____
 Other _____
 Other _____
 Other _____

Other Misc. Deductions

Gambling losses _____
 Estate tax deduction *(in respect of a decedent)* _____
 Portfolio from Schedule K-1 _____
 Unrecovered investment in a pension _____
 Amortizable premium on taxable bonds _____
 Disabled persons work expenses _____
 Other _____
 Other _____
 Other _____

CREDITS AND PAYMENTS ORGANIZER

Please complete this Organizer before your appointment.

1. CHILD CARE CREDIT

Attach Daycare Provider Statement(s): Care Provider Name Address		Tax-Exempt	Telephone Number	Identification Number	Amount Paid
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____

2. RESIDENTIAL ENERGY CREDIT

Solar electric property	_____	Metal or asphalt roof	_____
Solar water heating	_____	Exterior windows and skylights	_____
Small wind energy	_____	Electric heat pump or central air conditioner	_____
Geothermal heat pump	_____	Natural gas, propane or oil water heater	_____
Fuel cell property	_____	Biomass fuel stove	_____
Insulation material	_____	Natural gas, propane or oil furnace	_____
Exterior doors	_____	Advanced main air circulating fan	_____

1. Were the qualified improvements for your main home in the United States? Yes No
2. Were any of the improvements related to the construction of this main home? Yes No

3. MISCELLANEOUS CREDIT QUESTIONS

1. Did you pay any expenses related to the adoption of an eligible child? Yes No

2. Do you (and your spouse) have a social security number that allows you to work and is valid? Yes No

3. Were you issued a Mortgage Credit Certificate (MCC) by a state or local governmental unit or agency? Yes No

4. ESTIMATED TAX PAYMENTS

Federal estimated payments	Date Paid	Amount Paid
Applied from 2024 federal refund		
1st quarter payment		
2nd quarter payment		
3rd quarter payment		
4th quarter payment		

State estimated payments	Date Paid	Amount Paid	Local estimated payments	Date Paid	Amount Paid
Applied from 2024 state refund			Applied from 2024 local refund		
1st quarter payment			1st quarter payment		
2nd quarter payment			2nd quarter payment		
3rd quarter payment			3rd quarter payment		
4th quarter payment			4th quarter payment		
State Name			Locality Name		