

## 2025 Tax Organizer Personal Information

### Personal Information

	Name	SSN	Has IP PIN	Date of Birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
	Occupation	Daytime Phone	Evening Phone	Cell Phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

#### Filing status at the end of 2025

Single     Married     Widowed - If widowed and your spouse died after December 31, 2023, enter the date of death \_\_\_\_\_

Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2025? \_\_\_\_\_

Yes    No

Are you or your spouse blind?

Are you or your spouse disabled?

Are you or your spouse a full-time student?

Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?

At any time during 2025 did you:

(a) receive (as a reward, award, or payment for property or services) a digital asset?

(b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

### Identification Information

Taxpayer's type of photo ID

Driver's license     State-issued photo ID

Spouse's type of photo ID

Driver's license     State-issued photo ID

Photo ID number \_\_\_\_\_

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

### Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use this Account for	
			Checking	Savings	Deposits	Withdrawals

### Appointment Information

Your 2025 appointment is scheduled for \_\_\_\_\_

### Dependent and Other Information

Name:

SSN:

#### Dependent Information

First and Last Name SSN	Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses

List dependents required to file a return \_\_\_\_\_

#### Child and Other Dependent Care Expenses

Name of Care Provider	Address	SSN or EIN	Amount Paid

#### Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2024	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____







### Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Other Income

	2025 Taxpayer	2024 Taxpayer	2025 Spouse	2024 Spouse
Social Security Benefits (attach Forms 1099-SSA) .....	_____	_____	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB) .....	_____	_____	_____	_____
State income tax refund (attach Forms 1099-G) .....	_____	_____	_____	_____
Alimony received		_____		_____
Divorce or separation date _____ Amount _____	_____	_____	_____	_____
Unemployment compensation (attach Forms 1099-G) .....	_____	_____	_____	_____
Unemployment compensation repaid in 2025 .....	_____	_____	_____	_____
Gambling winnings (attach Forms W2-G) .....	_____	_____	_____	_____
Alaska Permanent Fund .....	_____	_____	_____	_____
Jury duty pay .....	_____	_____	_____	_____
ABLE distributions .....	_____	_____	_____	_____
Scholarships or grants not reported on Form W-2 .....	_____	_____	_____	_____
Other income: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### Adjustments

	2025 Taxpayer	2024 Taxpayer	2025 Spouse	2024 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) .....	_____	_____	_____	_____
Contributions made to a Health Savings Account (HSA) .....	_____	_____	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents .....	_____	_____	_____	_____
Alimony paid		_____		_____
Name _____		_____		_____
SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Name _____		_____		_____
SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Contributions made to a Self-Employed Pension plan (SEP) SIMPLE or Solo 401K .....	_____	_____	_____	_____
Contributions made to an Individual Retirement Account (IRA) .....	_____	_____	_____	_____
Contributions made to a Roth IRA .....	_____	_____	_____	_____
Interest paid on a student loan .....	_____	_____	_____	_____
Other adjustments: _____	_____	_____	_____	_____





Schedule A - Itemized Deductions

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Medical and Dental Expenses		2025	2024
Health insurance premiums (paid by you, not through work) . . . .	_____	_____	_____
Amount above that is for Medicare premiums . . . . .	_____	_____	_____
Long-term care premiums (you) . . .	_____	_____	_____
Long-term care premiums (your spouse)	_____	_____	_____
Long-term care premiums (dependents)	_____	_____	_____
Mileage driven for medical purposes	_____	_____	_____
Out of pocket medical and dental expenses (list) . . . . .	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Taxes Paid		2025	2024
State and local income taxes . . . .	_____	_____	_____
General sales tax (vehicle, boat, home, etc.) . . . . .	_____	_____	_____
Real estate taxes . . . . .	_____	_____	_____
Personal property taxes . . . . .	_____	_____	_____
Auto registration taxes not deductible for state . . . . .	_____	_____	_____
Other taxes (list)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Interest Paid		2025	2024
Home mortgage interest paid (attach Form 1098) . . . . .	_____	_____	_____
<input type="checkbox"/> Some of your home mortgage loan was not used to buy, build, or improve your home.			
Home mortgage interest paid to an individual . . . . .	_____	_____	_____
Paid to:			
Name _____			
Address _____			
City, State, ZIP _____			
SSN or EIN _____			
Points not reported on Form 1098 . . .	_____	_____	_____
Investment interest . . . . .	_____	_____	_____

Charitable Contributions		2025	2024
Donations to charity (cash) . . . .	_____	_____	_____
Miles driven for charitable purposes _____			_____
Donations to charity (noncash) . . _____			_____
If noncash donations are greater than \$500, list below.			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Miscellaneous Deductions		2025	2024
Amortizable bond premiums . . .	_____	_____	_____
Federal estate tax . . . . .	_____	_____	_____
Gambling losses . . . . .	_____	_____	_____
Impairment-related work expenses	_____	_____	_____
Claim repayments . . . . .	_____	_____	_____
Unrecovered pension investments	_____	_____	_____
Loss from other activities from Schedule K-1 . . . . .	_____	_____	_____
Ordinary loss debt instrument . .	_____	_____	_____
Excess deduction on termination	_____	_____	_____

For state purposes ONLY		2025	2024
<b>Job Expenses &amp; Certain Miscellaneous Deductions</b>			
Necessary job expenses you paid that were not reimbursed by your employer (list)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Union dues . . . . .	_____	_____	_____
Tax preparation fees . . . . .	_____	_____	_____
Other nonpersonal expenses related to taxable income (list)			
_____	_____	_____	_____
_____	_____	_____	_____
Investment expenses not entered elsewhere . . . . .	_____	_____	_____
Home equity interest . . . . .	_____	_____	_____

### Additional Deductions

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Additional Deductions

	2025 Taxpayer	2024 Taxpayer	2025 Spouse	2024 Spouse
Enter any income from Puerto Rico that you excluded .....	_____	_____	_____	_____
Enter the amount from Form 4563, Line 15 .....	_____	_____	_____	_____
If Form W-2, Box 5, is \$176,100 or less, enter qualified tips included in Form W-2, Box 7. ....	_____	_____	_____	_____
Qualified Tips included on Form 4137, line 1(c) .....	_____	_____	_____	_____
If you received qualified tips from one employer .....	_____	_____	_____	_____
Qualified tips received in the course of a trade or business .....	_____	_____	_____	_____
Qualified overtime compensation included on Form W-2, Box 1 .....	_____	_____	_____	_____
Qualified overtime compensation included on Form 1099-NEC, Box 1 or Form 1099-MISC, Box 3 .....	_____	_____	_____	_____

#### Passenger Vehicle Loan Interest

TS \_\_\_\_

Loan origination date ..... \_\_\_\_\_

Outstanding principal ..... \_\_\_\_\_

Year ..... \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Vehicle identification number (VIN) \_\_\_\_\_

Business interest ..... \_\_\_\_\_

Personal Interest ..... \_\_\_\_\_

TS \_\_\_\_

Loan origination date ..... \_\_\_\_\_

Outstanding principal ..... \_\_\_\_\_

Year ..... \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Vehicle identification number (VIN) \_\_\_\_\_

Business interest ..... \_\_\_\_\_

Personal Interest ..... \_\_\_\_\_

TS \_\_\_\_

Loan origination date ..... \_\_\_\_\_

Outstanding principal ..... \_\_\_\_\_

Year ..... \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Vehicle identification number (VIN) \_\_\_\_\_

Business interest ..... \_\_\_\_\_

Personal Interest ..... \_\_\_\_\_

TS \_\_\_\_

Loan origination date ..... \_\_\_\_\_

Outstanding principal ..... \_\_\_\_\_

Year ..... \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Vehicle identification number (VIN) \_\_\_\_\_

Business interest ..... \_\_\_\_\_

Personal Interest ..... \_\_\_\_\_



### Schedule C - Profit or Loss from Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### General Business Information

TS \_\_\_\_\_ Professional product or service \_\_\_\_\_ Employer ID number \_\_\_\_\_

Business name \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

Accounting Method:  Cash  Accrual  Other (specify) \_\_\_\_\_

This business started or was acquired during 2025.

This business was disposed of during 2025.

Select if this business is for:

Professional gambler

Newspaper delivery and you are under 18 years of age

Exempt Notary income

A clergy

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.

If "Yes," did you file Forms 1099 for the individuals?

Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?

If "Yes," was any portion of the loan forgiven in 2025?

#### Income

	2025	2024		2025	2024
Gross receipts or sales .....	_____	_____	Other income .....	_____	_____
Returns & allowances .....	_____	_____		_____	_____

#### Expenses

	2025	2024		2025	2024
Advertising .....	_____	_____	Repairs & maintenance .....	_____	_____
Car & truck expenses .....	_____	_____	Supplies .....	_____	_____
Commissions & fees .....	_____	_____	Taxes & licenses .....	_____	_____
Contract labor .....	_____	_____	Travel .....	_____	_____
Depletion .....	_____	_____	Total meals .....	_____	_____
Employee benefit programs .....	_____	_____	Utilities .....	_____	_____
Insurance (other than health) .....	_____	_____	Wages .....	_____	_____
Interest - mortgage .....	_____	_____	Family health coverage payments for taxpayer, spouse or dependents	_____	_____
Interest - other .....	_____	_____	Other expenses (list) .....	_____	_____
Legal & professional services .....	_____	_____		_____	_____
Office expenses .....	_____	_____		_____	_____
Pension & profit-sharing plans .....	_____	_____		_____	_____
Rent or lease (vehicles, machinery, & equipment) .....	_____	_____		_____	_____
Rent (other business property) .....	_____	_____		_____	_____

#### Cost of Goods Sold

	2025	2024		2025	2024
Inventory at beginning of year ...	_____	_____	Materials & supplies .....	_____	_____
Purchases .....	_____	_____	Other costs .....	_____	_____
Cost of personal use items .....	_____	_____	Inventory at end of year .....	_____	_____
Cost of labor .....	_____	_____		_____	_____

There was a change in inventory method.

## Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### General Property Information

TSJ \_\_\_\_\_

Property description \_\_\_\_\_

Address, city, state, ZIP \_\_\_\_\_

Select the property type

- |  |   |                                    |                                      |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land      | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence  | <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

- |  |                          |                          |  |
|--|--------------------------|--------------------------|--|
| <input type="checkbox"/> This property was placed in service during 2025.      | Yes                      | No                       | Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental.<br><br>If "Yes," did you file Forms 1099 for the individuals? |
| <input type="checkbox"/> This property was disposed of during 2025.            | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> This property is your main home or second home.       | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> This property was owned as a qualified joint venture. | <input type="checkbox"/> | <input type="checkbox"/> |  |

### Income

	2025	2024		2025	2024
Rent Income .....			Royalties from oil, gas, mineral, copyright or patent ....		

### Expenses

	Rental Unit Expenses		Rental <u>and</u> Homeowner Expenses		
Advertising .....					If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel .....					
Cleaning & maintenance .....					
Commissions .....					
Insurance .....					
Legal & professional fees .....					
Management fees .....					
Mortgage interest .....					
Other interest .....					
Repairs .....					
Supplies .....					
Taxes .....					
Utilities .....					
Depletion .....					
Other expenses (list)					
_____					
_____					
_____					
_____					
_____					
_____					
_____					

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

### Schedule F - Profit or Loss from Farming

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

TS \_\_\_\_\_ Principal product \_\_\_\_\_ Employer ID number \_\_\_\_\_

Accounting method, if not cash:  Accrual

This farm was disposed of during 2025.

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this farm.

If "Yes," did you file Forms 1099 for the individuals?

Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2022?

If "Yes," was any portion of the loan forgiven in 2025?

**Income**

	2025	2024		2025	2024
Sale of livestock / other items . . . .	_____	_____	Custom hire income . . . . .	_____	_____
Cost of items bought for resale . . . .	_____	_____	Beginning inventory for accrual . .	_____	_____
Sale of products you raised . . . . .	_____	_____	Ending inventory for accrual . . .	_____	_____
Total cooperative distributions . . . . .	_____	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method.		
(Provide 1099-PATR)			Other income . . . . .	_____	_____
Total agricultural payments . . . . .	_____	_____			
Commodity Credit Corporation (CCC) loans:					
CCC loans reported . . . . .	_____	_____			
CCC loans forfeited . . . . .	_____	_____			
Crop insurance proceeds:					
Amount received in 2025 . . . . .	_____	_____			
<input type="checkbox"/> You elect to defer to 2026					
Amount deferred from 2024	_____	_____			

**Expenses**

	2025	2024		2025	2024
Car & truck expenses . . . . .	_____	_____	Rent - other (land, animals, etc.) .	_____	_____
Chemicals . . . . .	_____	_____	Repairs & maintenance . . . . .	_____	_____
Conservation expenses . . . . .	_____	_____	Seeds & plants purchased . . . . .	_____	_____
Custom hire (machine work) . . . . .	_____	_____	Storage & warehousing . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____	Supplies purchased . . . . .	_____	_____
Feed purchased . . . . .	_____	_____	Taxes . . . . .	_____	_____
Fertilizers & lime . . . . .	_____	_____	Utilities . . . . .	_____	_____
Freight & trucking . . . . .	_____	_____	Veterinary, breeding, & medicine . .	_____	_____
Gasoline, fuel, & oil . . . . .	_____	_____	Family health coverage payments for taxpayer, spouse or dependents	_____	_____
Insurance (other than health) . . . . .	_____	_____	Other expenses (list) . . . . .	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____			
Interest - other . . . . .	_____	_____			
Non-W-2 labor hired . . . . .	_____	_____			
W-2 wages paid . . . . .	_____	_____			
Pension & profit-sharing plans . . . . .	_____	_____			
Rent - vehicles, machinery & equipment	_____	_____			

### Household Employment

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

Yes No

- Did you pay any one household employee cash wages of \$2,700 or more in 2025?
- Did you withhold federal income tax during 2025 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2024 or 2025 to all household employees?
- Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2025 by April 15, 2026?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

	2025	2024
Total cash wages subject to Social Security tax .....		
Total cash wages subject to Medicare tax .....		
Total cash wages subject to Additional Medicare tax withholding .....		
Federal income tax withheld .....		
Qualified sick leave wages .....		
Qualified family leave wages .....		
Qualified health plan expenses .....		

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

Yes No

- Did you pay any one household employee cash wages of \$2,700 or more in 2025?
- Did you withhold federal income tax during 2025 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2024 or 2025 to all household employees?
- Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2025 by April 15, 2026?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

	2025	2024
Total cash wages subject to Social Security tax .....		
Total cash wages subject to Medicare tax .....		
Total cash wages subject to Additional Medicare tax withholding .....		
Federal income tax withheld .....		
Qualified sick leave wages .....		
Qualified family leave wages .....		
Qualified health plan expenses .....		