

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 service) 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	Spouse's type of photo ID
<input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued photo ID	<input type="checkbox"/> Driver's license <input type="checkbox"/> 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						

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses		Charitable Contributions		
		Donations to charity	Cash	Noncash
		Church	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance premiums (paid by you, not through work)	.....	Boy or Girl Scouts	<input type="checkbox"/>	<input type="checkbox"/>
Amount above that is for Medicare premiums	.....	Goodwill	<input type="checkbox"/>	<input type="checkbox"/>
Long-term care premiums (you)	.....	Red Cross	<input type="checkbox"/>	<input type="checkbox"/>
Long-term care premiums (your spouse)	.....	Salvation Army	<input type="checkbox"/>	<input type="checkbox"/>
Long-term care premiums (dependents)	.....	United Way	<input type="checkbox"/>	<input type="checkbox"/>
Mileage driven for medical purposes	.....	Veterans	<input type="checkbox"/>	<input type="checkbox"/>
Out of pocket medical & dental expenses		Hospital	<input type="checkbox"/>	<input type="checkbox"/>
Doctor, dental, etc	.....	University	<input type="checkbox"/>	<input type="checkbox"/>
Prescription medicines	.....	Other	<input type="checkbox"/>	<input type="checkbox"/>
Glasses & contacts	.....	Miles driven for charitable purposes	.....	.....
Hearing aids	.....	Other Miscellaneous Deductions		
Medical equipment & supplies	.....	Amortizable bond premiums	.....	.....
Hospital services	.....	Federal estate tax	.....	.....
Laboratory services	.....	Gambling losses	.....	.....
Nursing services	.....	Impairment-related work expenses	.....	.....
Other	.....	Claim repayments	.....	.....
Other	.....	Unrecovered pension investments	.....	.....
Taxes Paid		Loss from other activities from Schedule K-1	.....	.....
State and local income taxes	.....	Ordinary loss debt instrument	.....	.....
General sales tax (vehicle, boat, home, etc.)	.....	Excess deduction on termination	.....	.....
Real estate taxes	.....	Job Expenses & Certain Miscellaneous Deductions		
Personal property taxes	.....	Necessary job expenses you paid that were not reimbursed by your employer		
Auto registration taxes not deductible for state*	.....	Safety equipment, tools, & supplies	.....	.....
Other taxes (list)	.....	Uniforms	.....	.....
.....	.....	Protective clothing (shoes, hardhats, glasses, etc.)	.....	.....
.....	.....	Dues to professional organizations	.....	.....
.....	.....	Books & subscriptions	.....	.....
.....	.....	Other	.....	.....
Interest Paid		Union dues	.....	.....
Home mortgage interest paid (attach Form 1098)	.....	Tax preparation fees	.....	.....
<input type="checkbox"/> Some of your home mortgage loan was not used to buy, build, or improve your home.	.....	Other nonpersonal expenses related to taxable income		
Home mortgage interest paid to an individual	.....	Safe deposit box fees	.....	.....
Paid to:		Investment expenses not entered elsewhere	.....	.....
Name	.....	Other	.....	.....
Address	.....	Home equity interest	.....	.....
City, State, ZIP	.....		
SSN or EIN	.....		
Points not reported on Form 1098	.....		
Investment interest	.....		

Healthcare Coverage Questionnaire

Name:

SSN:

Healthcare Information

Member of Household for Healthcare Purposes	Covered the Entire Year	Covered Less than 12 Months	No Healthcare Coverage at All

YES NO

Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
 Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

Employer Medicare Medicaid Marketplace (Exchange) Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

Was your previous insurance policy canceled or terminated?
 Was coverage offered by your employer or your spouse's employer?
 Are you a member of a federally recognized Indian tribe?
 Are you eligible for services through an Indian healthcare provider?
 Are you a member of a healthcare sharing ministry?
 Did you live in the United States the entire year?
 Are you enrolled in TRICARE?
 Did you apply for CHIP coverage?
 Do any of the following apply to you? Do NOT indicate which one.

- Became homeless
- Evicted in the past six months, or facing eviction or foreclosure
- Received a shut-off notice from a utility company
- Recently experienced domestic violence
- Recently experienced the death of a close family member
- Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
- Filed for bankruptcy in the last six months
- Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
- Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

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 _____

2025**Other Income and Adjustments**

Name:

SSN:

Other Income

		2025 Taxpayer	2025 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	2025 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:	.....	.....	.....