



First available tax specialist
 Request specific tax specialist:

Tax Organizer

Tax Year 2025

<input type="checkbox"/> New Client Referred by:	<input type="checkbox"/> Existing Client <input type="checkbox"/> Returning Client (not a client last year)	Will submit tax documents by: <input type="checkbox"/> Secure Portal <input type="checkbox"/> Fax <input type="checkbox"/> Mail/UPS/FedEx <input type="checkbox"/> In person
General Information (not sold or shared)		Taxpayer
First name & middle initial		
Last name & suffix (i.e., Jr, Sr, II, IV)		
SSN (<i>existing client – last 5</i>)		
Date of birth		
Occupation		
Email		
Phone		
IRS Identity PIN (<i>new one issued by IRS each calendar year</i>)		

Preferred point of contact: Taxpayer Spouse Either

Filing Address

(For IRS residency purposes) Several factors must be considered in determining your state of residency; however, no single item (drivers' license, voter registration, mailing address for bank accounts, etc.) will make you a resident.

Street Address _____ Apt. # _____
 City _____ County _____ State _____ Zip Code _____

Check here if above is a new address; different from last year's filing.

After e-filing, send me a copy of my paid invoice and tax return for my records by:

secure portal (no fee) pick up USPS – fee applies (address; if different from above) _____

Dependents (list additional dependents in Additional Notes to Tax Preparer on page 4)

Check here if we filed your taxes last year, and there are no changes.

Full Name	SSN	DOB	Relationship	Full time student	Disabled?

Filing Status

**Lines 1-4 in General Information above also required for Spouse if filing Married Filing Separately

Single Married Filing Jointly Married Filing Separately** Head of Household

Check All Applicable for the Tax Year

New Marriage Separation/Divorce Digital Currency – Sold/Traded

Wages and Compensation: Check & submit all applicable forms received.

- W-2
- W2-G – Gambling Winnings (Loss \$ _____)
Must have receipts
- SSA-1099 or RRB-1099
- 1099-B – Sale of Stocks/Bonds
- 1099-C – Cancellation of Debt
- 1099-DIV – Dividend and Distribution
- 1099-G – State or Local Refund
- 1099-G – Unemployment Compensation
- 1099-INT – Interest Income
- 1099-K – Payment Card & 3rd Party Transaction
- 1099-MISC – Miscellaneous or Royalty Income
- 1099-NEC – Nonemployee Compensation
Submit a Schedule C Worksheet for expenses related to each 1099-NEC form
- 1099-R – Pensions, Retirement, Annuities
- 1099-S – Proceeds Real Estate Transactions
- 1099-SA – Distributions from HSA
- 1099 composite/consolidated
Reports from companies like RobinHood, Schwab, etc.
- Last Paystub

Additional Tax Forms and Documents: Check & submit all applicable forms received:

- 1095-A Marketplace Health Insurance
(Forms 1095-B & 1095-C - do not submit);
retain with tax records.
- K-1 – Corporation, estate, trust, partnership
- MA 1099-HC – Massachusetts Health Care
- IRA Contributions – other than payroll deducted
- 1098 Mortgage Interest (homeowners)

	Traditional	Roth
Taxpayer	\$ _____	\$ _____
Spouse	\$ _____	\$ _____

- Mortgage interest paid \$ _____
- Sold Home – submit Disclosure or
Settlement document from closing
- Made Additional Estimated Tax Payments
State: \$ _____
- Lived in more than one state during tax year
State: _____ Dates: _____
- IRS: \$ _____
- State: \$ _____
- These payments were paid directly to IRS or the State; not withheld from payroll. Provide the documentation for these additional estimated tax payments
- State: _____ Dates: _____

Childcare/Daycare Costs – Tax ID Number is required for credit.

- I have childcare/daycare costs & will submit appropriate invoices/receipts. Document(s) must have each child's name, provider's name, provider's full address, Tax ID number and amount paid for each child under the age of 13; exception applies for qualifying adult.

Education (submit forms)

- 1098-E – Student loan interest
- 1098-Q – Qualified payments
- 1098-T - Tuition

Medical Expenses***

(Must exceed 7.5% of Adjusted Gross Income; retain all receipts with your tax records).

***Do not include medical expenses reimbursed by others, paid with pretax dollars or claimed elsewhere on your return.

Long Term Care Premiums	\$	Medical aids such as eyeglasses, contact lenses, hearing aids	\$
Deductible Paid	\$		
Doctor, dentist & hospital fees	\$	Medical equipment	\$
Prescription Medicine	\$	Other: _____	\$

Sales Tax

We will use the preset amount based on your income. For taxpayers in states with income tax, we will use either your state income tax or the sales tax (whichever is higher).

Sales Tax paid on a vehicle, boat, etc. purchased \$ _____ Sales Tax Rate: _____ %

Additional Taxes (if applicable)

Yearly Automobile/RV/Boat \$ _____ Property taxes paid \$ _____
Includes school, MUD, county, local

Charitable Contributions (submit receipts for donations exceeding \$500)

Taxpayers **must** keep a record of all cash contributions. Examples are canceled checks, a bank copy of a cancelled check, a bank statement containing the name of the charity with date and amount, or a receipt from the charity with date and amount of contribution.

Cash Contributions \$ _____ Noncash Contribution (Goodwill, Salvation Army, etc) \$ _____

Federally Declared Disaster Losses

(i.e., hurricane/typhoon, wildfire, flooding, tropical storm, tornado, derecho, etc.)

Name of Disaster		Cost of property loss	\$
Date of Loss		Insurance reimbursement	\$
FEMA Number		Date property acquired:	

Disaster Notes:**Tax Credits – Check applicable and submit receipts.**

- Residential Energy Efficiency Improvements - Energy Star rated items that include exterior windows/doors, water heaters, HVAC and insulation. **Installation must be completed by 12/31/2025.**
- Residential Clean Energy - (i.e., solar) – **Installation must be completed by 12/31/2025.**
- Electric vehicle – **purchased no later than 9/30/2025.**

Additional Forms

Check all that apply. Printable and online Organizers requested below are available on our website.

- Owned/Operated a Business - Submit Schedule C Organizer.
- Owned Rental Property - Submit Schedule E Organizer for each property owned.
- Owned/Operated a Farm - Submit Schedule F Organizer
- Resided in AL, AR, CA or HI during the tax year? Submit Employee Business Expense Organizer.

If we did not file your tax return last year, provide the following:

- Copy of front of driver license or state id card for taxpayer & spouse. *****NY residents; copy of back too.**
- Copy of last year's tax return.

Name of Bank _____ Checking Savings

Routing Number _____ Account Number _____

If we filed your tax return last year:

- No change in bank information; same as last year. Name of Bank: _____

- Bank information changed – update my banking information

Name of Bank _____ Checking Savings

Routing Number _____ Account Number _____

Additional Notes to Tax Specialist

Tax Preparation Fees – payable at the time of filing.



ACH Debit

You can choose Direct Deposit even if not filing electronically.



For e-filing, we will complete IRS Form 8879 Electronic Filing Authorization for your signature.

Verification

I verify that the information and financial values I have provided on this Tax Organizer are true, accurate and complete, to the best of my knowledge and belief, and that I possess the corresponding receipts and documentation to be retained with my tax records.

We are committed to protecting your Personally Identifiable Information (PII). We offer Client Xchange as our only secure method of submitting your tax forms/documents with PII. We are unable to ensure the security of PII sent via alternative methods and therefore cannot be held responsible for such transmissions.

Signature: _____

Date: _____