

Mendelsohn Business Solutions
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2025
TAX ORGANIZER

Taxpayer Information			Spouse Information		
Last name			Last name		
First name			First name		
Middle Initial.....	_____	Suffix.....	Middle Initial.....	_____	Suffix.....
Social security number			Social security number		
Occupation			Occupation.....		
Work phone	Ext ...		Work phone.....		Ext ...
Cell phone			Cell phone		
E-mail address.....			E-mail address.....		
Date of birth			Date of birth		
Address			Apartment number.....		
City			State.....		
Home phone.....			Fax number		
Dependent Information					
First name	MI	Social Security Number	Date of Birth	Months Lived with Taxpayer	Child Care Expense
Last name	Suffix	Relationship			
Child and Dependent Care Provider Expenses					
Name	Address		ID Number	Amount Paid	
Education Tuition and Fees					
Attach all Form 1098-Ts and a list of your qualified education expenses.					
Student Loan Interest Paid					
Enter total 2025 qualified student loan interest.....					

2025 Deductions

Medical and Dental Expenses	2025 Amount	2024 Amount
Prescription medications.....
Health insurance premiums
Doctors, dentists, etc
Hospitals, clinics, etc
Eyeglasses and contact lenses
Miles driven for medical purposes.....
Other medical and dental expenses:
Taxes		
Real estate taxes paid on principal residence
Real estate taxes paid on additional homes or land
Auto license registration fees based on the value of the vehicle
Other personal property taxes
Interest Expenses		
Home mortgage interest paid – Attach Form(s) 1098.		
Lender's Name	2025 Amount	2024 Amount
.....
Points paid on loan to buy, build or improve main home	2025 Amount	2024 Amount
Lender's Name
Cash/Check/Credit Contributions		
2025 Amount 2024 Amount		
.....
.....
Noncash Charitable Contributions		
Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.		
Miscellaneous Deductions		
2025 Amount 2024 Amount		
Union and professional dues
Professional subscriptions, books, supplies
Uniforms and protective clothing (including cleaning)
Job search costs
Taxpayer educator expenses.....
Spouse educator expenses.....
Tax return preparation fees
Safe deposit box rental
Gambling losses (to the extent of gambling income)
Other expenses (list):

	Yes	No
1 Did a lender cancel any of your debt in 2025? (Attach any Forms 1099-A or 1099-C).....	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2025? If yes, please attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you purchase a motor vehicle or boat during 2025?	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you purchase a hybrid or electric vehicle in 2025? If yes, enter year, make, model, and date purchased:		
5 Did you pay qualified passenger vehicle loan interest in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, attach documentation showing interest paid.		
6 Did you donate a vehicle in 2025? If yes, attach Form 1098C.....	<input type="checkbox"/>	<input type="checkbox"/>
7 What was the sales tax rate in your locality in 2025? % State ID		
8 Did your marital status change during 2025?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain:		
9 Were you or your spouse permanently and totally disabled in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you have dependents who must file?.....	<input type="checkbox"/>	<input type="checkbox"/>
11 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,700?....	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you provide over half the support for any other person during 2025?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you incur adoption expenses during 2025?	<input type="checkbox"/>	<input type="checkbox"/>
14 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?.....	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you receive any disability payments in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
16 Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
17a Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2025? If yes, attach closing or escrow statements, 1099-C or 1099-A forms.....	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?.....	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you incur any casualty or theft losses during 2025?	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you pay any individual for domestic services in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did you take a retirement account distribution related to a natural disaster?	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you buy or sell any stocks or bonds in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
23 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?..	<input type="checkbox"/>	<input type="checkbox"/>
24 Did you incur any moving expenses? If yes, attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
25 Did you receive any income not included in this Tax Organizer?.....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach information.		
26 Do you expect your income and deductions in 2026 to be the same as 2025?	<input type="checkbox"/>	<input type="checkbox"/>
If no, attach explanation of changes expected.		
27 Did you receive Form 1095-A (Health Insurance Marketplace Statement)? If so, please attach.....	<input type="checkbox"/>	<input type="checkbox"/>
28 At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?.....	<input type="checkbox"/>	<input type="checkbox"/>
29 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____		
30 Enter your state of residence..... Taxpayer _____ Spouse _____		
31a Do you want to change the language with which the IRS communicates with you?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes, which language?.....		

Electronic Filing and Direct Deposit of Refund

Yes No

If your tax return is eligible for Electronic Filing, would you like to file electronically?.....

The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.

If you receive a refund, would you like direct deposit?

If yes, please provide a voided check (not a deposit slip) if your bank account information has changed.

Checking Savings

What type of account is this?.....

Estimated Tax Paid

Federal

State

Local

Date	Amount	Date	Amount	ID	Date	Amount	ID

Additional Information (Enter any additional information here and attach any documents.)

Health Insurance Coverage

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Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

Part 1 Coverage

Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:

Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2020, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

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