

# 2025 Individual Tax Organizer

## Personal Information

### Taxpayer

First name	M.I.	Last name	Suffix	Date of birth	SSN or ITIN
Occupation	Email			Phone number	
ID type	ID number		Issuing state	Issue date	Expiration date
Street	City		State	ZIP Code	

### Spouse

First name	M.I.	Last name	Suffix	Date of birth	SSN or ITIN
Occupation	Email			Phone number	
ID type	ID number		Issuing state	Issue date	Expiration date

Filing status:  Single  Married filing jointly  Married filing separately  Head of household  Qualifying surviving spouse

Select all that apply to 2025	Taxpayer	Spouse
Legally blind	<input type="checkbox"/>	<input type="checkbox"/>
Permanently and totally disabled	<input type="checkbox"/>	<input type="checkbox"/>
Claimed as a dependent on another individual's tax return	<input type="checkbox"/>	<input type="checkbox"/>
Full-time student	<input type="checkbox"/>	<input type="checkbox"/>
Designate \$3 to the Presidential Election Campaign Fund	<input type="checkbox"/>	<input type="checkbox"/>
Spouse is not filing a tax return (MFS)	<input type="checkbox"/>	
Spouse had no income (MFS)	<input type="checkbox"/>	

## Dependent Information

Name (first and last)	Relationship	Date of birth	SSN or ITIN	Months in home	Received income	Disabled	Full time student	Childcare expenses
					<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"/>	

### Refund preference

Direct deposit  Paper check  
 Apply to 2026 estimated taxes

### Balance due preference

Bank draft  Credit card  
 Mail a check  Payment plan

### Banking information

Financial institution \_\_\_\_\_

Account holder \_\_\_\_\_

Routing number \_\_\_\_\_

Account number \_\_\_\_\_

Type of account  Checking  Savings

Personal or business  Personal  Business

Select if applicable to account:  IRA  Non-U.S.

**None apply****2025 Life Events**

- Changed marital status
- Taxpayer, spouse, or a dependent changed their name with the SSA
- Received notice or letter from the IRS or a state revenue agency
- First time filing a tax return
- Taxpayer, spouse, or a dependent passed away during the year

- Taxpayer, spouse, or a dependent received an identity protection PIN (IP PIN) from the IRS
- Had a baby or adopted a child
- Member of the Armed Forces  
*Duty type* \_\_\_\_\_
- Changed address during the year

 **None apply****2025 Financial Events**

- Bought, sold, or refinanced a home or rental property
- Incurred property damage or theft caused by a federally declared disaster
- Converted or rolled over any retirement accounts
- Received, sold, exchanged, gifted or otherwise disposed of a digital asset

- Had a financial interest in or signature authority over a foreign account or trust
  - Combined value of foreign account(s) exceed \$10,000
- Gifted more than \$19,000 total to one or more individual(s)
- Purchased health insurance through the Marketplace or a public exchange
- Had health insurance coverage for the entire year (CA, DC, MA, NJ, and RI only)

**2025 Income Sources**

	Number of forms		Number of forms
<input type="checkbox"/> Employment (W-2)	_____	<input type="checkbox"/> Rent (1099-MISC)	_____
<input type="checkbox"/> Retirement distribution (1099-R)	_____	<input type="checkbox"/> Royalties (1099-MISC)	_____
<input type="checkbox"/> Social Security (SSA-1099)	_____	<input type="checkbox"/> ESA or 529 distribution (1099-Q)	_____
<input type="checkbox"/> Self-employment (1099-NEC or 1099-K)	_____	<input type="checkbox"/> HSA or MSA distribution (1099-SA)	_____
<input type="checkbox"/> State or local tax refund (1099-G)	_____	<input type="checkbox"/> Partnership (Schedule K-1)	_____
<input type="checkbox"/> Unemployment compensation (1099-G)	_____	<input type="checkbox"/> S-corporation (Schedule K-1)	_____
<input type="checkbox"/> Interest (1099-INT)	_____	<input type="checkbox"/> Estate or trust (Schedule K-1)	_____
<input type="checkbox"/> Dividends (1099-DIV)	_____	<input type="checkbox"/> Gambling (W-2G)	_____
<input type="checkbox"/> Sold stocks or investments (1099-B)	_____	<input type="checkbox"/> Farming	_____
<input type="checkbox"/> Canceled debt (1099-C)	_____	<input type="checkbox"/> Other income not listed above	_____

 **None apply****2025 Adjustments and Credits**

- Higher education expenses
- Child or dependent care expenses
- HSA contributions
- IRA contributions
- Student loan interest
- Plug-in electric vehicle purchase  
*Date acquired* \_\_\_\_\_  
*Vehicle year, make, and model* \_\_\_\_\_

	Amount
<input type="checkbox"/> Adoption expenses	\$ _____
<input type="checkbox"/> Alimony paid <i>Date of divorce or separation</i> _____ <i>Recipient's SSN</i> _____	\$ _____
<input type="checkbox"/> Educator expenses	\$ _____
<input type="checkbox"/> Household employee expenses	\$ _____
<input type="checkbox"/> Energy-efficient home improvements	\$ _____
<input type="checkbox"/> Armed Forces moving expenses	\$ _____

## Deductions

<b>Medical and dental</b>	
Medical and dental expenses	\$

<b>Casualty and theft</b>	
Casualty and theft losses	\$
<input type="checkbox"/> Check if caused by federally declared disaster	

<b>Taxes paid</b>	
State and local income taxes	\$
Sales taxes	\$
Real estate taxes	\$
Personal property taxes	\$

<b>Gambling</b>	
Gambling losses	\$

<b>Interest paid</b>	
Mortgage interest	\$
Vehicle loan interest	\$

<b>Other miscellaneous deductions</b>	
	\$
	\$
	\$
	\$
	\$
	\$
	\$

<b>Charitable contributions</b>	
Donations to charity (cash)	\$
Donations to charity (non-cash)	\$

## Estimated Taxes

<b>Overpayments and estimated tax payments</b>				
	<b>Federal</b>		<b>State:</b>	
Description	Date	Amount	Date	Amount
2024 overpayment applied to 2025				
First quarterly payment				
Second quarterly payment				
Third quarterly payment				
Fourth quarterly payment				
Additional payment(s)				