

2025	1040	US	Tax Organizer
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Redding CA 96002

Telephone number: **530-223-3748**

Fax number: **530-223-7499**

E-mail address: **APPOINTMENTS@ZIPTAXREDDING.COM**

Tax Return Appointment

Date:

Time:

Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2025 tax return. Please enter all pertinent 2025 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMATION

Taxpayer

Spouse

First name and initial....		
Last name.....		
Title/suffix.....		
Social security number...		
Occupation.....		
Date of birth (m/d/y)....		
Date of death (m/d/y)....		
1=blind.....		
Home phone.....		
Work phone.....		
Work extension.....		
Cell phone.....		
E-mail address.....		

Address	In care of.....	
	Street address.....	
	Apartment number...	
	City.....	
	State.....	
	ZIP code.....	

DEPENDENTS

Dependent No.

Dependent No.

First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y)....		
Date of death (m/d/y)....		
Date of adoption (m/d/y) ..		
Social security number...		
Relationship.....		
Months lived at home....		

Dependent No.

Dependent No.

First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y)....		
Date of death (m/d/y)....		
Date of adoption (m/d/y) ..		
Social security number...		
Relationship.....		
Months lived at home....		

Please enter all pertinent 2025 information. If you have attached a government form for an item, check the box and do not enter a 2025 amount.

WAGES, SALARIES AND TIPS

Employer name:

2025 Amount

2024 Amount

Attach Forms W-2

INTEREST INCOME

Payer name:

Attach Forms 1099-INT

DIVIDEND INCOME

Payer name:

Attach Forms 1099-DIV

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

Attach Forms 1099-R & W-2G

Winnings not reported on W-2G.....

Total gambling losses.....

OTHER GOVERNMENT FORMS - INCOME

Form 1099-B - Sales of stock (also include transaction history)

Form 1099-MISC - Miscellaneous income

Form 1099-K - Merchant card and third party network payments

Form 1099-S - Sales of real estate (also include closing statements)

Attach Forms 1099

Form 1099-G - State tax refunds.....

Attach Forms 1099

Taxpayer:

Form SSA-1099 - Social security benefits

Form 1099-G - Unemployment compensation

Form 1099-Q (529 Plan)

Form 1099-QA/5498-QA (ABLE Accounts)

Attach Forms 1099

Spouse:

Form SSA-1099 - Social security benefits

Form 1099-G - Unemployment compensation

Form 1099-Q (529 Plan)

Form 1099-QA/5498-QA (ABLE Accounts)

Attach Forms 1099

Tax Organizer

Taxpayer: Alimony received
Spouse: Alimony received
Other:

Taxpayer: Traditional IRA contributions (1=maximum)
 Roth IRA contributions (1=maximum)
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)
 Spouse: Traditional IRA contributions (1=maximum)
 Roth IRA contributions (1=maximum)
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

2025 Amount	2024 Amount

☐ Form 1098-E - Student loan interest

☐ Form 1098-T - Tuition and related expenses

Attach Forms 1098	

Form 1095-A - Health Insurance Marketplace Statement

Attach Forms 1095	

Taxpayer:

Self-employed health insurance premiums

Educator expenses

Other adjustments to income:

Self-employed health insurance premiums
 Educator expenses
 Other adjustments to income:

Prescription medicines and drugs

Doctors, dentists and nurses

Hospitals and nursing homes

Insurance premiums

Long-term care premiums - taxpayer

Long-term care premiums - spouse

Insurance reimbursement

Out-of-pocket lodging and transportation expenses

Number of medical miles

Other:

[illegible]

State income taxes - 1/25 payment on 2024 state estimate

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2025 Amount

2024 Amount

State income taxes - paid with 2024 state extension
State income taxes - paid with 2024 state return
State income taxes - paid for prior years and/or to other states
City/local income taxes - 1/25 payment on 2024 city/local estimate
City/local income taxes - paid with 2024 city/local extension
City/local income taxes - paid with 2024 city/local return
State and local sales taxes (except autos and special items)
Use taxes paid on 2025 purchases
Use taxes paid on 2024 state return
Sales tax on autos not included above
Sales taxes paid on boats, aircraft, and other special items
Real estate taxes - principal residence
Real estate taxes - property held for investment
Foreign income taxes
☐ Personal property taxes (including automobile fees in some states)

Attach Tax Notice

Attach Forms 1098

Home mortgage interest and points paid:

Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):

Points not reported on Form 1098:

Investment interest (interest on margin accounts):

Passive interest.....

maintains a bank record, or a written communication
(s), and contribution amount(s).

Volunteer expenses (out-of-pocket)

Number of charitable miles.....

NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied.

Union and professional dues.....

Tax return preparation fee.....

Safe deposit box rental.....

Investment expenses.....

Estate tax, section 691(c).....

Unreimbursed employee expenses:

Other: