

2025	1040	US	Tax Organizer
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**Ziptax**  
**850 Industrial St STE 200**  
**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 . . . . .		

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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:

<input type="checkbox"/>	

2025 Amount

2024 Amount

Attach Forms W-2

#### INTEREST INCOME

Payer name:

<input type="checkbox"/>	

Attach Forms 1099-INT

#### DIVIDEND INCOME

Payer name:

<input type="checkbox"/>	

Attach Forms 1099-DIV

#### PENSIONS, IRA AND GAMBLING INCOME

Payer name:

<input type="checkbox"/>	

Attach Forms  
1099-R & W-2G

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

Total gambling losses .....

#### OTHER GOVERNMENT FORMS - INCOME

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history) .....
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income .....
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments .....
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements) .....

Attach Forms 1099

<input type="checkbox"/>	Form 1099-G - State tax refunds .....
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Attach Forms 1099

<input type="checkbox"/>	Form SSA-1099 - Social security benefits .....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation .....
<input type="checkbox"/>	Form 1099-Q (529 Plan) .....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts) .....

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<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts) .....

Attach Forms 1099



