

Tax Organizer For 2025 Income Tax Return

Prepared For:

New/Current Client RENTAL/BUSINESS/etc.

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Prepared By:

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This Tax Organizer can be used to help identify information needed to prepare your 2025 income tax return. Enter your 2025 tax information and if additional space is required, enclose a separate sheet with the details. If available, your prior year information has been included for reference.

Please return this Tax Organizer along with all Forms W-2, 1099, and any other relevant information that will assist in the accurate preparation of your 2025 income tax return.

If you have any questions, please feel free to contact us at (941)249-3043.

PERSONAL INFORMATION ORGANIZER
Please complete this Organizer before your appointment.

1. PERSONAL INFORMATION

Name		SSN or ITIN		Date of Birth		Date of Death		Occupation		Blind	Disabled
Taxpayer	New/Current Client RENTAL/BUSINESS/etc									<input type="checkbox"/>	<input type="checkbox"/>
Spouse Spouse if applicable										<input type="checkbox"/>	<input type="checkbox"/>
Street Address		Apt.	City or town		State		Zip Code		County		
Foreign country		Foreign province/state						Foreign postal code			
E-mail Address(es)				Home Phone				Mobile Phone			
Spouse's E-mail Address(es)				Spouse's Mobile Phone							

2. FILING STATUS

<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Check if parent (or someone else) can claim you as a dependent on their return.
<input type="checkbox"/> Married Filing Joint	
<input type="checkbox"/> Married Filing Separate	<input type="checkbox"/> Check if you lived apart from your spouse for all of 2025.
<input type="checkbox"/> Head of Household	
<input type="checkbox"/> Qualifying surviving spouse (QSS)	Year spouse died: _____

3. DEPENDENTS

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	Child Care Expenses Paid
					<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"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		

4. REFUND INFORMATION

1. Would you like to have any refunds directly deposited into your bank account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Bank Account				
Ownership	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint	Bank Account
Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings		Ownership
Bank name	_____			Type
Routing number	_____			Bank name
Account number	_____			Routing number
Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes				Account number
				Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes

5. IDENTIFICATION INFORMATION

Taxpayer		Spouse	
Type of ID:	<input type="checkbox"/> Driver's license	<input type="checkbox"/> State-issued ID	<input type="checkbox"/> Driver's license
	<input type="checkbox"/> No ID		<input type="checkbox"/> State-issued ID
ID number	_____		
Location of issuance	_____		
Issue date	_____		
Expiration date	_____		
ID number	_____		
Location of issuance	_____		
Issue date	_____		
Expiration date	_____		

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6. HEALTH CARE INFORMATION

Please indicate where you received your health insurance from for all members of your tax household.

Employer Government-Sponsored Marketplace Private Exchange (Individual Insurance Company)

7. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS

1. Check the applicable boxes if you wish to contribute \$3 to the Presidential Election campaign fund. Taxpayer Spouse

2. Were you a victim of identity theft and have you been contacted by the IRS? Yes No

If Yes, please furnish the 6-digit PIN issued to you by the IRS

3. Were you (or your spouse if filing jointly) a nonresident alien for any part of 2025? Yes No

4. Have you received any notices or correspondences from the IRS or state in the past 3 tax years? Yes No

5. Do you have any children age 18 or under (or student under age 24) who had unearned income of more than \$2,700? Yes No

6. If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return? Yes No

7. Did you give a gift of more than \$19,000 to one or more people? Yes No

8. If age 65 or older, do you want to file Form 1040-SR, U.S. Tax Return for Seniors, instead of Form 1040? Yes No

8. COMMENTS

BUSINESS INCOME AND EXPENSES (Schedule C)**New/Current Client RENTAL/BUSINESS/etc.**Indicate the owner of this business: Taxpayer Spouse Joint

Business Name: _____

Business product or service: _____

Business Address: _____

City, State, and Zip Code: _____

Did you start or acquire this business during 2025? Yes NoAccounting Method: Cash Accrual Other (describe) _____Method used to value inventory: Cost Lower of cost or market Other (describe) _____

Income and Cost of Goods Sold	2025 Amount	2024 Amount
Gross receipts or sales		
Returns and allowances		
Other income (enclose description)		
Inventory at beginning of year		
Purchases less cost of items withdrawn for personal use		
Cost of labor		
Materials and supplies		
Other costs		
Inventory at end of year		

Expenses	2025 Amount	2024 Amount		2025 Amount	2024 Amount
Advertising			Wages		
Commissions and fees			Energy efficient commercial bldgs deduction		
Contract labor			Other: _____		
Depletion			_____		
Employee benefits			_____		
Insurance (other than health)			_____		
Mortgage interest			_____		
Other interest			_____		
Legal and professional fees			_____		
Office expenses			_____		
Pension and profit sharing			_____		
Rent - Vehicle, machinery			_____		
Rent - Other			_____		
Repairs and maintenance			_____		
Supplies			_____		
Taxes and licenses			_____		
Travel			_____		
Meals and entertainment			_____		
Utilities			_____		

Vehicle Information

Vehicle description _____ Date placed in service _____ Cost or basis _____
 Business miles _____ Commuting miles _____ Other miles _____
 Actual expenses such as gas, oil, repairs, etc _____ Parking fees and tolls _____

Sales, Purchases, and Disposition of Assets in 2025 (New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales Price

Business Use of Home

Area used exclusively for business _____ Total area of home _____

Was the home used as a day care facility? Yes No Date home placed in service _____

Casualty losses _____ Insurance _____ Rent _____

Mortgage interest _____ Repairs and maintenance _____ FMV of home _____

Real estate taxes paid _____ Utilities and other expenses _____ Value of land _____

Carryover of unallowed expenses to 2025 Yes No (if yes, enter amount) _____

New/Current Client RENTAL/BUSINESS/etc.**RENTAL AND ROYALTY INCOME AND EXPENSES (Schedule E, pg 1)**

Indicate the owner of this property: Taxpayer Spouse Joint

Description of property _____

Location of property _____

Did you or your family use this property during the tax year for personal purposes for more than the greater of: (a) 14 days, or (b) 10% of the total days rented at fair market value?

Yes No

Did you meet the Active Participation requirements for this property?

Yes No

(To meet these requirements, you must have participated in making management decisions or arranged for others to provide services in a significant and bona fide sense. Such management decisions include approving new tenants, deciding on rental terms, approving repair expenditures, or other similar decisions)

Was this property fully disposed of during 2025?

Yes No

Income	2025 Amount	2024 Amount
Rents received		
Royalties received		

Expenses	2025 Amount	2024 Amount
Advertising		
Cleaning and maintenance		
Commissions		
Insurance		
Legal and other professional fees		
Management fees		
Mortgage interest paid to banks		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		
Other _____		
Amortization		
Section 481(a) adjustment		

Vehicle Information

Vehicle description _____ Date placed in service _____ Cost or basis _____
 Business miles _____ Commuting miles _____ Other miles _____
 Actual expenses such as gas, oil, repairs, etc _____ Parking fees and tolls _____
 Travel expenses _____

Sales, Purchases, and Disposition of Assets in 2025

(New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales price

DEDUCTIONS ORGANIZER

**Please complete this Organizer before your appointment.
Itemized Deduction Organizers are on separate pages.**

New/Current Client RENTAL/BUSINESS/etc.

1. EDUCATION

Attach 1098-Ts, 1098-E's and 1099-Q's:

Student Name

Educational Institution

Fr So Jr Sr Oth

A 5x5 grid of 25 empty square boxes, intended for drawing or writing practice.

Student Loan

Tuition & Fees Interest Paid

Books, Supplies

Equipment 5

2. JOB-RELATED MOVING EXPENSES

4. OTHER DEDUCTIONS

Description	Amount
Lodging	_____
Gas and Oil.	_____
Mileage	_____
Other	_____
Miles from old home to your new workplace	_____
Miles from old home to old workplace	_____
Member of the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Description	Amount
Educator expenses	_____
Alimony paid Rec. SSN: _____	_____
Date of original divorce/separation _____	_____
Health Savings Account contributions	_____
Archer Medical Savings Account contributions _____	_____
Jury duty repayment to employer	_____
Foreign qualified housing expenses.	_____
Contributions to College 529 Savings Plan. .	_____
Qualified business net (loss) carryover from 2024	_____
Qualified REIT dividends and PTP net (loss) carryover	_____

3. IRA CONTRIBUTIONS

Description	Amount
Contributions to a Traditional IRA.	_____
Contributions to a ROTH IRA.	_____

5. MISCELLANEOUS DEDUCTION QUESTIONS

1. Did you purchase an item(s) during 2025 for which you paid a large amount of sales tax? Yes No

2. Did you refinance a mortgage during 2025? Yes No

3. Did you pay an interest on a qualifying vehicle purchased after 12/31/2024? Yes No

CREDITS AND PAYMENTS ORGANIZER

New/Current Client RENTAL/BUSINESS/etc.

1. CHILD CARE CREDIT

Attach Daycare Provider Statement(s): Care Provider Name Address		Tax-Exempt	Telephone Number	Identification Number	Amount Paid
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____

2. RESIDENTIAL ENERGY CREDIT

Solar electric property	_____	Metal or asphalt roof	_____
Solar water heating	_____	Exterior windows and skylights	_____
Small wind energy	_____	Electric heat pump or central air conditioner	_____
Geothermal heat pump	_____	Natural gas, propane or oil water heater	_____
Fuel cell property	_____	Biomass fuel stove	_____
Insulation material	_____	Natural gas, propane or oil furnace	_____
Exterior doors	_____	Advanced main air circulating fan	_____

1. Were the qualified improvements for your main home in the United States? Yes No
2. Were any of the improvements related to the construction of this main home? Yes No

3. MISCELLANEOUS CREDIT QUESTIONS

1. Did you pay any expenses related to the adoption of an eligible child? Yes No

2. Do you (and your spouse) have a social security number that allows you to work and is valid? Yes No

3. Were you issued a Mortgage Credit Certificate (MCC) by a state or local governmental unit or agency? Yes No

4. ESTIMATED TAX PAYMENTS

Federal estimated payments	Date Paid	Amount Paid
Applied from 2024 federal refund	_____	_____
1st quarter payment	_____	_____
2nd quarter payment	_____	_____
3rd quarter payment	_____	_____
4th quarter payment	_____	_____

State estimated payments	Date Paid	Amount Paid	Local estimated payments	Date Paid	Amount Paid
Applied from 2024 state refund	_____	_____	Applied from 2024 local refund	_____	_____
1st quarter payment	_____	_____	1st quarter payment	_____	_____
2nd quarter payment	_____	_____	2nd quarter payment	_____	_____
3rd quarter payment	_____	_____	3rd quarter payment	_____	_____
4th quarter payment	_____	_____	4th quarter payment	_____	_____
State Name	_____	_____	Locality Name	_____	_____