

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	<small>New/Current Client RENTAL/BUSINESS/etc</small>						<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"/>		

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 Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank name _____ Routing number _____ Account number _____ Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes	Bank Account Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank name _____ Routing number _____ Account number _____ Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes

5. IDENTIFICATION INFORMATION

Taxpayer Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID ID number _____ Location of issuance _____ Issue date _____ Expiration date _____	Spouse Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID ID number _____ Location of issuance _____ Issue date _____ Expiration date _____
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Please complete this Organizer before your appointment.

6. HEALTH CARE INFORMATION

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

1. Check the applicable boxes if you wish to contribute \$3 to the Presidential Election campaign fund.	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse
2. Were you a victim of identity theft and have you been contacted by the IRS?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you received any notices or correspondences from the IRS or state in the past 3 tax years?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Did you give a gift of more than \$19,000 to one or more people?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. COMMENTS

[illegible]

INCOME ORGANIZER

Please complete this Organizer before your appointment.
Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

1. WAGE AND SALARY INFORMATION

Attach W-2s:

Employer Name	Taxpayer	Spouse
_____	<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"/>

Unreported tip income received: _____

2. INTEREST AND DIVIDEND INCOME

Attach 1099-INT, 1099-DIV or other statements

Payer Name	Taxpayer	Spouse
_____	<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"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

3. RETIREMENT DISTRIBUTIONS

Attach 1099-R & 5498	Roth IRA	Other IRA	Taxpayer	Spouse
Payer Name				
_____	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attach SSA 1099 or RRB 1099

	Yes	No
Did you receive social security benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive railroad retirement benefits?	<input type="checkbox"/>	<input type="checkbox"/>

4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)

Attach K-1s:

Payer Name	Taxpayer	Spouse
_____	<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"/>

5. CAPITAL GAINS AND LOSSES

Attach 1099-Bs:

Payer Name	Taxpayer	Spouse
_____	<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"/>

6. OTHER INCOME

Description	Amount
State income tax refund	_____
Alimony received	_____
Date of original divorce/separation agreement	_____
Unemployment compensation	_____
Gambling winnings	_____
Jury pay	_____
Hobby income	_____
Scholarships (grants)	_____
NOL Carryforward	_____
Child support	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. MISCELLANEOUS INCOME QUESTIONS

- Did you sell your home? ☐ Yes ☐ No
- Did you earn any foreign income or pay any foreign taxes? ☐ Yes ☐ No
- Do you have a health savings account (HSA), Archer MSA or Medicare Advantage (MA) MSA? ☐ Yes ☐ No
- Did you have a financial account in a foreign country (i.e. bank account, securities account, etc.)? ☐ Yes ☐ No
If Yes, did the aggregate value of all financial accounts exceed \$10,000 at any time during 2025? ☐ Yes ☐ No
- Did you have any debt forgiven (i.e. student loans, home mortgage, etc.)? ☐ Yes ☐ No
- At any time during 2025, did you:
 - receive (as a reward, award, or compensation)
 - sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? ☐ Yes ☐ No

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		
Contract labor.			bldgs deduction.		
Depletion			Other: _____		
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	Tuition & Fees	Student Loan Interest Paid	Books, Supplies & Equipment	529 Plan
		<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"/>	<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"/>	<input type="checkbox"/>				<input type="checkbox"/>

2. JOB-RELATED MOVING EXPENSES

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

3. IRA CONTRIBUTIONS

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

4. OTHER DEDUCTIONS

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	_____
_____	_____
_____	_____
_____	_____

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.

Please complete this Organizer before your appointment.

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	_____	_____