

**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							<input type="checkbox"/>	<input type="checkbox"/>
Spouse							<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		
<b>Bank Account</b>				
Ownership	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint	<b>Bank Account</b>
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**

<b>Taxpayer</b>		<b>Spouse</b>	
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	_____		

## PERSONAL INFORMATION ORGANIZER

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## Blank Return

## **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.	<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



**BUSINESS INCOME AND EXPENSES (Schedule C)****Blank Return**

Indicate the owner of this business:	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Business Name:			
Business product or service:			
Business Address:			
City, State, and Zip Code:			
Did you start or acquire this business during 2025?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Accounting Method:	<input type="checkbox"/> Cash	<input type="checkbox"/> Accrual	<input type="checkbox"/> Other (describe)
Method used to value inventory:	<input type="checkbox"/> Cost	<input type="checkbox"/> Lower of cost or market	<input type="checkbox"/> Other (describe)

<b>Income and Cost of Goods Sold</b>	<b>2025 Amount</b>	<b>2024 Amount</b>
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 . . . . .		

<b>Expenses</b>	<b>2025 Amount</b>	<b>2024 Amount</b>	Wages . . . . .	<b>2025 Amount</b>	<b>2024 Amount</b>
Advertising . . . . .					
Commissions and fees . . . . .					
Contract labor . . . . .					
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	

<b>Sales, Purchases, and Disposition of Assets in 2025</b> (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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(if yes, enter amount)

## Blank Return

## PROFIT OR LOSS FROM FARMING (Schedule F)

Indicate the owner of this farm:  Taxpayer  Spouse  Joint

## Principal product

Accounting Method:  Cash  Accrual

Accounting Method:  Cash  Accrual  Yes  No

<b>Income</b>	<b>2025 Amount</b>	<b>2024 Amount</b>
Sales of livestock and other items bought for resale . . . . .		
Cost of livestock and other items bought for resale . . . . .		
Sales of livestock, produce, grains, and other products you raised . . . . .		
Cooperative distributions . . . . .		
Agricultural program payments . . . . .		
Commodity Credit Corporation (CCC) loans reported under election . . . . .		
Commodity Credit Corporation (CCC) loans forfeited . . . . .		
Crop insurance proceeds and disaster payments received in 2024 . . . . .		
Custom hire . . . . .		
Other income . . . . .		
Inventory of livestock, produce, etc. at beginning of year (accrual method only) . . . . .		
Cost of livestock, produce, etc. purchased during year (accrual method only) . . . . .		
Inventory of livestock, produce, etc. at end of year (accrual method only) . . . . .		

Expenses	2025 Amount	2024 Amount		2025 Amount	2024 Amount
Chemicals . . . . .			Seeds and plants purchased		
Conservation . . . . .			Storage and warehousing . .		
Custom hire . . . . .			Supplies purchased . . . . .		
Employee benefits . . . . .			Taxes . . . . .		
Feed purchased . . . . .			Utilities . . . . .		
Fertilizers and lime . . . . .			Veterinary and breeding . .		
Freight and trucking . . . . .			Other _____		
Gasoline, fuel, and oil . . . . .			_____		
Insurance . . . . .			_____		
Mortgage interest . . . . .			_____		
Other interest . . . . .			_____		
Labor hired . . . . .			_____		
Pension and profit-sharing . . . . .			_____		
Vehicles and machinery rent . . . . .			_____		
Other rentals . . . . .			_____		
Repairs and maintenance . . . . .			_____		

## Vehicle Information

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.)

**Blank Return****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.

Blank Return

### 1. EDUCATION

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

Student Name	Educational Institution	Fr	So	Jr	Sr	Oth	Tuition & Fees	Interest Paid	Student Loan	Books, Supplies & Equipment	529 Plan

### 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

### 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	

### 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

## Blank Return

## ITEMIZED DEDUCTIONS

<b>Medical and Dental Expenses</b> (not including reimbursements)	<b>2025</b> <b>Amount</b>	<b>2024</b> <b>Amount</b>
Medical/dental care insurance premiums (other than self-employed) . . . . .		
Medicare B and D premiums from SSA-1099 and RRB-1099-R . . . . .		
Qualified long-term care premiums . . . . .		
Doctor, dentist, and hospital fees . . . . .		
Prescription medicines and drugs . . . . .		
Medical aids such as eyeglasses, contact lenses, and hearing aids . . . . .		
Total transportation expenses . . . . .		
Other medical and dental expenses . . . . .		

<b>Taxes Paid</b>	<b>2025 Amount</b>	<b>2024 Amount</b>
State and local income taxes paid (other than withholdings and estimates) . . . . .		
Actual state and local general sales taxes paid. . . . .		
State and local real estate taxes. . . . .		
Personal state/local property taxes (list type of tax paid) _____		

<b>Interest Paid</b>	<b>2025 Amount</b>	<b>2024 Amount</b>
Home mortgage interest paid to financial institution (enclose Form 1098 or statement)		
Home mortgage interest paid to individual . . . . .		
<i>Individual's name</i> _____		
<i>Individual's address</i> _____		
<i>Individual's ID number</i> _____		
Qualified mortgage insurance premiums (VA, FHA, RHS, or private) . . . . .		
Investment interest expense . . . . .		

**Blank Return****ITEMIZED DEDUCTIONS (continued)****Casualty and Theft Losses** (for property damaged by storm, water, fire, accident, or theft)

Enclose supporting documentation of what is written here, i.e. insurance reimbursement, receipts for cost of repairs.

(If additional losses were incurred, please attach a separate sheet of paper with these details.)

Location of property:	Residential property <input type="checkbox"/>	Business property <input type="checkbox"/>
Description of property:	Federal Disaster <input type="checkbox"/>	
Date of loss:	FEMA disaster declaration # _____	
Amount of damage _____	Cost basis of property _____	Repair Costs _____
Insurance reimbursement _____	FMV of property before loss _____	Other _____
Federal monies received _____	FMV of property after loss _____	Other _____

**Unreimbursed Employee Business Expenses**

(if any depreciable assets were sold (including the vehicle), please see worksheet below)

Dues (related to job) \_\_\_\_\_  
 Subscriptions related to your work \_\_\_\_\_  
 Licenses and regulatory fees \_\_\_\_\_  
 Tools and supplies used in your work \_\_\_\_\_  
 Work clothes, uniforms if required \_\_\_\_\_  
 Medical exams required by your employer \_\_\_\_\_  
 Work related education (books, tuition) \_\_\_\_\_  
 Legal fees related to your job \_\_\_\_\_  
 Job search expenses (current occupation) \_\_\_\_\_

**Vehicle Information**

Vehicle description \_\_\_\_\_  
 Date placed in service \_\_\_\_\_  
 Cost or basis \_\_\_\_\_

**Miles of vehicle**

Business miles \_\_\_\_\_  
 Commuting miles \_\_\_\_\_  
 Other miles \_\_\_\_\_

**Expenses**

Actual expenses  
 (gas, oil, repairs, etc) \_\_\_\_\_  
 Parking fees and tolls \_\_\_\_\_  
 Travel expenses \_\_\_\_\_

\*Questions relating to mortgage interest, taxes, and casualty losses were asked previously

**Sales, Purchases, and Disposition of Assets in 2025**

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

T S	Asset description	Date acquired	Purchase price	Date sold	Sales price

**Investment Related Expenses**

Tax preparation fees \_\_\_\_\_  
 Safe deposit box \_\_\_\_\_  
 Custodial, trust admin fees \_\_\_\_\_  
 Fees to collect interest and dividends \_\_\_\_\_  
 Tax advice not related to investment income \_\_\_\_\_  
 Legal fees related to producing taxable income \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

**Other Misc. Deductions**

Gambling losses . . . . .  
 Estate tax deduction (in respect of a decedent) \_\_\_\_\_  
 Portfolio from Schedule K-1 \_\_\_\_\_  
 Unrecovered investment in a pension \_\_\_\_\_  
 Amortizable premium on taxable bonds \_\_\_\_\_  
 Disabled persons work expenses \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

**CREDITS AND PAYMENTS ORGANIZER****Blank Return**

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"/>			

**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 . . . . .		