

2025 INDIVIDUAL TAXPAYER ORGANIZER

MUST RETURN FOR TAX PREPARATION

Circle One: Drop-Off (no appointment) In-Person Appointment Requested Virtual Appointment Requested

Taxpayer: _____ Last 4 of SSN: _____ Date of Birth: _____

Taxpayer Phone #: _____ Taxpayer Email: _____

Spouse: _____ Last 4 of SSN: _____ Date of Birth: _____

Spouse Phone #: _____ Spouse Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Resident State: _____ Did you move during 2025? _____ Marital Status as of 12/31/2025: _____

Have you received any notices from the IRS or state department within the past year? (Y or N) _____

DEPENDENTS – This can include children and any person that you provide more than 50% of their financial support. **Please include proof of residency. If more than 4, please attach a separate list.**

Full Name	Social Security #	Date of Birth	New? (Y/N)

INCOME TAX REFUNDS: The IRS is phasing out the use of paper checks. We **HIGHLY RECOMMEND** electing for direct deposit for your refund.

If applicable, would you like your tax refund directly deposited into your bank account? (Y or N) _____

Bank Name: _____ Checking or Savings (C or S): _____

Routing Number: _____ Account Number: _____

IMPORTANT QUESTIONS: Please answer with Yes or No. Additional docs may be required!

___ Did you purchase an **energy efficient** vehicle or new energy-efficient improvements to your home? If yes, **include purchase and financing agreement.**

___ Do you own or have financial interest in a **foreign bank** or financial account?

___ At any time during the tax year, did you receive, sell, exchange, or otherwise acquire any financial interest in any **virtual currency** (Cryptocurrency, Bitcoin, etc.)? If yes, **attach Form 1099-DA.**

___ Did you have **health insurance** through the **Marketplace** (i.e. Healthcare.gov)? If yes, **attach Form 1095A.**

___ Were any children born or adopted in 2025? If yes, **include birth certificate and Social Security card.**

___ Were any children attending **college** in 2025? If yes, **include Form 1098-T.**

___ Did you pay for any **dependent care** so you could work or go to school? If yes, **include daycare report/s.**

___ Did you, or will you, contribute any money to an **IRA** for 2025? Traditional or Roth (T or R) _____

___ Did you make any **charitable contributions** in 2025? If yes, **include totals.**

___ Did you receive **tips** or **overtime** in 2025? If yes, **include your final paystub/s.**

___ Did you purchase a new personal vehicle in 2025? If yes, **include purchase and financing agreement.**

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___ Did you receive income through **gig work**, such as Uber, Instacart, or DoorDash, in 2025? If yes, **please provide year-end summary of income and expenses.**

Other Information:

Amount of Educator Expenses (for qualifying educators only): \$ _____
SEP, SIMPLE or other Retirement Contributions: \$ _____

ESTIMATED PAYMENTS: This is extremely important that you provide us with the date and amount of any estimated income tax payments made to the IRS. Please add any additional payments to the comment section at the end of this organizer.

IRS Payment Date	Amount	Method (Check/Online)	Confirmation #

By signing below you acknowledge that you have provided accurate and true answers to the questions in this organizer. If filing jointly, both spouses need to sign this organizer for it to be complete.

Taxpayer: _____ Signature: _____ Date: _____

Spouse: _____ Signature: _____ Date: _____

ANY OTHER IMPORTANT INFORMATION (list below or attach):