2025 TAX ORGANIZER

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PERSONAL INFORMATION - Update if any changes or new client

Name	____________	Spouse's name	____________
Occupation	____________	Occupation	____________
E-Mail	____________	E-Mail	____________
Phone	____________	Phone	____________
Date of birth	____________	Date of birth	____________

Address ________________________________

Preferred method of contact __________

Was health insurance purchased through Exchange? Y or N If Yes, you must provide Form 1095-A from Healthcare.gov.

Unemployment received Self $__________ Spouse $__________ Print Form 1099-G from website, will not be mailed!

Did you make improvements to your home that qualifies for energy credits? Y or N If yes, provide details.

Did you buy a vehicle that qualifies for the clean vehicle credit? Y or N If Yes, please provide copy of invoice.

Did you earn income from tips? Y or N If yes, how much? $__________

Did you earn overtime? Y or N If yes, provide last pay stub of 2025 or statement from employer.

DEPENDENTS

	1	2	3	4
Name				
Birthdate				
Relationship				
Social Security #				
Grade				
School Name				
School City				
Trump account? Y or N				

↪ *Form 4547 gets filed with 2025 tax return to create account. See tax letter or www.trumpaccounts.gov for details.*

K-12 Tuition/Fees	$	$	$	$

↪ *Illinois education credits are available for tuition and fees paid for kindergarten through high school.*

Childcare costs	$	$	$	$

↪ *Federal credits for daycare and preschool fees. Provide the name, address, and EIN of the daycare provider on the next page.*

College Tuition paid	$	$	$	$

↪ *To receive college credits,* ***attach Form 1098-T and statement from the college/university*** *showing payments made.*

Bright Start contribution	$	$	$	$

↪ *To receive Illinois credit for Bright Start/Bright Directions,* ***Illinois requires the account number****. Please provide year-end statement.*

Provide 1099Q for all distributions from Education Savings Accounts.

Bank information

☐ Deposit my refund in the same account as last year

If new account - Routing #__________ Account # __________

Bank name __________ Checking or Savings (circle one)

Balance due tax returns can be paid with direct debit from bank account. Are you interested in this option? Y or N

Income - Please provide copies of **all** W-2's and 1099's. Provide Form 1099-B for stock and mutual fund sales.

For Rental Income, please complete Supplemental Schedule for Rental or Self-Employment Income (page 3)

If you received 1099-Misc or 1099-NEC forms, list related expenses on the Supplemental Schedule for Rental or Self-Employment Income.

Interest Income - Provide 1099-INT Amount

__________ $__________

__________ $__________

Pensions & IRA Distributions - provide Form 1099-R Amount

__________ $__________

__________ $__________

Dividend Income - Provide 1099-DIV Amount

__________ $__________

__________ $__________

Social Security Income - provide Form SSA-1099

Self $__________

Spouse $__________

Do you have a foreign bank or investment account? Y or N (If yes, provide statement and include income above)

Traditional and Roth IRAs - 2025 Limit is $7,000. If you are 50 or older, limit is $8,000.

2025 Traditional IRA contributions **must** be made by 4/15/26 Self $__________ Spouse $__________

2025 Roth IRA Contributions **must** be made by 4/15/26 Self $__________ Spouse $__________

Did you rollover an amount from an IRA? Self $__________ Spouse $__________ Attach Form 1099-R

Did you convert an amount to a Roth IRA? Self $__________ Spouse $__________ Attach Form 1099-R

TAXES, DEDUCTIONS & CREDITS

Estimated Tax Pmts	Date	Federal	State
1st (due 4/18/25)	__________	$__________	$__________
2nd (due 6/16/25)	__________	$__________	$__________
3rd (due 9/15/25)	__________	$__________	$__________
4th (due 1/15/26)	__________	$__________	$__________

HSA contributions $______________ Attach Form 5498-SA

HSA distributions $______________ Attach Form 1099-SA

*Were all HSA distributions used for medical purposes? Y or N

2025 limits Self only $4,300 Family $8,550

If you are age 55 or older an additional $1,000 is allowed.

ITEMIZED DEDUCTIONS

Taxes Paid

Primary residence property taxes $______________

Other property taxes paid $______________

Sales tax vehicle purchases $______________

Interest Paid

Mortgage interest __________ $______________

______________________ $______________

______________________ $______________

Refinance points paid $__________ Loan years _____

Charitable Contributions - Cash

Name __________________ $______________

Name __________________ $______________

Name __________________ $______________

Contributions over $250 require a receipt

Medical Expenses

Doctors & dentists $______________

Prescriptions $______________

Glasses, hearing aids etc. $______________

Medical miles driven ______________

Medical insurance paid $______________

Long term care premiums Self $______________

Spouse $______________

Noncash Contributions $______________

____

(Description, fair market value, organization name and address must be provided for combined donations over $500)

Miles driven for charity __________

MISCELLANEOUS CREDITS/DEDUCTIONS

Vehicle Interest on New Vehicle Assembled in the U.S. - Provide invoice from vehicle purchase.

Amount $____________ VIN ______________________ Loan origination date __________________

Teacher/Educator Expense Deduction (for educators only) Amount spent for out-of pocket costs **$** __________

Child Care Credit (for care of child under 13 which enables you to work) Enter amount paid per child on front page.

Provider Name ______________________________ SSN or FEIN ______________

Provider Address ____

Student loan interest $______________

Did you buy, sell, send, or exchange crypto currency (Bitcoin, Etherum, etc.)? Y or N

Other Miscellaneous Information

Did you sell your house in 2025? ____ If yes, provide closing papers from sale, purchase date and cost of prior residence.

Other information - ____

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SUPPLEMENTAL SCHEDULE FOR RENTAL OR SELF-EMPLOYMENT INCOME

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Complete this optional worksheet if you have Rental Income or Self-Employment Income

PROVIDE CLOSING STATEMENT FOR ANY PROPERTIES PURCHASED OR SOLD DURING THE YEAR.

	Property 1	Property 2	Property 3
RENTAL PROPERTIES - address	________	________	________
Rental Income	$________	________	________
Expenses:			
Advertising	$________	________	________
Auto & travel	$________	________	________
Cleaning & maintenance	$________	________	________
Commissions	$________	________	________
Insurance	$________	________	________
Interest	$________	________	________
Legal & professional fees	$________	________	________
Repairs	$________	________	________
Supplies	$________	________	________
Real estate tax	$________	________	________
Utilities	$________	________	________
Other (description) ________	$________	________	________
Major repairs & purchases	$________	________	________

(provide details on major purchases & repairs) **Were Form 1099's issued to any subcontractors? Y/N**

PROFIT OR LOSS FROM BUSINESS (Non-employee compensation including amounts reported on Form 1099-NEC or 1099-Misc)

Description of Self-Employment -	________	________
Total gross income	$________	$________
Tips included in gross income above	$________	$________
Costs of Good Sold (if applicable)		
Purchases	$________	$________
Expenses -		
Advertising	$________	$________
Auto expenses	$________	$________
Business # of miles driven	________	________
Bank charges & fees	$________	$________
Commissions	$________	$________
Computer/internet	$________	$________
Insurance	$________	$________
Interest - mortgage/other	$________	$________
Uniforms/laundry & cleaning	$________	$________
Legal & professional fees	$________	$________
Office supplies, postage & expenses	$________	$________
Outside services	$________	$________
Parking & tolls	$________	$________
Rent or lease - vehicle or machinery	$________	$________
Rent - other business property	$________	$________
Repairs & maintenance	$________	$________
Supplies	$________	$________
Taxes and licenses	$________	$________
Travel	$________	$________
Meals - business	$________	$________
Entertainment - other than meals	$________	$________
Utilities	$________	$________
Telephone/cell phone	$________	$________
Other (description) ________	$________	$________

Major purchases Desc. ________ $________ Desc. ________ $________

Desc. ________ $________ Desc. ________ $________

(provide details on major purchases & repairs over $2,500)

Were Form 1099's issued to subcontractors? Y/N Square footage of dedicated home office ________

Total square footage of home ________