TAX YEAR 2025 CLIENT
TAX ORGANIZER
INSTRUCTIONS

Dear Tax Client: **Do not send your tax information until you have completed this organizer and have all of your tax information together. We will not accept or store partial information.**

Thank you for allowing us to prepare your tax returns for tax year 2025. ***PLEASE READ AND FOLLOW THESE INSTRUCTIONS CAREFULLY.*** **Failure to do this will delay the completion of your tax return and result in an inaccurate result. If you are sending your child's tax info, they must complete & sign their own organizer. Their documents should be attached to their own organizer. **WARNING: No signed organizer. No ID. Sorry, but NO tax preparation!!!****

1. **Fill in all personal information even if you are a previous client.** For the other areas fill in **only** the items that apply to you. **Remember** if you are sending tax information for your children, they need their own signed organizer along with ID. Please include E – mail address since they are helpful in communicating with you.
2. Include all tax documents that you received for the tax year (W2s, 1099 Misc., 1099 Int., 1099 Div., etc.)
3. ***For PA Clients Only - INCLUDE your local tax return forms*** that you receive in the mail. We have all federal and state forms in our office.
4. If you moved during the year we need your moving date as well as your old and new addresses. (Section 17)
5. ***Do not send all your receipts for expenses***. Only send us a list of your expenses and group them in categories. We need to know that you have receipts for your expenses and may ask to verify them; but we do not keep them on file in our offices. You need to keep them in your files in case they are ever needed to verify expenditures.
6. **If you have a ministerial housing allowance** we need to know if you spent it all. If not, how much did you have left over above your housing costs?
7. For auto expenses be sure to include a description of the auto, business miles, commuting miles, personal miles, and purchase date of each vehicle for which you are claiming mileage. **Please separate your mileage for each vehicle. Do not send us just one mileage figure for all vehicles!**
8. If you have honoraria or other self-employed income, list it separately. List your expenses incurred due to this self-employment income separately from other employee expenses.
9. List your federal, state, and local estimated tax payments that you made for the tax year (Apr., June, Sept., & Jan. 2026) along with the dates that you made the payments.
10. **The organizer must be signed** (**both husband & wife if applicable**) on the signature lines to certify that the information that you are providing us is accurate and that you have receipts or other documentary evidence to support your income and expense.
11. **A copy of your driver's license or photo page of passport must be included even if we filed your taxes previously** (both husband and wife if applicable) along with the signed organizer.

2025 CLIENT TAX ORGANIZER

Please complete this Organizer before mailing us your information or arriving for your appointment.

1. Personal Information

	Full Name w/Middle Initial	Soc. Sec. No.	Birth Date	Occupation	Cell Phone#
Taxpayer					
Spouse					

Street Address	City	State	Zip	Home Phone

County	Boro or Township	School District	Municipality

E-mail Address

	Taxpayer	Spouse	Martial Status
Blind	☐ Yes ☐ No	☐ Yes ☐ No	☐ Married Will file jointly ☐ Yes ☐ No
Disabled	☐ Yes ☐ No	☐ Yes ☐ No	☐ Single
Pres. Campaign Fund	☐ Yes ☐ No	☐ Yes ☐ No	☐ Widow(er), Date of Spouse's Death ________________

2. Dependents (Children & Others)

Name (First, Initial, Last)	Relation-ship	Birth Date	Soc. Sec. No	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

PLEASE PROVIDE THE FOLLOWING ITEMS:

- **Last Year's tax return (new clients only)**
- **All statements (W-2s, 1098s, 1099s, etc)**

Please answer the following questions to determine maximum deductions:

1. Are you self-employed or do you receive hobby income? ☐ Yes ☐ No

2. Did you receive income from raising animals or crops? ☐ Yes ☐ No

3. Did you purchase an electric vehicle in 2024? ☐ Yes ☐ No

4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, or patents? ☐ Yes ☐ No

5. Did you withdraw or write checks from a mutual fund? ☐ Yes ☐ No

6. Do you have a foreign bank account, trust, or business? ☐ Yes ☐ No

7. Do you provide a home for or help support anyone not listed in Section 2 above? ☐ Yes ☐ No

8. Did you receive any correspondence from the IRS or State Dept. of Taxation? ☐ Yes ☐ No

9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? ☐ Yes ☐ No

10. Did you give a gift of more than $19,000 to 1 or more people? ☐ Yes ☐ No

11. Did you have any debts canceled, forgiven, or refinanced? ☐ Yes ☐ No

12. Did you go through bankruptcy proceedings? ☐ Yes ☐ No

13. If you rented, how much did you pay? Was heat included? ______________ ☐ Yes ☐ No

14. Did you pay interest on a student loan for yourself, spouse, or dependent during the year? ☐ Yes ☐ No

15. Did you pay expenses for yourself, spouse, or dependent to attend classes beyond high school? ☐ Yes ☐ No

16. Did you have any children under age 19 or 19 to 23 year old students with unearned income of more than $1,050? ☐ Yes ☐ No

17. Did you purchase a new alternative technology vehicle or electric vehicle? ☐ Yes ☐ No

18. Did you own $50.000 or more in foreign financial assets? ☐ Yes ☐ No

3. Wage, Salary, Self Employed Income

ATTACH W-2s and/or 1099s

Employer	Taxpayer	Spouse
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

4. Interest Income

ATTACH 1099-INT, Form 1097-BTC & Broker Statements

Payer	Amount

5. Dividend Income

From Mutual Funds & Stocks – ATTACH 1099-DIV

Payer	Ordinary	Capital Gains	Non-Taxable

6. Partnership, Trust, Estate Income

List payers of partnership, limited partnership, S-corporation, trust, or estate income. ATTACH K-1

____

____

____

____

7. Property Sold

ATTACH 1099-S and closing statements

Property	Date Acquired	Cost & Imp.
Personal Residence*		
Vacation Home		
Land		
Other		

*Provide information on improvements, prior sales of home.

8. I.R.A. (Individual Retirement Acct.)

Contributions for tax year income

	Amount	Date	√ for Roth
Taxpayer			
Spouse			

Amounts withdrawn. ATTACH 1099-R & 5498

Plan Trustee	Reason for Withdrawal	Reinvested?
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

9. Pension, Annuity Income

ATTACH 1099-R

Payer	Reason for Withdrawal	Reinvested?
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

Provide statements from employer or insurance company with information on cost of or contributions to plan.

Did you receive:	Taxpayer	Spouse
Social Security Benefits	☐ Yes ☐ No	☐ Yes ☐ No
Railroad Retirement	☐ Yes ☐ No	☐ Yes ☐ No

ATTACH SSA 1099, RRB 1099

10. Investments Sold / Crypto Currency (only if sold)

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest – ATTACH 1099-B & confirmation slips

Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

11. Other Income

List all Other Income (including non-taxable)

Alimony Received ____________________
Child Support ____________________
Scholarship (Grants) ____________________
Unemployment Compensation (repaid)____________________
Prizes, Bonuses, Awards ____________________
Gambling, Lottery / expenses ____________________
Unreported Tips ____________________
Director / Executor's Fees ____________________
Commission ____________________
Jury Duty ____________________
Worker's Compensation ____________________
Veteran's Pension ____________________
Disability Income ____________________
Payment from Prior Installation Sale ____________________
State Income Tax Refund ____________________
Clergy Honoraria ____________________
Other ____________________ ____________________

12. Medical / Dental Expenses

Medical Insurance Premiums (paid by you) ____________________
Prescription Drugs ____________________
Insulin ____________________
Eye Glasses, Contacts ____________________
Hearing Aids, Batteries ____________________
Braces ____________________
Medical Equipment, Supplies ____________________
Nursing Care ____________________
Medical Therapy ____________________
Hospital / Nursing Home ____________________
Doctor/Dental/Healthcare Professional ____________________
Lodging ____________________
Mileage (no. of miles) ____________________

13. Interest Expenses

Mortgage Interest Paid (ATTACH 1098)____________________
Interest paid to individual for your home (include amortization schedule ____________________

Paid to: Name ____________________
Address ____________________
____
Social Security Number ____________________

Investment Interest ____________________
Premiums paid or accrued for qualified mortgage insurance
____

14. Taxes Paid

Real Property Tax (attach bills) ____________________
Personal Property Taxes ____________________
Other ____________________ ____________________

15. Casualty / Theft Loss

For property damaged by storm, water, fire, accident, or stolen.
Location of Property ____________________
____
Description of Property ____________________
____

	Other	Federally Declared Disaster Losses
Amount of Damage	______	______
Insurance Reimbursement	______	______
Repair Costs	______	______
Federal Grants Received	______	______

16. Charitable Contributions

Church	**Amount**
______	______
______	______
______	______
______	______
______	______
______	______

Other

______	______
______	______

Non Cash

______	______

Volunteer (no. of miles ____________ **@.14** ____________

***Provide detail if over $5000.00 is paid to any organization.**

17. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec No. or Employer No.	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

COMPLETE EITHER Actual OR Standard Deductions

18. Employment Related Expenses That You Paid (Not self-employed)

Dues – Union, Professional ________________________
Books, Subscriptions, Supplies ________________________
Licenses ________________________
Tools, Equipment, Safety Equipment ________________________
Uniforms (including cleaning) ________________________
Sales Expense, Gifts ________________________
Tuition, Books (work related) ________________________
Entertainment ________________________

Office in home:

Square Ft
a) Total Home ________________________
b) Office ________________________
c) Storage ________________________

Rent ______________________
Insurance ______________________
Utilities ______________________
Other ______________________

*__Please label "T" for taxpayer, "S" for spouse on each item__.

19. Moving Information

Did you move in 2025? Yes ____ No ____Date of move ____________

If yes, provide:
Previous Address: ____
____

County ____
School District ____
Municipality ____

Current Address ____
____

County ____
School District ____
Municipality ____

If you moved, we need to know what income (W2) is associated with each place you lived.

Previous Resident / Company	Amount

Current Residence /Company	Amount

20. Business Mileage /Actual Cost Method Only & Leased Vehicles

Do you have written records? ___ Yes ___ No
Did you sell or trade in a car used for business? ___ Yes ___ No

__If yes__, attach copy of purchase agreement.
Make/Year of Vehicle ____
Date purchased ______________________
Total Miles (personal and business) ______________________
Business miles (not to and from work) ______________________
From first to second job ______________________
Education (one way, work to school) ______________________
Job Seeking ______________________
Other Business ______________________

Round Trip commuting distance ______________________
Gas, Oil, Lubrication ______________________

Batteries, Tires, etc ______________________
Repairs ______________________
Wash ______________________
Insurance ______________________
Interest ______________________
Lease ______________________
Payments ______________________
Garage Rent ______________________

21. Business Mileage / Standard Deduction Method

	VEHICLE 1/ Description	VEHICLE 2/ Description
	Date placed in service	Date placed in service
Total Mileage		
Business Mileage		
Commuting Mileage		
Personal Mileage		

22. Business Travel

If you are reimbursed for exact amount, give total expenses.

Airfare, Train, etc ______________________
Lodging ______________________
Meals (no. of days ________) ______________________
Taxi, Car Rental ______________________
Other ______________________
Reimbursement Received ______________________

23. Estimated Tax Paid/not W2 amounts (Apr. 2025- Jan. 2026)

Date Paid	Federal	State	Local

24. Education Expenses

Student's Name	Type of Expense	Amount

25. Other Deductions

Alimony Paid to ______________________
Social Security No. ______________________
Student Interest Paid $______________________
Health Savings Account Contributions $______________________
Archer Medical Savings Acct Contributions $______________________

26. FOR MINISTERS ONLY

Designated Housing Allowance $______________________
Amount of Housing Allowance Actually Spent $______________

If you lived in a Parsonage – Fair Rental Value (FRV) of the Church Parsonage $______________________

Unreimbursed Professional Expense **(DO NOT SEND RECEIPTS/ Just give category totals)**

Professional Dues ______________
Travel ______________
Books ______________
Subscriptions ______________
Gifts ($25/personal/year limit) ______________
Supplies ______________
Religious Materials ______________
Entertainment ______________
Education ______________
Other ______________

27. Healthcare Insurance Coverage

-Did you have healthcare coverage? ☐ **Yes** ☐ **No**

-If your coverage was through the H/C Marketplace, send your 1095A form.

WE CANNOT BEGIN TO PROCESS YOUR TAXES WITHOUT THIS NECESSARY HEALTHCARE INFORMATION, INCLUDING YOUR 1095 A

***** Beginning January 1, 2011 we must e-file all tax returns unless you opt out.***

Do you wish to opt out of e-filing? ☐ Yes ☐ No ***If yes, you must complete and ATTACH OPT OUT form.***

28. Direct Deposit of Refund / or Savings Bond Purchase

Would you like to have your refund (s) directly deposited into your account? ☐ Yes ☐ No

(The IRS will allow you to deposit your federal tax refund into up to three different accounts. Please provide the following information.)

BANK ACCOUNT INFORMATION:

Owner of Account ☐ Taxpayer ☐ Spouse ☐ Joint

Type of Account ☐ Checking ☐ Traditional Savings ☐ Traditional IRA ☐ Roth IRA

Name of Financial Institution ______________________________

Financial Institution Routing Transit Number (if known) ______________________________

Your Account Number______________________________

TAKE A MOMENT TO READ BEFORE SIGNING. MAKE SURE ALL DOCUMENTS AND IDs ARE INCLUDED WITH THIS SIGNED ORGANIZER BEFORE MAILING TO US.

- **To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records and can meet IRS substantiation requirements.**
- **I also understand that I am granting permission to e-file my tax return unless I have checked the OPT OUT box above and have included a signed e-file OPT OUT FORM.**
- **I HAVE INCLUDED A COPY OF MY DRIVER'S LICENSE OR PHOTO PAGE OF MY PASSPORT, as well as a COPY OF MY SPOUSE'S if applicable.**
- **If you have a dependent filing their own tax return, A SEPARATE ORGANIZER MUST BE FILLED OUT AND SIGNED BY THEM along with a COPY OF THEIR PHOTO ID.**

TAX RETURN PREPARATION

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

TAXPAYER RESPONSIBILITES

- **You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you need to contact us immediately to ensure your completed tax returns contain all relevant information.**
- **You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.**
- **You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.**

- **You must review the return carefully before signing to make sure the information is correct.**

- **If you terminate this engagement before completion, you agree to pay a fee for work completed.**

- **You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the future.**

SIGNATURES: **By signing below, you acknowledge that you have read, understand and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.**

Taxpayer's Signature____ **Date**________________

Spouse's Signature ____ **Date**________________

PRIVACY POLICY

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

EXTREMELY IMPORTANT :

Due to the passing of the One Big Beautiful Bill in July of 2026: If you received overtime pay during 2025, we must have a copy of your final pay stubs for 2025 which show how much overtime pay you received in 2025.