

# **Tax Organizer For**

## **2025 Income Tax Return**

**Prepared For:**

**Prepared By:**

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**Charlotte, NC 28273**

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 me at (704)583-9090.

**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 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? . . . . .  Yes  No

### Bank Account

Ownership  Taxpayer  Spouse  Joint  
 Type  Checking  Savings  
 Bank name \_\_\_\_\_  
 Routing number \_\_\_\_\_  
 Account number \_\_\_\_\_  
 Account outside the jurisdiction of the United States?  Yes

### Bank Account

Ownership  Taxpayer  Spouse  Joint  
 Type  Checking  Savings  
 Bank name \_\_\_\_\_  
 Routing number \_\_\_\_\_  
 Account number \_\_\_\_\_  
 Account outside the jurisdiction of the United States?  Yes

## 5. IDENTIFICATION INFORMATION

### Taxpayer

Type of ID:  Driver's license  State-issued ID  
 No ID  
 ID number \_\_\_\_\_  
 Location of issuance \_\_\_\_\_  
 Issue date \_\_\_\_\_  
 Expiration date \_\_\_\_\_

### Spouse

Type of ID:  Driver's license  State-issued ID  
 No ID  
 ID number \_\_\_\_\_  
 Location of issuance \_\_\_\_\_  
 Issue date \_\_\_\_\_  
 Expiration date \_\_\_\_\_

## **PERSONAL INFORMATION ORGANIZER**

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## **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.  Taxpayer  Spouse

2. Were you a victim of identity theft and have you been contacted by the IRS?  Yes  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?  Yes  No

4. Have you received any notices or correspondences from the IRS or state in the past 3 tax years?  Yes  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?  Yes  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?  Yes  No

7. Did you give a gift of more than \$19,000 to one or more people?  Yes  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?  Yes  No

## 8. COMMENTS



# BUSINESS INCOME AND EXPENSES (Schedule C)

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) _____

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 bldgs deduction . . . . .	
Contract labor . . . . .			Other: _____	
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 . . . . .				

<b>Vehicle Information</b>				
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

<b>Business Use of Home</b>				
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)	

## DEDUCTIONS ORGANIZER

Please complete this Organizer before your appointment.  
Itemized Deduction Organizers are on separate pages.

### 1. EDUCATION

Attach 1098-Ts, 1098-E's and 1099-Q's:								Student Loan	Books, Supplies	& Equipment	529 Plan
Student Name	Educational Institution		Fr	So	Jr	Sr	Oth	Tuition & Fees	Interest Paid		
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**CREDITS AND PAYMENTS ORGANIZER**  
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"/>			
		<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 Applied from 2024 federal refund . . . . .	Date Paid	Amount Paid
1st quarter payment . . . . .	<hr/>	<hr/>
2nd quarter payment . . . . .	<hr/>	<hr/>
3rd quarter payment . . . . .	<hr/>	<hr/>
4th quarter payment . . . . .	<hr/>	<hr/>

State estimated payments Applied from 2024 state refund . . . . .	Date Paid	Amount Paid	Local estimated payments Applied from 2024 local refund . . . . .	Date Paid	Amount Paid
1st quarter payment . . . . .	<hr/>	<hr/>	1st quarter payment . . . . .	<hr/>	<hr/>
2nd quarter payment . . . . .	<hr/>	<hr/>	2nd quarter payment . . . . .	<hr/>	<hr/>
3rd quarter payment . . . . .	<hr/>	<hr/>	3rd quarter payment . . . . .	<hr/>	<hr/>
4th quarter payment . . . . .	<hr/>	<hr/>	4th quarter payment . . . . .	<hr/>	<hr/>
State Name . . . . .	Locality Name . . . . .				