

Tax Organizer For 2025 Income Tax Return

Prepared For:

Prepared By:

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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

- ☐ Single
☐ Married Filing Joint
☐ Married Filing Separate
☐ Head of Household
☐ Qualifying surviving spouse (QSS)

☐ Check if parent (or someone else) can claim you as a dependent on their return.
☐ Check if you lived apart from your spouse for all of 2025.
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"/>		

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 _____

Please complete this Organizer before your appointment.

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)

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[illegible]

INCOME ORGANIZER

Please complete this Organizer before your appointment.
Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

1. WAGE AND SALARY INFORMATION

Attach W-2s:

Employer Name	Taxpayer	Spouse
	<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"/>

Unreported tip income received:

2. INTEREST AND DIVIDEND INCOME

Attach 1099-INT, 1099-DIV or other statements

Payer Name	Taxpayer	Spouse
	<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"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

3. RETIREMENT DISTRIBUTIONS

Attach 1099-R & 5498	Roth IRA	Other IRA	Taxpayer	Spouse
Payer Name				
	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attach SSA 1099 or RRB 1099

	Yes	No
Did you receive social security benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive railroad retirement benefits?	<input type="checkbox"/>	<input type="checkbox"/>

4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)

Attach K-1s:

Payer Name	Taxpayer	Spouse
	<input checked="" 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"/>

5. CAPITAL GAINS AND LOSSES

Attach 1099-Bs:

Payer Name	Taxpayer	Spouse
	<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"/>

6. OTHER INCOME

Description	Amount
State income tax refund	
Alimony received	
Date of original divorce/separation agreement	
Unemployment compensation	
Gambling winnings	
Jury pay	
Hobby income	
Scholarships (grants)	
NOL Carryforward	
Child support	

7. MISCELLANEOUS INCOME QUESTIONS

1. Did you sell your home? ☐ Yes ☐ No
2. Did you earn any foreign income or pay any foreign taxes? ☐ Yes ☐ No
3. Do you have a health savings account (HSA), Archer MSA or Medicare Advantage (MA) MSA? ☐ Yes ☐ No
4. Did you have a financial account in a foreign country (i.e. bank account, securities account, etc.)? ☐ Yes ☐ No
If Yes, did the aggregate value of all financial accounts exceed \$10,000 at any time during 2025? ☐ Yes ☐ No
5. Did you have any debt forgiven (i.e. student loans, home mortgage, etc.)? ☐ Yes ☐ No
6. At any time during 2025, did you:
(a) receive (as a reward, award, or compensation)
(b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? ☐ Yes ☐ No

BUSINESS INCOME AND EXPENSES (Schedule C)

Indicate the owner of this business: ☐ Taxpayer ☐ Spouse ☐ Joint

Business Name: _____

Business product or service: _____

Business Address: _____

City, State, and Zip Code: _____

Did you start or acquire this business during 2025? ☐ Yes ☐ No

Accounting Method: ☐ Cash ☐ Accrual ☐ Other (describe) _____

Method used to value inventory: ☐ Cost ☐ Lower of cost or market ☐ 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			_____		

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 _____

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

Business Use of Home

Area used exclusively for business _____ Total area of home _____

Was the home used as a day care facility? ☐ Yes ☐ 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 ☐ Yes ☐ 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 Name	Educational Institution	Fr	So	Jr	Sr	Oth	Tuition & Fees	Student Loan Interest Paid	Books, Supplies & Equipment	529 Plan
		<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"/>	<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"/>	<input type="checkbox"/>				<input type="checkbox"/>

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

3. IRA CONTRIBUTIONS

Description	Amount
Contributions to a Traditional IRA.	_____
Contributions to a ROTH IRA	_____

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	_____
_____	_____
_____	_____
_____	_____

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

CREDITS AND PAYMENTS ORGANIZER
Please complete this Organizer before your appointment.

1. CHILD CARE CREDIT

Attach Daycare Provider Statement(s):			Telephone	Identification	
Care Provider Name	Address	Tax-Exempt	Number	Number	Amount Paid
		<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		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		