

2025 Form 1040 Client Organizer

Your Name: _____	E-mail: _____
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TAXPAYER INFORMATION	SPOUSE INFORMATION
First Name: _____ Initial: _____	First Name: _____ Initial: _____
Last Name: _____	Last Name: _____
Social Security #: _____	Social Security #: _____
Occupation: _____	Occupation: _____
Date of Birth: _____	Date of Birth: _____
Street Address: _____	Street Address: _____
City: _____	City: _____
State, Zip: _____	State, Zip: _____
Home Telephone: _____	Home Telephone: _____
Cell phone: _____	Cell phone: _____

FILING STATUS

Single: _____ Married: _____ Head of Household: _____ Married Filing Separate: _____

SALARIES AND WAGES (Please attach all W-2 forms)

W-2	Gr. Income	Fed WH.	FICA	Medicare	
1	_____	_____	_____	_____	
2	_____	_____	_____	_____	
3	_____	_____	_____	_____	
4	_____	_____	_____	_____	

DEPENDENTS

Name: _____	Name: _____
Date of birth: _____	Date of birth: _____
Social Security #: _____	Social Security #: _____
Relationship: _____	Relationship: _____
Months Lived at Home: _____	Months Lived at Home: _____
Name: _____	Name: _____
Date of birth: _____	Date of birth: _____
Social Security #: _____	Social Security #: _____
Relationship: _____	Relationship: _____
Months Lived at Home: _____	Months Lived at Home: _____

OTHER INCOME

DEDUCTIONS

Medical And Dental Expenses:

Insurance Premiums (Net): _____

Doctors, Dentists, etc.: _____

Long Term Care: _____

Prescriptions: _____

Auto Miles: _____

Taxes Paid:

State Sales Tax: - Large Items: _____

State Sales Tax – Autos: _____

Real Estate Taxes - Residence: _____

Other Taxes: _____

Interest Paid:

Home Mortgage Int. Pd. (1st): _____

Home Mortgage Int. Pd. (2nd): _____

Home Mortgage (Equity Line): _____

Contributions:

By Cash Or Check: _____

By Other Than Cash : _____

Miscellaneous Deductions:

Unreimbursed Employee Business: Expenses: Description: _____

Union /Professional Dues: _____

Investment Expense: _____

Tax Return Preparation Fees: _____

Safe Deposit Box Rental: _____

ADJUSTMENTS TO INCOME

Student Loan Interest: _____

IRA Deduction: _____

Roth IRA Contribution: _____

Educator Expenses: _____

Keogh/SEP Deduction: _____

Penalty on early withdrawal of savings: _____

College Tuition & Fees: _____

SIMPLE Plan: _____

BUSINESS INCOME

General Information:

____First Year ____Taxpayer ____Spouse

Business/Profession: _____

Bus. Name: _____

Bus. Address: _____

City: _____

State, Zip: _____

Expenses:

Advertising: _____

Car and Truck Expenses: _____

Commissions: _____

Employee Benefit Programs: _____

Insurance (other than health): _____

Health Ins. Premiums for Self: _____

Mortgage Int. (paid to banks, etc.): _____

Other Interest: _____

Legal and Professional: _____

Income: Receipts or Sales: _____	Gross	Office Expense: _____
Other Income: _____		Pension & Profit Sharing Plans: _____
Cost of Goods Sold: If Applicable		Rent-Vehicles, Machinery, & Equipment: _____
Inventory at Start of the Year: _____		Rent - Other Business Property: _____
Inventory at End of the Year: _____		Repairs: _____
Purchases: _____		Supplies: _____
Cost of Items for Personal Use: _____		Taxes - Real Estate: _____
Cost of Labor: _____		Taxes - Other: _____
Materials and Supplies: _____		Travel: _____
Other Costs: _____		Total Meals and Entertainment: _____
Did you acquire or dispose of any business assets (including real estate) during the year?		Utilities: _____
____ Yes	____ No	Wages: _____
Business Auto:		Did you have a home office during the year?
Total Miles: _____		____ Yes _____ No
Business Miles: _____		Rent: _____
		Utilities: _____
		Insurance: _____
		Janitorial: _____
		Misc: _____
		% of exclusive business use : _____

ESTIMATED TAX PAYMENTS

Federal:	Date Paid	Amt. Paid	
Overpayment-Prior Year			
1st Quarter			
2nd Quarter			
3rd Quarter			
4th Quarter			

RENTAL INCOME & EXPENSES

Was property purchased/converted to rental during this tax year? Yes No Property /Address
1: _____
2: _____
3: _____

Property	1	2	3
Income: Rents Received	_____	_____	_____
Expenses: Advertising	_____	_____	_____
Association Dues	_____	_____	_____
Auto and Travel	_____	_____	_____
Cleaning / Maintenance	_____	_____	_____
Commissions	_____	_____	_____
Gardening	_____	_____	_____
Insurance	_____	_____	_____
Labor	_____	_____	_____
Professional Fees	_____	_____	_____
Miscellaneous	_____	_____	_____
Mortgage Interest	_____	_____	_____
Other Interest	_____	_____	_____
Repairs and Maintenance Supplies	_____	_____	_____
Taxes	_____	_____	_____
Telephone	_____	_____	_____
Utilities	_____	_____	_____
Improvements	_____	_____	_____
Other	_____	_____	_____

MISCELLANEOUS QUESTIONS

If any of the following items pertain to you or your spouse for this tax year, please check the appropriate box and include all pertinent details.

Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year? ____ Y ____ N	Did you receive any K-1s from S corporations, partnerships, estates, trusts, or LLCs? ____ Y ____ N
Do you have any children under age 14 with interest, dividend, and/or capital gain income in excess of \$650? ____ Y ____ N	Can you be claimed as a dependent on another person's tax return? ____ Y ____ N
Did you or your spouse "rollover" a retirement plan distribution into another plan? ____ Y ____ N	Did you or your spouse receive any disability income during the year? ____ Y ____ N
Did you purchase, sell, or refinance your principal home or your second home, or obtain a home equity loan during the year? If yes, please send information. ____ Y ____ N	Did you sell any stocks, bonds, or other investment property during the year? If yes, please list the description, date acquired, date sold, sales price, cost or basis, and expenses of sale. ____ Y ____ N