

2025 Form 1040 Client Organizer

Your Name: _____

E-mail: _____

TAXPAYER INFORMATION

First Name: _____ Initial: _____

Last Name: _____

Social Security #: _____

Occupation: _____

Date of Birth: _____

Street Address: _____

City: _____

State, Zip: _____

Home Telephone: _____

Cell phone: _____

SPOUSE INFORMATION

First Name: _____ Initial: _____

Last Name: _____

Social Security #: _____

Occupation: _____

Date of Birth: _____

Street Address: _____

City: _____

State, Zip: _____

Home Telephone: _____

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: _____

Date of birth: _____

Social Security #: _____

Relationship: _____

Months Lived at Home: _____

Name: _____

Date of birth: _____

Social Security #: _____

Relationship: _____

Months Lived at Home: _____

Name: _____

Date of birth: _____

Social Security #: _____

Relationship: _____

Months Lived at Home: _____

Name: _____

Date of birth: _____

Social Security #: _____

Relationship: _____

Months Lived at Home: _____

OTHER INCOME

[illegible]

[illegible]

Pensions/IRA Distributions:
 Payor / Gross Distribution / Taxable Amount

Was Federal Tax withheld? _____

[illegible]

Unemployment Received:
Taxpayer Amount: _____
Spouse Amount: _____

Spouse Amount: _____

Social Security Received: Taxpayer Amount: _____ Spouse Amount: _____
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Spouse Amount: _____

[illegible][illegible]

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: _____

Educator Expenses: _____

College Tuition & Fees: _____

IRA Deduction: _____

Keogh/SEP Deduction: _____

SIMPLE Plan: _____

Roth IRA Contribution: _____

Penalty on early withdrawal of savings: _____

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: _____

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

ESTIMATED TAX PAYMENTS		
<p>Federal:</p> <p>Overpayment-Prior Year</p> <p>1st Quarter</p> <p>2nd Quarter</p> <p>3rd Quarter</p> <p>4th Quarter</p>	<p style="text-align: center;">Date Paid</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Amt. Paid</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
RENTAL INCOME & EXPENSES		
<p>Was property purchased/converted to rental during this tax year? ____ Yes ____ No Property /Address</p> <p>1: _____</p> <p>2: _____</p> <p>3: _____</p>		

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 "roll over" 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