

CLIENT TAX ORGANIZER 2025

**Info must be submitted by March 1 or filing an extension may be necessary
April 1 deadline for information for extension**

TAXPAYER (T) NAME _____ **SOCIAL SECURITY NO.** _____

OCCUPATION _____ BIRTH DATE _____ **IP PIN** _____

SPOUSE (SP) NAME _____ **SOCIAL SECURITY NO.** _____

OCCUPATION _____ BIRTH DATE _____ **IP PIN** _____

ADDRESS _____ CITY _____ ZIP _____

(T) PHONE (H) _____ (W) _____ CELL _____

(SP)PHONE (H) _____ (W) _____ CELL _____

E-mail (T) _____ **E-mail (S)** _____

NEW CLIENT (AND SPOUSE) MUST PROVIDE COPY OF DRIVER'S LICENSE AND PRIOR YEAR TAX RETURN

| DEPENDENT FULL LEGAL NAME <small>Provide Soc Sec Card for new dependents</small> | BIRTH DATE | SOCIAL SECURITY # | RELATIONSHIP | MONTHS IN HOME in 2025 | DISABLED | FULL TIME College STUDENT | IF DEPENDENT WORKED PROVIDE INCOME TTL |
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PLEASE ANSWER ALL QUESTIONS

YES NO I/We have included all income from all sources, including barter or in-kind trade in the information provided regardless of whether it was reported to me/us on forms W-2, 1099 or any other statement or report.

YES NO Do you have any foreign bank accounts, foreign property, or interests? Bring account information.

YES NO Have you bought or sold or received as gifts (airdrops) any cryptocurrency? (If so, bring statements)

YES NO Are you and your family covered by health insurance? —Yes —No — Employer — Self

YES NO Did you or anyone in your family receive subsidy from Health Insurance Market Place Bring 1095-A.

YES NO Are any of your dependents covered by Market Place insurance by their other parent?

YES NO Please bring documents for any 401K, IRA, or any other retirement rollovers.

YES NO Refinanced or sold your personal, vacation or rental home, land or other property-bring final escrow statement.

YES NO Did you short sell or foreclosure on any property? (Bring all purchase, refinance & sale paperwork.)

YES NO Did you install any solar devices or energy efficient home improvements? Bring receipts.

YES NO Do you have a Health Savings Account (HSA)? Please bring all year end information (5498SA, 1099SA). **YES**

NO Did you make any gifts (cumulative) to anyone over the amount of \$19,000? Please provide details.

YES NO Do you have any children under age 19 or a fulltime student under age of 24 with unearned income of more than \$1250 (interest, dividends, capital gains)

YES NO Did you start a new business or purchase rental property during the year?

YES NO Did you acquire a new or any additional interests in a partnership or S Corporation?

YES NO Did you sell any employee stock, stock options or restricted stock units? Provide paperwork.

Provide bank information if you want direct deposit or withdrawal.

Bank Name: _____ **Routing#** _____ **Acct #** _____

_____ **Checking** _____ **Savings** If making estimated payments apply refund to next year's estimates _____

_____ **Direct deposit refund** **Electronically:** _____ **withdraw balance due** _____ **Withdraw Federal Estimates**

INCOME

Please ✓✓ check all the following that apply to your tax situation this year and please submit all W-2s, 1099s, escrow papers, brokerage statements and any other tax related statements

| | | | |
|--|--|---------------------------------|--|
| W-2 (PLEASE BRING YEAR END PAYSTUB) | | SOCIAL SECURITY TAXPAYER | |
| PENSION 1099 | | SOCIAL SECURITY SPOUSE | |
| IRA WITHDRAWAL 1099 | | SCHOLARSHIPS | |
| SELF EMPLOYMENT INC (INCLUDE 1099K & 1099 MISC) | | ALIMONY RECEIVED | |
| SALE OF STOCK (BRING ORIGINAL PURCHASE COST) | | GAMBLING WINNINGS (1099 NEEDED) | |
| INTEREST INCOME | | UNEMPLOYMENT TAXPAYER | |
| DIVIDEND INCOME | | UNEMPLOYMENT SPOUSE | |
| STATE TAX REFUNDS | | OTHER INCOME | |
| DEBT CANCELLATION (MORTGAGE, CR CARDS, ETC) 1099A or C | | EDUCATION DISTRIBUTION 1099-Q | |
| LONG TERM CARE DISTRIBUTION 1099-LTC | | HSA DISTRIBUTION 1099-HSA | |

ESTIMATED TAX PAYMENTS-1040 ES/140ES (Not withholding from 1099-R or W-2s)

| | CARRYFORWARD | APRIL 15 | JUNE 15 | SEPT 15 | JAN 15 |
|------------------------|--------------|----------|---------|---------|--------|
| DATE PAID | | | | | |
| \$\$ PAID IRS | | | | | |
| \$\$ PAID STATE | | | | | |

CHILD AND DEPENDENT CARE CREDIT

| PROVIDER NAME | COMPLETE ADDRESS | CHILD CARED FOR | PROVIDER SS # | \$\$\$ PAID |
|---------------|------------------|-----------------|---------------|-------------|
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OTHER ADJUSTMENTS

ALIMONY PAID _____ RECIPIENT NAME _____ RECIPIENTS SS # _____ DIVORCE DATE _____

SELF EMPLOYED HEALTH INSURANCE PAID _____ HEALTH SAVINGS ACCOUNT _____

IRA/SEP CONTRIBUTION: T _____ SP _____ EDUCATOR (Up to \$300) T _____ SP _____

TYPE OF IRA: _____ ROTH _____ TRADITIONAL (DEDUCTIBLE) _____ NONDEDUCTIBLE _____ DON'T KNOW

COLLEGE SAVINGS PLAN (529 PLAN) CONTRIBUTION BY BENEFICIARY:

| Beneficiary name | Relationship | Social security # | 2024 \$ Contributed | Plan name |
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CHARITIES PAID DIRECT FROM IRA (QCD) (Do not include in charitable contributions itemized deductions)

| Charitable organization | \$ Paid | Date | IRA Fund paid from |
|-------------------------|---------|------|--------------------|
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COLLEGE EDUCATION EXPENSES

You must provide 1098-T and payment history

| STUDENT NAME | TUITION PAID | COLLEGE | FULL/PARTTIME (FT > 12 HRS) | BOOKS/FEEES UNDERGRAD | PAID WITH 529 PLAN |
|--------------|--------------|---------|-----------------------------|-----------------------|--------------------|
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AZ QUALIFYING TAX CREDITS

| CREDIT | MAX SINGLE/MFJ | ORGANIZATION | 5 DIGIT CODE | DATE PAID | AMOUNT |
|-------------------|----------------|-------------------------------|--------------|-----------|--------|
| QUALIFIED CHARITY | \$475/987 | | | | |
| QUALIFIED CHARITY | \$475/987 | | | | |
| MILITARY | \$200/\$400 | AZ DEPT OF VETERANS' SERVICES | XXXXXXX | | |
| FOSTER | \$618/1234 | | | | |

AZ PUBLIC SCHOOL CREDITS

| SCHOOL CODE | SCHOOL | DISTRICT | DATE PAID | \$\$\$ PAID |
|-------------|--------|----------|-----------|-------------|
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AZ PRIVATE SCHOOL CREDITS

| TUITION ORGANIZATION | ADDRESS, CITY, ZIP CODE | DATE PAID | AMOUNT PAID |
|----------------------|-------------------------|-----------|-------------|
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_____ I would like to make AZ Credit payments if I owe or to reduce my liability.

QUESTIONS RELATING TO CURRENT YEAR TAX RETURN:-

QUESTIONS RELATED TO THE FUTURE:

ITEMS I STILL NEED TO PROVIDE:

I will pick up return: _____ Please mail my return: _____ Upload to Verifyle portal: _____

May I e-mail you general tax and financial information: Yes _____ No _____

I verify the information I have provided is true and correct to the best of my knowledge.

TAXPAYER SIGNATURE

DATE

SPOUSE SIGNATURE

DATE