

**Client Checklist for 2025**  
**All clients are required to complete and sign this form.**

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

SS#: \_\_\_\_\_

SS#: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

School District \_\_\_\_\_

Email Address \_\_\_\_\_

County of Residense \_\_\_\_\_

Filing Status as of 12/31/2025    Single \_\_\_\_\_ Married Filing Joint \_\_\_\_\_ Head of Household \_\_\_\_\_

Married Filing Separate \_\_\_\_\_ Qualifying Surviving Spouse \_\_\_\_\_

Dependents Name  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Birth Date  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security Number  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide Social Security Card for children born in 2025**

**Please provide all 1099's or W2-G's that you receive.**

**Social Security Income: BRING FORM WITH PINK BOX**

Did you have additional income from rent, business or farm? Yes / No    Please fill out appropriate worksheets

Did you make a contribution to your IRA plan (not through work) Roth or Traditional amount \$ \_\_\_\_\_

**CHILD DAY CARE:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ SS# \_\_\_\_\_ Amt: \_\_\_\_\_

You must have name, address, and social security number. (EIN number if it is a business.)

**K-12**

School Supplies \_\_\_\_\_ This is the amount paid for textbooks, tuition and extracurricular activities for child K-12

**COLLEGE** Did you have children attend college in 2025? Yes / No    **Bring 1098-T and itemizations from school**

Interest paid on student loans - Yes / No    **Bring 1098-E**

Did you contribute to or withdraw money from a 529 plan to pay school expenses? \_\_\_\_\_

**Itemized deductions on page 2**

## PERSONAL DEDUCTIONS

We will take the higher of the standard deduction or your itemized deductions.

### MEDICAL

Health Ins (Do not include Medicare or Employer pretax ins) \_\_\_\_\_

Long Term Care Ins (h) \_\_\_\_\_ (w) \_\_\_\_\_

Drugs \_\_\_\_\_

Doctors/Dentist \_\_\_\_\_

Other Medical \_\_\_\_\_

Medical Mileage \_\_\_\_\_

Mortgage Interest \_\_\_\_\_ (Bring 1098)

Property Taxes \_\_\_\_\_

Auto License \_\_\_\_\_

You must have a receipt for your contribution to be a qualified charitable contribution. **Bring statement from the charity with you.**

Contributions by check \_\_\_\_\_

Contributions of goods \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_

## Questions

Yes  No

### Personal Information

- 1 Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
- 2 Did you purchase or sell your principal residence or did your address change?
- 3 Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
- 4 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2025?
- 5 Were either you or your spouse in the military or National Guard?
- 6 Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?
- 7 Have you, your spouse, or dependents been issued a six digit IRS Identity Protection PIN (IP PIN) for this tax year?

Yes  No

### Dependents

- 1 Are there any changes in your dependents from last year?
- 2 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,350 in investment income?
- 3 Did you pay education expenses for your dependent children?
- 4 Did anyone in your family receive a scholarship of any kind during 2025?
- 5 Did you pay any dependent care expenses for a child or a parent?
- 6 Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
- 7 Are all of your dependents either US residents or citizens?

Yes  No

### Health Care Coverage

- 1 Did you or a member of your family have minimum essential coverage in 2025? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)

Yes  No

### Income (In 2025, did you or your spouse have any of the following?)

- 1 Wages? (include form(s) W-2)
- 2 Non-employee compensation? (include form(s) 1099-NEC)
- 3 Miscellaneous Income? (include form(s) 1099-MISC)
- 4 Interest income? (include form(s) 1099-INT)
- 5 Dividend income? (include form(s) 1099-DIV)
- 6 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
- 7 Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
- 8 Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
- 9 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
- 10 Disability income? (include form(s) W-2 or 1099)
- 11 Unemployment compensation? (include form(s) 1099-G)
- 12 Did you receive income from a payment processor or online marketplace? (include form(s) 1099-K)
- 13 Alimony?
- 14 Did you receive tip income or overtime pay?
- 15 Did you receive payments from a Long-Term Care insurance contract?
- 16 Did you barter your services for goods or services from someone else?
- 17 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
- 18 Did you receive employer-provided adoption benefits for a previous year?
- 19 Did you cash in any U.S. savings bonds?
- 20 Did you make a loan to someone at an interest rate below market rate?
- 21 Did you receive a housing allowance for ministerial services you provided?
- 22 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
- 23 Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any digital assets?
- 24 Did you receive any income not reported in this Organizer?

Yes  No

### Foreign Reporting

- 1 Did you have an interest in or signature authority over a financial account in a foreign country?
- 2 Were you the grantor or transferor to a foreign trust?
- 3 Did you receive income from a foreign source or pay taxes to a foreign government?

Yes  No

### Retirement & Other Plans

- 1 Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
- 2 Did you rollover a retirement plan distribution into another plan?
- 3 Did you convert a traditional IRA to a Roth IRA?
- 4 Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- 5 Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
- 6 Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA? (Include form(s) 1099-SA)
- 7 Did you make any contributions to an HSA (Health Savings Account) in 2025?
- 8 Did you receive a distribution as a domestic abuse victim, due to terminal illness or a qualified disaster in 2025?

9 Did you receive an early distribution for a qualified birth or adoption distribution?

**Yes** **No** **Purchases, Sales, Gains and Losses**

- 1 Did you exchange any securities or investments for something other than cash?
- 2 Do you have any short sales, commodity sales, or straddles?
- 3 Did you receive Form 2439?
- 4 Did you buy or sell any bonds?
- 5 Did you receive stock from a stock bonus plan with your employer?
- 6 Did you sell any other personal assets at a gain?
- 7 Did you sell any real estate (other than your home) during the year?
- 8 Did you sell any assets using the installment method?
- 9 Did you receive proceeds from a prior year installment sale?
- 10 Did you purchase a rental property?
- 11 Did you exchange any property for other property?
- 12 Did you incur a loss because of damaged or stolen property?
- 13 Did you purchase a new vehicle, aircraft or boat?
- 14 Did any security become worthless during 2025?
- 15 Did any debts become uncollectible during 2025?
- 16 Did you purchase any items acquired out of state, online or by mail order that did not include sales tax?

**Yes** **No** **Business and Rental Property Income & Deductions**

- 1 If you own rental property, do you qualify as a Real Estate Professional?
- 2 Did you start or acquire a new business?
- 3 Did you sell any part of an existing business, or sell business assets?
- 4 Did you cease operating any business or rental property?
- 5 Did you remove any of your business assets for personal use?
- 6 Did you use part of your home for business purposes?
- 7 Did you make any contributions to a Keogh or a self-employed SEP plan for 2025?
- 8 Do you pay for any health or long term care insurance through your business?
- 9 If you or your spouse are self-employed, are either of you covered under an employer's health plan?
- 10 Did you purchase any furniture or equipment for your business?
- 11 Did you make any improvements to your rental properties?
- 12 Did you receive income from raising animals or crops?

**Yes** **No** **Other Deductions**

- 1 Did you use your car on the job (other than to and from work)?
- 2 Did you work out of town for part of the year?
- 3 Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
- 4 Did you incur any travel and entertainment expenses for business purposes?
- 5 Did you pay expenses for the care of your child or other dependent so you could work?
- 6 Did you purchase a 'clean fuel' or electric hybrid vehicle in 2025?
- 7 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2025?
- 8 Did you contribute less than an entire interest in any property to charity?
- 9 Did you refinance a mortgage or take out a home equity loan during 2025?
- 10 Did you incur moving expenses during the year due to a military order and incident to a permanent change in station?
- 11 Did you or your spouse pay any educational expenses for yourselves?
- 12 Did you pay any student loan interest?
- 13 Did you make any federal or state estimated payments?
- 14 Did you pay alimony?
- 15 Did you donate non-cash donations or a vehicle?
- 16 Did you incur medical or dental expenses?

**Yes** **No** **Miscellaneous**

- 1 Did you make gifts of more than \$19,000 to any one person?
- 2 Did you engage the service of any household employees?
- 3 Did your bank account information change within the last twelve months?
- 4 Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- 5 Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- 6 Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2025?