

2025 Tax Organizer Personal Information

Personal Information

Name		SSN	Has IP PIN	Date of Birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
Occupation		Daytime Phone	Evening Phone	Cell Phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Filing status at the end of 2025

- Single Married Widowed - If widowed and your spouse died after December 31, 2023, enter the date of death _____
- Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2025? _____

Yes No

- Are you or your spouse blind?
 Are you or your spouse disabled?
 Are you or your spouse a full-time student?
 Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?
 At any time during 2025 did you:
 (a) receive (as a reward, award, or payment for property or service) a digital asset?
 (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

Identification Information

Taxpayer's type of photo ID <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued photo ID Photo ID number _____	Spouse's type of photo ID <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued photo ID Photo ID number _____
State photo ID was issued _____	State photo ID was issued _____
Date photo ID was issued _____	Date photo ID was issued _____
Date photo ID expires _____	Date photo ID expires _____

Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use this Account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2025 appointment is scheduled for _____

Dependent and Other Information

Name:

SSN:

Dependent Information

First and Last Name SSN	Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses

List dependents required to file a return _____

Child and Other Dependent Care Expenses

Name of Care Provider	Address	SSN or EIN	Amount Paid

Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2024						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

Questionnaire

Name:

SSN:

Questionnaire

Personal Information

Yes No

Did your marital status change during the year?

If "Yes," explain. _____

Did your name change during the tax year?

If "Yes," explain. _____

Did your address change during the year?

Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?

If "Yes," provide Notice CP01A from the IRS.

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

Yes No

Did you have any changes in dependents during the year?

If "Yes," explain. _____

Can another person qualify to claim any of your dependents?

Did you have any child or dependent care expenses during the year?

Did you have any children under age 18 or a full-time student under age 24 with more than \$2,700 of unearned income?

Provide documentation for proof of dependent credits (school records, medical records, daycare records, etc.)

Refund, Withholding, and Estimated Tax Information

Yes No

Do you want to have any refund or balance due directly deposited or withdrawn?

NOTE: Due to Executive Order 14247, refunds received by check will be DELAYED by at least six weeks. Direct deposit of refunds is recommended. DOUBLE CHECK YOUR BANKING INFO!

Yes No

Did you receive qualified tips reported on Form W-2 or a statement provided by your employer?

If "Yes," provide documentation or amount.

Did you receive overtime pay reported on Form W-2 or a statement provided by your employer?

If "Yes," provide documentation or amount.

Did you purchase a new passenger vehicle for personal use during 2025?

If "Yes," are the following true:

Yes No

The final assembly was in the U.S.?

The gross vehicle weight is under 14,000 pounds?

The vehicle was NOT purchased with a lease?

The vehicle was used to secure the loan?

PLEASE PROVIDE VIN: _____

If you have a dependent born during 2025, do you want to establish a Trump Account?

Yes No

If "Yes," do you want to receive a \$1,000 pilot program contribution?