

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

☐ Driver's license ☐ State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Spouse's type of photo ID

☐ Driver's license ☐ State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

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?