



CLIENT TAX ORGANIZER - TAX YEAR 2025

Please complete organizer prior to your appointment time or dropping off your information.

Returning clients, please complete the personal information only if it changed from the previous year. Please write legibly.

New Clients, ***PLEASE PROVIDE A COPY OF LAST YEAR'S TAX RETURN & DOCUMENTS***

PERSONAL INFORMATION

	Taxpayer	Spouse
Social Security number		
First name & initial		
Last name & suffix		
Address		
City, State, Zip		
Occupation		
Date of birth		
Cell phone		
Work phone		
Email address		
Driver's license ID#		
DL issue date		
DL expiration date		
DL state of issue		
Legally blind?	Y OR N	Y OR N
Disabled?	Y OR N	Y OR N

Marital/filing status? SINGLE MARRIED HEAD OF HOUSEHOLD WIDOWED
MARRIED FILE SEPARATELY

BANKING INFO

(FOR REFUND OR ACH PAYMENTS)

	ROUTING	ACCOUNT NUMBER	ACCOUNT TYPE
			Checking OR Savings

DAYCARE/CHILDCARE

CHILD	PROVIDER	ADDRESS	EIN or SSN	\$\$\$ PAID

DEPENDENTS

1. NAME - first, initial, last

BIRTHDATE

SOCIAL SECURITY NUMBER

RELATIONSHIP	STUDENT/DISABLED	INCOME

2. NAME - first, initial, last

BIRTHDATE

SOCIAL SECURITY NUMBER

RELATIONSHIP	STUDENT/DISABLED	INCOME

3. NAME - first, initial, last

BIRTHDATE

SOCIAL SECURITY NUMBER

RELATIONSHIP	STUDENT/DISABLED	INCOME

INCOME AND DEDUCTION ITEMS - CIRCLE Y OR N; if Yes, then provide tax document....

Marital status change?	Y OR N	Jury Duty?	Y OR N	Medical expenses?	Y OR N
Address change?	Y OR N	Any 1099-Misc?	Y OR N	Mortgage Interest?	Y OR N
Dependents change?	Y OR N	Rental properties?	Y OR N	Property Taxes?	Y OR N
Dependent of another?	Y OR N	Self-employed?	Y OR N	Rent Certificate?	Y OR N
W-2's?	Y OR N	Work from home?	Y OR N	Charity donation?	Y OR N
State refund last year?	Y OR N	Health insurance from MNSure?	Y OR N	Cancellation of debt?	Y OR N
Interest or Dividends?	Y OR N	HSA account?	Y OR N	College Tuition?	Y OR N
Buy, sell investments?	Y OR N	IRA/SEP contributions outside work?	Y OR N	Bankruptcy?	Y OR N
Unemployment?	Y OR N	IRA to ROTH conversion?	Y OR N	Gift \$18K+?	Y OR N
Retirement distribution?	Y OR N	Student Loan Interest?	Y OR N	Foreign Banks?	Y OR N
Social Sec or Railroad?	Y OR N	Educator?	Y OR N	Live outside US?	Y OR N
K-1's?	Y OR N	Daycare?	Y OR N	Any tax notices?	Y OR N
Gambling?	Y OR N	Buy, sell, refinance home?	Y OR N	MN K12 expenses?	Y OR N
Alimony?	Y OR N	1099-K?	Y OR N	529 Contributions?	Y OR N
Cryptocurrency?	Y OR N	IRS Identity Protection Pin (IP PIN)?	Y OR N		

	FEDERAL	STATE
	\$\$\$	Date Paid
	\$\$\$	Date Paid
Prior Year Carryover		
Q1 - April 15		
Q2 - June 15		
Q3 - September 15		
Q4 - December 15 or January Current Year		

SCHEDULE C -- PROFIT OR LOSS FROM BUSINESS

Name of Business _____ EIN (if applicable) _____
Principal Business Activity _____ Date Started _____
Business Address _____

YES OR NO Did you make payments of \$600 or more to subcontractors, attorneys, accountants, directors, etc?
YES OR NO If yes, did you issue a form 1099-NEC?
YES OR NO Did you make, or plan to make any contributions to a self-employed retirement plan?
YES OR NO Did you pay for your own health/dental insurance?

Office in Home

Area of home must be exclusively used for business except for storage or daycare.

All taxpayers _____ Day Care Only _____
A) Business use area (sq. ft) _____ 1) Hours used for daycare _____
B) Total area of home (sq. ft) _____ 2) Total hours in year _____ 8760 _____

Home Cost or FMV _____
Value of Land _____

Insurance _____ Utilities _____
Repairs/maintenance _____ Improvements _____
Association Dues _____ Other _____

Car Expenses

	Vehicle #1	Vehicle #2
Make/Model		
When did you place in service for business use?		
Of the total number of miles you drove your vehicle enter the total number of miles for:		
Business		
Commuting		
Other		
Enter your 2024 expenses for:		
Parking, tolls		
Gas, oil		
Insurance		

Income

Gross receipts or sales (Include 1099-MISC, 1099-K and any other source of income)

Returns/Allowances

Cost of Goods Sold

Inventory at beginning of year

Purchases

Cost of Labor

Materials and Supplies

Ending Inventory

Expenses

Advertising Office Supplies

Bank Charges Pension/profit sharing plans

Business Licenses Rent or Lease

Commissions/fees Repairs and Maintenance

Contract Labor* Supplies

Employee Benefit Programs Taxes - payroll

Insurance Taxes - property

Interest Telephone

Internet Service Travel

Legal & Professional Fees Utilities

Management Fees Wages*

Meals/Entertainment - 50% Other

Meals/Entertainment - 100% Other

*Provide copies of Form W-3, Form 940, Form 941, Form 1096, Form 1099-NEC and any state tax forms filed

Assets/Equipment Purchased

Enter the following information for depreciable assets purchased that have a useful life greater than one year. Please provide invoices for all items listed below.

Description	Date Purchased/In Use	Cost	New or Used
1			
2			

Assets/Equipment Sold or Disposed of during the year

Please provide invoices for all items listed below.

Description	Date Sold/Disposed	Selling Price/FMV	Trade-In?
1			
2			

SCHEDULE E -- RENTAL INCOME & EXPENSES

	Property A	Property B	Property C	Property D
Property Address				
Property City, State, Zip				
Property Type (‘R’ for residential, ‘N’ for nonresidential)	R or N	R or N	R or N	R or N
Any Personal Use?	Yes or No	Yes or No	Yes or No	Yes or No
If yes, how many days?				
Date Placed in Service				
Income				
Rents Received				
Royalties Received				
Expenses				
Advertising				
Auto/Travel				
Cleaning/maintenance				
Commissions				
Insurance				
Legal & Professional Fees				
Management fees				
Mortgage interest to banks				
Other interest				
Repairs				
Supplies				
Taxes				
Utilities				
Other (list)				

Assets/Property Purchased

Enter the following information for depreciable assets purchased that have a useful life greater than one year.

Description	Date Purchased/In Use	Cost	New or Used	New or Used
1				
2				
3				

Assets/Property Sold or Disposed of during the year

Description	Date Sold/Disposed	Selling Price/FMV	Trade-In?	Trade-In?
1				
2				
3				