

2025 Client Tax Organizer

1. Personal Information

Name		Soc. Sec. No.	IP Pin #	Date of Birth	Occupation	Cell Phone
Taxpayer						
Spouse						
Street Address		City		State	ZIP	Home Phone
Email Address Taxpayer			Email Address Spouse			

	<u>Taxpayer</u>		<u>Spouse</u>	
Blind	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Disabled	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Pres. Campaign Fund	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
MN Nongame Wildlife Fund \$			(Amount)	

2. Dependents (Children & Others)

3. Direct Deposit / Auto Debit Bank Account Information

Check if you would like:

Direct Debit Balance Due Direct Debit Estimates

ACCOUNT INFORMATION

Name of Financial Institution **Routing Number**

Type of Account Checking Savings Account Number

4. Estimated Tax Paid

Due Date	Date Paid	Federal	State

*** If estimate payments were made online, please include all payment confirmations.**

Please answer the following questions to determine maximum deductions.

1. Are you self-employed or do you receive hobby income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Did you own \$50,000 or more in foreign financial assets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. At any time during 2025, did you receive, sell, exchange, or otherwise dispose of any financial interest in virtual currency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Did you give a gift of more than \$19,000 to one or more people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. At any time during 2025, did you have a financial interest in or signature authority over a financial account (bank account, securities account, or brokerage account) located in a foreign country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

5. Wage, Salary Income

Provide W-2s:

Employer	Taxpayer	Spouse
_____	_____	_____
_____	_____	_____
_____	_____	_____
Tip Income	_____	_____
Tip Income	_____	_____
Overtime Income	_____	_____
Overtime Income (only include OT premium portion)	_____	_____

6. Interest Income

Provide 1099-INT, Form 1097-BTC & broker statements

Payer	Amount
_____	_____
_____	_____
_____	_____
_____	_____
Tax Exempt	_____
_____	_____

7. Dividend Income

From Mutual Funds & Stocks - Provide 1099-DIV

8. Partnership, Trust, Estate Income

List payers of partnership, limited partnership, S-corporation, trust, or estate income - Provide K-1

9. Property Sold

Provide 1099-S and closing statements

Property	Date Acquired	Cost & Imp.
Personal Residence*		
Vacation Home		
Land		
Other		

* Provide information on improvements, prior sales of home, and cost of a new residence.

10. I.R.A. (Individual Retirement Account)

Contributions for tax year income

	Amount	Date	Trad or Roth
Taxpayer	_____	_____	_____
Spouse	_____	_____	_____

Amounts withdrawn. Provide 1099-R & 5498

Amount	Reason for Withdrawal	Reinvested?
_____	_____	_____ Yes _____ No
_____	_____	_____ Yes _____ No
_____	_____	_____ Yes _____ No
_____	_____	_____ Yes _____ No

11. Pension, Annuity Income

Payer*	Reason for Withdrawal	Reinvested?
_____	_____	_____ Yes _____ No
_____	_____	_____ Yes _____ No
_____	_____	_____ Yes _____ No
_____	_____	_____ Yes _____ No

Did you receive:

Social Security Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Railroad Retirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Taxpayer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spouse	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Provide SSA-1099, RRB-1099

12. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - Provide 1099-B & confirmation slips

Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

13. Other Income

List All Other Income (including non-taxable)

Alimony Received _____
Child Support _____
Scholarship (Grants) _____
Unemployment Compensation (repaid) _____
Prizes, Bonuses, Awards _____
Gambling, Lottery (expenses _____) _____
Unreported Tips _____
Director / Executor's Fee _____
Commissions _____
Jury Duty _____
Worker's Compensation _____
Disability Income _____
Veteran's Pension _____
Payments from Prior Installment Sale _____
State Income Tax Refund _____
Other _____
Other _____

14. Medical/Dental Expenses (Must exceed 7.5% of AGI)

Medical Insurance Premiums
(paid by you) _____
Prescription Drugs _____
Insulin _____
Glasses, Contacts _____
Hearing Aids, Batteries _____
Braces _____
Medical Equipment, Supplies _____
Nursing Care _____
Medical Therapy _____
Hospital _____
Doctor/Dental/Orthodontist _____
Mileage (no. of miles) _____

15. Taxes Paid

Real Property Tax (provide bills) _____
Personal Property Tax _____
Other _____

16. Interest Expense

Mortgage interest paid (provide 1098) (Primary) _____
Mortgage interest paid (provide 1098) (Secondary) _____
Investment Interest _____
New auto loan interest for U.S. made autos _____

17. HSA Contributions/Distributions

Did you have any HSA contributions/distributions? Yes No
Please provide a copy of all 1099-SA and Form 5498s related to your HSA.

18. Charitable Contributions

Please provide a summary of all donations made from cash or check.
*Any donations over \$250 must be substantiated by receipt from charity.
*Noncash contributions in excess of \$5000 in value must have a written appraisal.

Other

_____ _____
_____ _____
_____ _____
Non-Cash
_____ _____
_____ _____
Volunteer (no. of miles) _____ @ .14 _____

19. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

**20. Employment Related Expenses That You Paid
(Not self-employed) SCH C/F**

✓ if Armed Forces reservist, a qualified performing artist, a fee-basis state or local government official, or an individual with a disability claiming impairment-related work expenses.

Dues - Union, Professional _____

Books, Subscriptions, Supplies _____

Licenses _____

Tools, Equipment, Safety Equipment _____

Uniforms (include cleaning) _____

Sales Expense, Gifts _____

Tuition, Books (work related) _____

Entertainment _____

Office in home:

In Square a) Total home _____

Feet b) Office _____

c) Storage _____

Rent _____

Insurance _____

Utilities _____

Maintenance _____

21. Business Mileage SCH C/F

Total miles (personal & business) _____

Business miles (not to and from work) _____

Do you have written records? Yes No

Did you sell or trade in a car used for business? Yes No

If yes, provide a copy of purchase agreement

Make/Year Vehicle _____

Date purchased _____

Gas, Oil, Lubrication _____

Batteries, Tires, etc. _____

Repairs _____

Wash _____

Insurance _____

Interest _____

Lease payments _____

Garage Rent _____

22. Business Travel SCH C/F

If you are not reimbursed for exact amount, give total expenses.

Airfare, Train, etc. _____

Lodging _____

Meals (no. of days _____) _____

Taxi, Car Rental _____

Other _____

Reimbursement Received _____

23. Education Expenses MN K-12

Student's Name	Type of Expense	Amount

24. College Related Information

Student loan interest paid \$ _____

1098-T – college tuition, provide copy \$ _____

**Include account transcript from institution for all undergraduate years.*

25. Questions, Comments, & Other Information

To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Taxpayer _____

Date _____

Spouse _____

Date _____