

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				

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

2. Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	ID Protection PIN

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?

☐ Yes ☐ No
2. At any time during 2025, did you receive, sell, exchange, or otherwise dispose of any financial interest in virtual currency?

☐ Yes ☐ 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?

☐ Yes ☐ No
4. Did you own \$50,000 or more in foreign financial assets?

☐ Yes ☐ No
5. Did you give a gift of more than \$19,000 to one or more people?

☐ Yes ☐ No

5. Wage, Salary Income

Provide W-2s:

Employer	Taxpayer	Spouse
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Tip Income	<input type="checkbox"/>	<input type="checkbox"/>
Tip Income	<input type="checkbox"/>	<input type="checkbox"/>
Overtime Income	<input type="checkbox"/>	<input type="checkbox"/>
Overtime Income	<input type="checkbox"/>	<input type="checkbox"/>
(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?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

11. Pension, Annuity Income

Provide 1099-R Payer*	Reason for Withdrawal	Reinvested?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Did you receive:	Taxpayer		Spouse	
Social Security Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Railroad Retirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<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 _____