

# Individual Tax Organizer 2025



## BASIC INFORMATION:

Taxpayer Name \_\_\_\_\_ Spouse Name \_\_\_\_\_

Phone number \_\_\_\_\_ Phone number \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## Bank information for Direct Deposit of refunds:

Bank Name \_\_\_\_\_ Checking or Savings \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Yes

No

☐☐

Did you add/change any dependents not on the 2024 return?

☐☐

If claiming children under age 17, did they live with you more than 50% of the year?

Dependent Name

SSN (only if not in prior year)

Date of Birth

Student (Y/N)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INCOME SOURCES:** Indicate with an "X" which of the following you had and attach relevant documents. If it does not apply, leave blank.

☐

W2

☐

K1

☐

**1099 K typically from Credit Cards/Venmo/Paypal/etc**

☐

1099 MISC/NEC

☐

1099 G (Unemployment/FAMLI Benefits or State Tax Refunds)

☐

1099R/1099SSA (Retirement or Social Security)

☐

1099 DIV/INT/B or Consolidated (Investment income)

☐

Rental Property (Attach Separate Organizer for each)

☐

Small Business (Attach Separate Organizer for each)

☐

Foreign Income – describe \_\_\_\_\_

☐

Other – describe \_\_\_\_\_

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## HEALTH INSURANCE:

Yes

No

☐☐

Was your health insurance purchased through Connect for Health?  
(i.e. did you get a health insurance subsidy) **Attach 1095A** if Yes.

## CONTRIBUTIONS PAID PERSONALLY (not through your W2):

Indicate the amounts contributed personally, if any, to the following. DO NOT include amounts contributed through an employer on a W2 or deducted through a business.

	Taxpayer	Spouse
HSA <small>Health Savings Account</small> distributions	\$ _____	\$ _____
HSA Contributions	\$ _____	\$ _____
Indicate if you had a family or individual health plan _____		
Traditional IRA	\$ _____	\$ _____
Roth IRA	\$ _____	\$ _____
SEP for self employed	\$ _____	\$ _____

Yes

No

☐☐

Do you want help calculating any of these potential contributions?  
Some can be contributed up retroactively. If so indicate in which type you are interested. \_\_\_\_\_

**ESTIMATED TAX PAYMENTS:** Only include amounts paid directly by you, NOT amounts withheld through W2s or other withholding.

Yes

No

☐☐

Did you carry over refunds from 2024 to 2025

☐☐

Did you make estimated payments **for 2025** tax outside of payroll withholding? If so, provide dates and amounts below and receipts if you have them

Federal				State			
Date	<input type="text"/>	Amount	<input type="text"/>	Date	<input type="text"/>	Amount	<input type="text"/>
Date	<input type="text"/>	Amount	<input type="text"/>	Date	<input type="text"/>	Amount	<input type="text"/>
Date	<input type="text"/>	Amount	<input type="text"/>	Date	<input type="text"/>	Amount	<input type="text"/>
Date	<input type="text"/>	Amount	<input type="text"/>	Date	<input type="text"/>	Amount	<input type="text"/>

The typical due date for these would be 4/15/25, 6/15/25, 9/15/25 and 1/15/26

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**OTHER THOUGHTS TO CONSIDER:** if yes, provide details on page 5

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did you change address, legal name or filing status?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse get and Identity Protection Pin letter from the IRS?
<input type="checkbox"/>	<input type="checkbox"/>	If you are to get a refund, do you want to apply it to the 2026 tax year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive or sell/exchange/dispose of any digital assets in 2025 (i.e. Bitcoin)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have Overtime pay included in your W2? If so, include final paystub
<input type="checkbox"/>	<input type="checkbox"/>	Did you have Tip pay included on your W2 or 1099 <a href="https://irs.gov/tippedoccupations">https://irs.gov/tippedoccupations</a>
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay student loan interest? If yes _____ amount and _____ lender
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay car loan interest for a personal vehicle purchased in 2025?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay child care for a dependent under the age of 13? If yes provide details.
<input type="checkbox"/>	<input type="checkbox"/>	Did you or a dependent have college tuition? If yes include 1098T
<input type="checkbox"/>	<input type="checkbox"/>	Did you pull funds from a 529 account? If yes, include 1099Q form
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to a 529 College Savings Tuition plan for your residency state?
		How much? \$_____ Are you the owner of the account? (yes/no) _____
<input type="checkbox"/>	<input type="checkbox"/>	Do any dependents have earned income > \$15,750
		and/or investment income > \$1350?
<input type="checkbox"/>	<input type="checkbox"/>	If yes, do you want dMCPA to prepare this tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have charitable donations? (If yes, please fill out top section on Page 4)
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell a home? Details _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase an Electric or Hybrid vehicle in 2025?
<input type="checkbox"/>	<input type="checkbox"/>	Did you add Energy Efficient or Clean Energy Improvements to your primary home that qualify for tax credits If so, provide details and the Qualified Manuf. ID #
<input type="checkbox"/>	<input type="checkbox"/>	Do you have foreign bank accounts totaling more than \$10,000 during the year?
		If yes, do you want dMCPA to prepare the required FBAR reporting?
<input type="checkbox"/>	<input type="checkbox"/>	Did you inherit money or property? Provide details _____
<input type="checkbox"/>	<input type="checkbox"/>	If you are a K-12 educator, did you have out of pocket expenses? \$_____

# Individual Tax Organizer 2025



## CHARITABLE CONTRIBUTIONS: NEW – provide receipts from charity for amounts over \$250

### Cash \*\*\*

Name of Charity	Dollar Amount Donated
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

### Noncash\*\*\*

Name and Address of Charity	Description	Thrift Store Value	Date
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

\*\*Attach list if more than can be listed here

## OTHER ITEMIZED DEDUCTIONS

Note in 2025 the standard deduction is \$15,750 Single and \$31,500 Married Filing Joint. Only complete the below if you will be close to or over that threshold.

### MEDICAL: Note deductibility is limited by 7.5% of your income:

<hr/>	Prescriptions	<hr/>	Long term care premiums – Taxpayer
<hr/>	Doctors, Dentists	<hr/>	Long term care premiums– Spouse
<hr/>	Hospitals, Clinics	<hr/>	Medical Equipment & Supplies
<hr/>	Eyeglasses, Contacts	<hr/>	# miles driven for medical
<hr/>	Insurance premiums paid by you (not Medicare or employer paid)		

### TAXES:

<hr/>	Real estate taxes paid in 2025 for Primary Residence
<hr/>	Real estate taxes paid in 2025 for other homes or land (not rentals)
<hr/>	Car Registration OWN tax (on the receipt of your registration)

### MORTGAGE INTEREST: Provide copies of all 1098INT forms

Yes    No

☐☐

Do you have a Mortgage on your home? – include 1098INT

☐☐

If you have a HELOC, were the funds were used to buy/build?

☐☐

Is your total amount mortgaged greater than \$750K?

# Individual Tax Organizer 2025



A Whole Page for additional notes!

This is where you should include:

The details on any questions you answered “yes” to on page 3

Any questions you have

Clarifications on information provided

Changes this past year or other items not addressed above

Upcoming changes that might impact planning for 2026

This page is OPTIONAL.