



2025 Tax Organizer

New Clients Only - Please provide a copy of your prior year Federal & State tax returns

PERSONAL INFORMATION (if you are an existing client and there is no change from prior year please indicate that.)

Description	Taxpayer	Spouse
Full Name:		
Birthdate:		
SSN:		
Occupation:		

CONTACT INFORMATION (Please complete even if you are an existing client to ensure we have accurate records)

Description	Information
Mailing Address: State, City & Zip code	
Phone Number(s):	
Spouse Phone Number(s):	
Email Address:	
Spouse Email Address:	
Preferred Person to Contact:	

DEPENDENT INFORMATION (If you are an existing client, please only include the dependents you claim this year. Please specify son, daughter etc. in the relationship column opposed to "child" or "grandchild" etc.)

Full Name	SSN	Relationship to you: (Son, Daughter, etc.)	Birthdate	Did they live with you?	Were they a full time student for at least 6 months?

CHILD AND DEPENDENT CARE EXPENSES (please include all supporting documents)

Provider Name	Provider Address	SSN or EIN	Amount Paid

TAX YEAR RETURN QUESTIONS

All questions pertain to the 2025 tax year. For any question answered "Yes", please include support documentation, if applicable

Personal Information:	Yes	No
Do you wish to donate \$3 to the Presidential Election Campaign Fund?		
Did your marital status change?		
Dependents:	Yes	No
Were there any changes in dependents from the prior year?		
Did you or your spouse pay for childcare while either of you worked?		
Do you have children under age 18 with unearned income greater than \$2,500?		
Education:	Yes	No
Did you or your spouse pay any student loan interest? <i>If so, please provide form 1098-E</i>		
Did you, your spouse or your dependents incur any college education expenses such as tuition? <i>If so, please include form 1098-T</i>		
Did you take any money out of a 529 Savings plan or any college savings plan to pay for tuition or for any other purpose? <i>If so, please include form 1099-Q</i>		
Did you contribute to a 529 plan?		
Retirement or Severance:	Yes	No
Did you or your spouse turn age 73 and have money in an IRA or other retirement account without taking any distributions?		
Personal Residence:	Yes	No
Did your address change? <i>If so, please provide new address on Page 1</i>		
Did you sell your home? <i>If so, please provide all closing documents and forms</i>		
<i>If you sold a home or property, please also include somewhere in your package the date the property was originally purchased and how much it was purchased for. Please also include a list and cost of improvements made during the time you owned the property.</i>		
Foreign Matters:	Yes	No
Did you or your spouse perform any work outside of the U.S. or pay any foreign tax?		
Did you or your spouse hold any money or securities in a foreign financial institution?		
Miscellaneous:	Yes	No
Were you or your spouse notified by the Internal Revenue Service or other taxing authority of any changes in prior year returns?		
Did you or your spouse sell, acquire, or exchange any virtual currencies (ex. Crypto Currency) <i>If so, please provide information regarding these activities</i>		
Did you or your spouse receive any virtual currency as a form of payment? (i.e you were paid via bitcoin for a service/product)		
Did you, your spouse or your dependents receive an identity protection PIN from the IRS? <i>If so, please include this information</i>		
Did you earn any foreign income, or did you pay any foreign taxes?		
Do you have any foreign bank accounts or trusts? Signing rights on a foreign account? Ownership or beneficial interest in foreign accounts or foreign assets?		
Did you make any gifts to an individual in excess of \$19,000?		

BANKING:

Direct Deposit:	Yes	No
<p>Direct Deposit is Mandatory. Please provide the last four digits of your account number if we already have your banking information, to confirm it's the same account as last year.</p> <p>Name of Bank: _____</p> <p>Routing Number: _____</p> <p>Account Number: _____</p> <p>Checking or Savings account? _____</p>		
<p>If you have a balance due, would you like us to have the IRS and states (if applicable) automatically withdraw funds from the bank account referenced above? The IRS is no longer accepting checks. If you do not withdraw funds at time of filing you will need to make payments at www.irs.gov/payments</p>		

MASSACHUSETTS RESIDENTS ONLY:

Massachusetts Deductions:	Yes	No
<p>Did you pay rent during the year?</p> <p>If so, what was the total rent paid? _____</p>		
<p>Did you have health insurance for all 12 months? If so, please provide form 1099-HC If no, how many months did you have health insurance? _____</p>		

OUT OF STATE INCOME

State Income:	Yes	No
<p>Did you earn income in another state?</p>		
<p>If you worked in Massachusetts (or any other state) and live in NH, did you ever work from home?</p> <p>If yes, please complete the following: Employer 1 Name: _____ Employer 2 Name: _____</p> <p>How many days did you work from home? _____</p> <p>How many days did you work in MA? _____</p> <p>How many days did you not work? (Weekends, holidays, vacation & sick days) _____</p> <p style="text-align: right;">TOTAL: 365 TOTAL: 365</p>		
<p>Did you live in another state during 2025? If so, list states</p> <p>State: _____ Lived in From: _____ To: _____</p> <p>State: _____ Lived in From: _____ To: _____</p>	Yes	No

ITEMIZED DEDUCTIONS

Medical Expenses	Amount
Estimate of Total Medical (medical expenses can only be deducted after meeting a threshold based off your income. If we think you are close to deduction, we will request specific information regarding medical expenses)	
Real Estate Taxes Paid	Amount
Real Estate Taxes Limits have changed for 2025 – please provide all taxes paid so that we can determine the appropriate deduction	
Personal Property Taxes (<i>including car registration fees</i>)	
Other (<i>describe below</i>)	
Mortgage Interest (<i>list institution paid</i>) <i>or provide 1098s received</i>	Amount
Cash Contributions (<i>list organization paid</i>)	Amount
Noncash Contributions (<i>list organization and provide documentation for any donation over \$500</i>)	Amount

OTHER POTENTIALLY DEDUCTIBLE ITEMS

Nature and Source	Taxpayer	Spouse
Educator Expenses (<i>up to \$300 per educator</i>)		
Health Savings Contribution (<i>include forms 5498-SA & 1099-SA</i>)		
If you made Health Saving distributions, were all distributions for medical expenses only?		
Alimony Paid if not already provided please provide a copy of the divorce decree		
Residential Energy Credit: <u>Include receipts or description of property, date placed in service and cost.</u> (<i>Solar electric, solar water heating, fuel cell, small wind, geothermal heat, insulation material, exterior windows, exterior doors, roofing, certain heat pumps, furnaces, boilers, biomass fuel</i>).		
Did you purchase an American Made Car? <i>If so, include your December loan statement and VIN #: _____</i>		
Did you work overtime ? (<i>If so, we require the last paystub for each employer you worked overtime for showing hours worked and overtime rate, otherwise you will not qualify for the deduction</i>)		

OTHER SOURCES OF INCOME (*please include all 1099's or supporting documents*)

Nature & Source	Amounts
Unemployment income (<i>Form 1099G</i>)	
Alimony Received (if not already provided please provide a copy of the divorce decree)	
Jury Duty Pay	
Gambling Income (<i>Form W2-G</i>)	
Cancellation of Debt (<i>Form 1099-C</i>)	

OTHER 1099 INCOME

1099-K	Yes	No
Did you receive any money through Venmo, Paypal or any cash apps?		
If so, did you receive a 1099-K from that source?		
Was this income for items sold or a service you provided?		

RETURN DELIVERY

Processing	Paper	PDF Upload
Upon completion, how would you like to receive your tax return? (<i>Please choose one</i>)		

FEDERAL TAX PAYMENTS

****Please be sure to complete this section accurately and provide us with documentation for each payment, otherwise you may be subject to a separate invoice if a response letter is required to the IRS or state taxing authority)****

Detail	Date Paid	Amount Paid
Prior Year Overpayment Applied		
1 st Quarter Estimate (Due 4/15/2024)		
2 nd Quarter Estimate (Due 6/15/2024)		
3 rd Quarter Estimate (Due 9/15/2024)		
4 th Quarter Estimate (Due 1/15/2024)		

STATE TAX PAYMENTS

NAME OF STATE:	State	Date Paid	Amount Paid
Prior Year Overpayment Applied			
1 st Quarter Estimate (Due 4/15/2025)			
2 nd Quarter Estimate (Due 6/15/2025)			
3 rd Quarter Estimate (Due 9/15/2025)			
4 th Quarter Estimate (Due 1/15/2026)			

NAME OF STATE:	State	Date Paid	Amount Paid
Prior Year Overpayment Applied			
1 st Quarter Estimate (Due 4/15/2025)			
2 nd Quarter Estimate (Due 6/15/2025)			
3 rd Quarter Estimate (Due 9/15/2025)			
4 th Quarter Estimate (Due 1/15/2026)			