

TAX ORGANIZER

FIX YOUR TAX PROBLEM, INC.

This tax organizer has been designed to cover most of the income, expenses, deductions and credits for tax preparation. It is important to note that these can change from year to year. Please advise us if you think you have a credit or expense for a specific year if you do not find it here. Additional information may be required for certain states.

Making the best use of this organizer will help us to minimize your taxes due or maximize your refund. Please let us know if you need any help. We will be glad to assist.

If you have multiple years to be prepared, it is best to start with the oldest year as there may be carryovers from year to year. Once you have completed one year, please forward it to us, as we may be able to make suggestions that will make it easier for you to fill out the following years.

Rounding: Please round all dollar amounts to the nearest dollar.

Table of Contents

General Questions.....	2
Basic Taxpayer Information.....	3
Itemized Deductions.....	4
Federal and State Estimated Taxes Paid.....	5
Interest and Divended Income and K-1 from Trust, S Corp, or Partnership.....	6
Sale of Stock or Cryptocurrency, Adjustments to Income	7
Self-Employed Income and Expenses.....	8
Vehicle and Home Office Information.....	9
Rental Income and Expense.....	10
Comments.....	11
Declarations.....	12

General Questions

Please check if "Yes" and provide documentation, if possible.

1. Has your marital status changed?
2. Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2025?
3. Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
4. Are you being claimed as a dependent by another person?
5. Are there any changes in the dependent information from the prior year?
6. Did you have any children under 19 (or 24 if a full time student) who received more than \$1,300 in investment income?
7. Do you have dependents who are neither U.S. citizens nor U.S. residents?
8. Did you provide over half of the support for another person (or persons) during the year?
9. Did you purchase or sell a principal residence?
10. Did you receive payments from a pension or profit sharing plan?
11. Did you receive any distributions from an IRA or other qualified plan?
12. Did you receive any disability income?
13. Did you receive any foreign income or pay any foreign taxes?
14. Did you receive interest from a bank account or other financial account based in a foreign country?
15. Were you the grantor of or transferor to a foreign trust?
16. Were either you or your spouse enlisted in the military or National Guard?
17. If you or your spouse are self-employed, are either of you covered under an employer's health plan at another job?
18. Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2025?
19. Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
20. Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?
21. Did you receive proceeds from an installment sale?
22. Did you make a loan at an interest rate below market rate?
23. Did you make gifts of more than \$18,000 to any one person?
24. Were there any changes to a prior year's income, deductions, or credits?
25. Did your employer pay premiums on life insurance in excess of \$50,000?
26. Were any payments made on student loans?
27. Did you pay any educational tuition or fees for you or a dependent?
28. Did you purchase a 'clean fuel' or electric hybrid vehicle in 2025?
29. Did you refinance a mortgage or take out a home equity loan?
30. Were any contributions made to a traditional or Roth IRA for 2025?
31. Did you make any contributions to HSA (Health Savings Account) in 2025?
32. Did you receive a qualified disaster distribution in 2025?
33. Did you receive an early distribution for a qualified birth or adoption distribution?
34. Did you or a member of your family have minimum essential coverage in 2025? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)
35. Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

Business and Investment Questions

1. Did you receive stock from a stock bonus plan with your employer?
2. Did you buy or sell any bonds?
3. Did you surrender any U.S. savings bonds?
4. Did you suffer a casualty, theft or condemnation?
5. Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S-corporations?
6. Did you own any investments for which you were not personally at-risk?
7. Did you own any interest in a Real Estate Mortgage Investment Conduit (REMIC)?
8. Did you sell any property or equipment on installments?
9. Did you incur any business-related educational expenses?
10. Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis govt official?
11. Did you purchase any special fuels for non-highway use?
12. Did you make any contributions to a Keogh or a self-employed SEP, SIMPLE or Qualified plan?

TAX ORGANIZER

Basic Taxpayer Information

Taxpayer Spouse	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">First Name</td> <td style="width: 10%;">Initial</td> <td style="width: 25%;">Last Name</td> <td style="width: 15%;">Suffix</td> <td style="width: 25%;">Social Security No.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>					First Name	Initial	Last Name	Suffix	Social Security No.															
First Name	Initial	Last Name	Suffix	Social Security No.																					
Taxpayer Spouse	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 25%;">Occupation</td> <td rowspan="2" style="width: 15%;">Date of Birth</td> <td colspan="4" style="width: 60%;">Check if</td> </tr> <tr> <td style="width: 15%;">Disabled</td> <td style="width: 15%;">Blind</td> <td style="width: 15%;">Dependent of Another</td> <td style="width: 15%;">Presidential Election Contrib.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>					Occupation	Date of Birth	Check if				Disabled	Blind	Dependent of Another	Presidential Election Contrib.										
Occupation	Date of Birth	Check if																							
		Disabled	Blind	Dependent of Another	Presidential Election Contrib.																				
Street & Apt/Suite City, State & Zip Foreign country Foreign province Foreign postal code	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 25%; height: 40px;"></td> <td rowspan="4" style="width: 15%; height: 40px;"></td> <td style="width: 60%;">Phone Res:</td> </tr> <tr> <td>Phone Work:</td> </tr> <tr> <td>Cell Phone:</td> </tr> <tr> <td>E-mail:</td> </tr> </table>							Phone Res:	Phone Work:	Cell Phone:	E-mail:														
		Phone Res:																							
		Phone Work:																							
		Cell Phone:																							
		E-mail:																							
Taxpayer Spouse	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">School District</td> <td colspan="4" style="width: 75%;"> </td> </tr> </table>					School District																			
School District																									
Filing Status	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">State Issue ID Number</td> <td style="width: 25%;">Driver's License Number</td> <td style="width: 15%;">Issuing State</td> <td style="width: 15%;">Issue Date</td> <td style="width: 15%;">Expiration Date</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>					State Issue ID Number	Driver's License Number	Issuing State	Issue Date	Expiration Date															
State Issue ID Number	Driver's License Number	Issuing State	Issue Date	Expiration Date																					

1 - Single; 2 - Married filing joint; 3 - Married filing separate; 4 - Head of Household; 5 - Qualifying Widower

Dependent Information

First Name	Last Name	Social Sec. No.	Relationship	Months in home	Date of Birth	Disabled or full time student
1						
2						
3						
4						
5						
6						

Wages and Salaries

Employer Name	Wages	Federal Tax Withheld	FICA Withheld	Medicare Withheld	State Tax Withheld	Local Tax Withheld
1						
2						
3						
4						
5						
6						

Pensions and IRAs

Paver's Name	Gross Distribution	Taxable Distribution	Federal Tax Withheld	IRA
1				
2				
3				
4				

Attestation and Signature:

To the best of my knowledge the enclosed information 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.

Date _____

Date _____

Sign here ➤

Itemized Deductions

			Prior Year Amount	Current Year Amount
1a	Medical and dental expenses (other than long-term care premiums)			
1b	Long-term care premiums	Taxpayer	Spouse	
2	Other state and local taxes paid not reported elsewhere in this Organizer			
3	State and local income taxes paid			
4	Real estate taxes			
5	Personal property taxes			
6	Other taxes			
7	Home mortgage interest and points reported on Form 1098			
8				
	Qualified mortgage insurance premiums			
9	Investment interest paid			
10	Gifts to charity by cash or check			
11	Gifts to charity other than by cash or check			
12	Mileage driven to charitable activities			
13	Casualty and theft loss(es) from a federally declared disaster			
14	Unreimbursed employee expenses (State use only)			
15				
16				
	Travel expenses (exclude meals)			
	Meals			
	Parking and tolls			
	Telephone used for employer's business (allocate cost)			
	Professional organization or union dues			
	Educational expenses required to maintain your job			
	Office in home required by employer			
	Tools and equipment			
	Uniform and protective clothing			
	Professional journals subscriptions			
	Job seeking costs			
	Other			
17	Tax preparation fees (State use only)			
18	Other expenses (State use only)			
	Investment expenses (State use only)			
	Safe deposit box rental (State use only)			
	Other (State use only)			
19	Other itemized deductions			

Education Expenses

	Student's Name	Type of Expense	Year of School	Amount
1				
2				
3				
4				
5				
6				

Child or Dependent Care Expenses

	Persons or Organizations Who Provided the Care		Social Security or ID Number	Amount Paid
	Name	Address		
1				
2				
3				
4				

Federal, State and Local or Other Estimated Taxes Paid

Federal Estimates

Enter Payment Information	Filer and/or Joint Payments		Spouse Only Payments	
	Date Paid	Amount	Date Paid	Amount
Overpayment from last year				
First quarter payment				
Second quarter payment				
Third quarter payment				
Fourth quarter payment				

State Estimates

Enter two-letter state abbreviation State _____ State _____ State _____ State _____

Local or Other Estimates

Enter description **Desc1** **Desc2** **Desc3** **Desc4**

Interest Income

Page6

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J Payer

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____

*F/S/J	Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J Payer

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____

*F/S/J	Ordinary Prior Year Amount	Dividends Current Year Amount	Qualified Prior Year Amount	Dividends Current Year Amount	Capital Prior Year Amount	Gains Current Year Amount
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Income or Loss from Partnerships, S Corporations, and Trusts

	Name	Income	Loss	Other Exenses	Passive (Yes No)	*P/S/T
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

*P/S/T - enter entity type
(P)artnership, (S) Corporation, (Drust

Gains or Losses from Sales of Stocks. Securities or Other Assets

	Kind of Property and Description	Date acquired	Date sold	Sales Price	Cost or other basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Other Income

		Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	Taxable refunds of state and local income tax taxes Alimony received			
2	Total social security benefits			
3	Child care taxable benefits			
4	Prizes and awards			
5	Scholarships and fellowships			
6	Other income not provided for in this organizer including jury duty			
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

Adjustments to Income

		Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	Educator expenses			
2	Business expenses of reservists, performing artists and fee-basis gov't officials			
3	Health savings account deduction			
4	Moving expenses for members of the armed forces			
5	Self-employed SEP, SIMPLE, and qualified plans			
6	Penalty on early withdrawal of savings			
7	Alimony paid			
8	Your IRA contribution			
9	Spouse's IRA contribution			
10	Student loan interest			
11	Tuition and fees			

BUSINESS INCOME & EXPENSES - (FOR SELF EMPLOYED or INDEPENDENT Contractors)

What is the main business activity _____

Business Name _____

Business Address (Physical) _____

EIN _____

Type of accounting used ? Cash Accrual Hybrid Percentage of Completion

IF YOU HAVE A FAMING BUSINESS, PLEASE REQUEST AN ORGANIZER FOR IT.

WHAT WAS YOUR GROSS BUSINESS INCOME FOR THE YEAR? \$ _____ (Attach any 1099 Mises)

Rent (Shop, Office, Storage, etc):\$	_____	Property Taxes-Business Property	\$ _____
Goods Purchased for Resale	\$_____	Other Taxes, Licenses, Permits	\$_____
Materials	\$_____	Travel -Air Fare, Hotel, Taxi	\$_____
Advertising	\$_____	Meals & Entertainment (local)	\$_____
Bad Debts (accrual only)	\$_____	Meals & Entertainment (out of town)	\$_____
Car & Truck Expenses	Use Page 10	*Software (items over \$500 list below)	\$_____
Commissions -Paid out	\$_____	Bank Charges, Merchant Fees	\$_____
Insurance -Liability, E&O	\$_____	*Hand Tools (items over \$500 list below)	\$_____
Insurance - worker's comp	\$_____	Utilities - gas, heat, water, trash	\$_____
Mortgage Interest -Business Property	\$_____	Uniforms (or Clothing with LOGO)	\$_____
Other Interest (Credit cards-Loans)	\$_____	Safety/Protective Gear	\$_____
Legal & Professional Fees	\$_____	Postage, Freight & Shipping	\$_____
Office Expenses	\$_____	Dues & Publications	\$_____
Contract Labor	\$_____	Laundry & Cleaning (Uniforms)	\$_____
Equipment Rentals/Leases	\$_____	Health Insurance for employees	\$_____
Repairs & Maintenance	\$_____	Startup Costs (1 st yr of business)	\$_____
Supplies	\$_____	Janitorial	\$_____
Office Supplies	\$_____	Subcontractors	\$_____
Payroll (wages & Salaries -W-2)	\$_____	Web Site	\$_____
Payroll Taxes	\$_____	Telephones & Internet	\$_____
Payroll Expenses	\$_____	Other.....	\$_____
Continuing Education	\$_____	Other.....	\$_____
Gifts (limit \$25/person/yr)	\$_____	Other.....	\$_____

Note: There are a number of business credits available. Please let us know if you think you qualify for any.

If you are a performing artist, entertainer, writer, director, etc please request our Specialized expense sheet. MEAL EXPENSES - Local meals have to be for a business purpose, and a record of date, person, place, amount, and what was discussed should be kept.

**Meals away from home, for business related travel, are fully deductible but a record of Date, place, location and amount should be kept. A per diem allowance can also be used instead of the actual expense, even if it is greater.

*EQUIPMENT PURCHASES -PLEASE LIST ANY BUSINESS VEHICLE, EQUIPMENT, SOFTWARE, FURNITURE, ETC PURCHASED or SOLD DURING THE YEAR that cost over \$500

Description	Date placed in Service MMYY	*Purchase Price	Used or New
Example: 2010 GMC 1500 King Cab 4WD	June 1, 2014	\$15000	Used

*Purchase Price Should Include Sales Tax, Delivery and Installation

Initial _____

Initial _____

Vehicle Information and Expenses

	Vehicle One	Vehicle Two
1 Description of vehicle		
2 Is the vehicle used in a business or by an employee?		
3 Cost (including sales tax)		
4 Date placed in service		
5 Business miles driven during the year		
6 Commuting miles (daily commuting miles times the number of trips to work)		
7 Other personal use miles		
8 Total miles driven		
9 Gas and oil expenses		
10 Repairs and maintenance		
11 Auto insurance		
12 Registration, licenses, and fees		
13 Other auto expenses (identify)		
14 Auto rentals		

Auto Mileage Documentation

	Yes	No
1 Is another car available for personal use?		
2 Do you have evidence to support your mileage information reported above?		
3 If "Yes," is the evidence written in a log or other place?		

Business Use of Home

RENTAL PROPERTY

What type of property is the rental? (i.e. four-bedroom house, condo, warehouse, motor home, etc.)

RENTAL 1 _____

RENTAL 2 _____

RENTAL 3 _____

Location _____

Location _____

Location _____

When did you purchase your rental property? (MmNy)

RENTAL 1 / _____

RENTAL 2 / _____

RENTAL 3 / _____

What was the purchase price of each property?

RENTAL 1 \$ _____

RENTAL 2 \$ _____

RENTAL 3 \$ _____

Please attach a Depreciation Schedule from the most recent Tax Return..

Did you have any Farm Rental Income? YES **D** NO If yes, attach information. If yes, attach information & 1099s.

Did you have any Royalties? YES **NO**

INCOME-EXPENSES FROM RENTAL PROPERTY (Sch E)

	RENTAL 1	RENTAL 2	RENTAL 3
Gross Rents Received (Attach any 1099s)	\$ _____	\$ _____	\$ _____
Advertising Costs	\$ _____	\$ _____	\$ _____
Association Dues - HOA	\$ _____	\$ _____	\$ _____
Auto & Travel	\$ _____	\$ _____	\$ _____
Cleaning & Maintenance	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Gardening - yard maintenance	\$ _____	\$ _____	\$ _____
*Home Improvements (see below)	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____
Legal & Professional Fees	\$ _____	\$ _____	\$ _____
Licenses & Permits	\$ _____	\$ _____	\$ _____
Management Fees	\$ _____	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____	\$ _____
Mortgage Interest	\$ _____	\$ _____	\$ _____
Other Interest Paid	\$ _____	\$ _____	\$ _____
Painting & Decorating	\$ _____	\$ _____	\$ _____
Painting Equipment (brushes, ladders, etc.)	\$ _____	\$ _____	\$ _____
Pest Control	\$ _____	\$ _____	\$ _____
Plumbing & Electrical	\$ _____	\$ _____	\$ _____
*Repairs (Only to restore to original condition)	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____
Cleaning Supplies	\$ _____	\$ _____	\$ _____
Tools	\$ _____	\$ _____	\$ _____
Taxes	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____
Wages & Salaries	\$ _____	\$ _____	\$ _____
Landscaping (major changes or additions)	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____

*IMPROVEMENTS: May include roof, kitchen, bath, carpeting, or any work improving the location. List by price and date and give a brief description of work done. Whether it is an improvement or repair will depend on the circumstances. For tax purposes, each is treated differently.

Initial _____ Initial _____

Comments

DECLARATION :

I/we have provided the information for this Tax Organizer to the best of my/our knowledge and hereby declare it to be complete and accurate for the preparation of my/our income tax returns. Where business deductions are shown, I/we acknowledge having spent these amounts and have kept a log or diary of such activities, pursuant to section 274(a) of US Code 26, and can fully substantiate such deductions.

SIGNATURE (must be signed)

DATE

SIGNATURE (spouse)

DATE

Print name

Print name

Thank you very much for taking the time to provide this information. Robert Crane, John Bove, EA & Cheri Patterson, EA