

# 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.**

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## 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 gov't 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

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Taxpayer

Spouse

First Name	Initial	Last Name	Suffix	Social Security No.

Taxpayer

Spouse

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

			Phone Res:	
			Phone Work:	
			Cell Phone:	
			E-mail:	

School District

Taxpayer

Spouse

State Issue ID Number	Driver's License Number	Issuino State	Issue Date	Expiration Date

Filing Status

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

	Payer'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				

[illegible]

## Interest Income

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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	

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

## 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	

Ordinary Dividends	Qualified Dividends	Capital Gains
Prior Year Amount	Prior Year Amount	Prior Year Amount

## Income or Loss from Partnerships, S Corporations, and Trusts

	Name	Income	Loss	Other Exoenses	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, (D)rust

**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 FARMING 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 <sup>st</sup> 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 MM/YY	*Purchase Price	Used or New
<i>Example: 2010 GMC 1500 King Cab 4WD</i>	<i>June 1, 2014</i>	<i>\$15000</i>	<i>Used</i>

\*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

	Yes	No
Do you use any part of your home regularly and exclusively for business?		
Total area of home (in square feet)		
Total area used for business		
House Insurance		
Repairs and Maintenance		
Utilities		
Rent		
Property Taxes		
Mortgage Interest		
Real Estate Taxes		
Home Equity Loan Interest		
Internet		
Phone		

## 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

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.

**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.

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**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