

DENISE CASTRO, CPA

Tax Year 2025 Organizer

1. Personal Information

Name		Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					
Street Address		City	State	ZIP	Home Phone
Email Address					

Blind	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spouse	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Marital Status			
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Married			
Pres. Campaign Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Single			
						Widow(er), Date of Spouse's Death	<hr style="width: 100px; margin-left: 0;"/>		

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

Please provide for your appointment

- Last year's tax return (new clients only)
- Name and address label (from government booklet or card)
- All statements (W-2s, 1098s, 1099s, etc)

Please answer the following questions to determine maximum deductions

<p>1. Are you self-employed or do you receive hobby income?</p> <p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>2. Did you receive income from raising animals or crops?</p> <p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>3. Did you receive rent from real estate or other property?</p> <p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents?</p> <p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>5. Did you withdraw or write checks from a mutual fund?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Do you have a foreign bank account, trust, or business?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Do you provide a home for or help support anyone not listed in Section 2 above?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Did you receive any correspondence from the IRS or State Department of Taxation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you give a gift of more than \$14,000 to one or more people?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you have any debts cancelled, forgiven, or refinanced?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Did you go through bankruptcy proceedings?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. (a) If you paid rent, how much did you pay? _____</p> <p style="margin-left: 20px;">(b) Was heat included? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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* Contact us for further instructions

10. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - Attach 1099-B & confirmation slips

Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

11. 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 _____

12. Medical/Dental Expenses

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) _____

13. Taxes Paid

Real Property Tax (attach bills) _____
Personal Property Tax _____
Other _____

14. Interest Expense

Mortgage interest paid (attach 1098) _____

Interest paid to individual for your home (include amortization schedule) _____

Paid to:

Name _____
Address _____
Social Security No. _____

Investment Interest _____

Premiums paid or accrued for qualified mortgage insurance _____

15. Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen.

Location of Property _____

Description of Property _____

Other _____ Federally Declared Disaster Losses _____

Amount of Damage _____

Insurance Reimbursement _____

Repair Costs _____

Federal Grants Received _____

16. Charitable Contributions

Other _____

Church _____

United Way _____

Scouts _____

Telethons _____

University, Public TV/Radio _____

Heart, Lung, Cancer, etc. _____

Wildlife Fund _____

Salvation Army, Goodwill _____

Other _____

Non-Cash _____

Volunteer (no. of miles) _____ @ .14 _____ \$0.00 _____

17. 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.

18. Job-Related Moving Expenses

Date of move _____
Move Household Goods _____
Lodging During Move _____
Travel to New Home (no. of miles) _____

19. Employment Related Expenses That You Paid (Not self-employed)

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 _____

20. Investment-Related Expenses

Tax Preparation Fee _____
Safe Deposit Box Rental _____
Mutual Fund Fee _____
Investment Counselor _____
Other _____

21. Business Mileage

Do you have written records? Yes No
Did you sell or trade in a car used for business? Yes No
If yes, attach a copy of purchase agreement
Make/Year Vehicle _____
Date purchased _____
Total miles (personal & business) _____
Business miles (not to and from work) _____
From first to second job _____
Education (one way, work to school) _____
Job Seeking _____
Other Business _____
Round Trip commuting distance _____
Gas, Oil, Lubrication _____
Batteries, Tires, etc. _____
Repairs _____
Wash _____
Insurance _____
Interest _____
Lease payments _____
Garage Rent _____

22. Business Travel

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. Estimated Tax Paid

Due Date	Date Paid	Federal	State

25. Education Expenses

Student's Name	Type of Expense	Amount

24. Other Deductions

Alimony Paid to _____ \$ _____
 Social Security No. _____ \$ _____
 Student Interest Paid _____ \$ _____
 Health Savings Account Contributions _____ \$ _____
 Archer Medical Savings Acct. Contributions _____ \$ _____

26. Questions, Comments, & Other Information**Residence:**

Town _____ County _____
 Village _____ School District _____
 City _____

27. Direct Deposit of Refund / or Savings Bond Purchases

Would you like to have your refund(s) directly deposited into your account?

Yes No

(The IRS will allow you to deposit your federal tax refund into up to three different accounts. If so, please provide the following information.)

ACCOUNT 1

Owner of account

Taxpayer Spouse Joint

Type of account

Checking
Archer MSA Savings

Traditional Savings
Coverdell Education Savings

Traditional IRA
HSA Savings

Roth IRA
SEP IRA

Name of financial institution

Financial Institution Routing Transit Number (if known)

Your account number

ACCOUNT 2

Owner of account

Taxpayer Spouse Joint

Type of account

Checking
Archer MSA Savings

Traditional Savings
Coverdell Education Savings

Traditional IRA
HSA Savings

Roth IRA
SEP IRA

Name of financial institution

Financial Institution Routing Transit Number (if known)

Your account number

ACCOUNT 3

Owner of account

 Taxpayer Spouse Joint

Type of account

<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings	<input type="checkbox"/> Traditional IRA
Archer MSA Savings	Coverdell Education Savings	HSA Savings

<input type="checkbox"/> Roth IRA	<input type="checkbox"/> SEP IRA

Name of financial institution

Financial Institution Routing Transit Number (if known) _____

Your account number

Would you like to purchase Series I Savings bonds with a portion of your refund? If so, please answer the following:

Amount used for bond purchases for yourself (and spouse if filing jointly). _____

Amount used to buy bonds for someone else (or yourself only or spouse only if filing jointly). _____

Owner's name	Co-owner or Beneficiary's name if applicable	X if name is for a beneficiary	Bond purchase Amount

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

denise@denisecastrocpa.com