



2025 INCOME TAX ORGANIZER

		Taxpayer(s)				
Name	Date of Birth	Social Security Number	Driver's License #	State	Issue Date	Expiration Date

Address		Home Number	()	-
		Cell Number	()	-
Email				
County		School District		

Dependents				
Name	Date of Birth	Social Security Number	Relationship	Income over \$1,350 (\$450 investment income)
				\$
				\$
				\$
				\$
				\$
				\$

INCOME TAX PAYMENTS AND REFUNDS

(circle applicable one)

***Please include any IRS
or State notices received**

2024 Federal Amount \$ _____ Paid / Refund / Applied to 2025

2024 State Amount \$ _____ Paid / Refund / Applied to 2025

2024 State Amount \$ _____ Paid / Refund / Applied to 2025

<u>Estimated Payments</u>	<u>Federal \$</u>	<u>Date Paid</u>	<u>State \$</u>	<u>Date Paid</u>
2024 4 th quarter	_____	_____	_____	_____
2025 1 st quarter	_____	_____	_____	_____
2025 2 nd quarter	_____	_____	_____	_____
2025 3 rd quarter	_____	_____	_____	_____
2025 4 th quarter	_____	_____	_____	_____

SCHEDULE A: ITEMIZED DEDUCTIONS

Medical Expenses

	<u>Taxpayer</u>	<u>Spouse</u>
Health/Dental ins premiums (not paid through employer)	_____	_____
Medicare Part B	_____	_____
Long-term care premiums	_____	_____
Prescription drug insurance	_____	_____
Doctors, hospitals, etc.	_____	_____
Dental out-of-pocket	_____	_____
Glasses and contacts	_____	_____
Hearing aids	_____	_____
Prescription drug co-pays	_____	_____
Long term care expense	_____	_____
Medical lodging (# of nights)	_____	_____
Medical mileage (# of miles)	_____	_____
Insurance reimbursement	_____	_____

Taxes

Property taxes on home	_____
Property taxes on 2 nd home	_____
Car registration	_____
Sales tax on major purchases	_____
Personal property tax	_____

Contributions

Contributions supported by cancelled check
(or provide statements in lieu of completing)
Note Written substantiation from charitable organization is required for contributions over \$250 per donation.

Organization	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Charitable miles driven	_____

Other than cash (if over \$500, need to show when and how acquired, cost and how valued)

_____	_____
_____	_____
_____	_____

Interest Paid

Home interest (Form 1098) _____
 Second home interest _____
 Home interest paid to an individual:
 Amount _____
 Name _____
 Social Security # _____
 Mortgage insurance premiums _____
 Points on mortgage _____
 NEW Auto loan interest paid _____
 VIN # _____ VIN# _____

Retirement/HSA contributions (NOT PAID THROUGH EMPLOYER)

Roth IRA contributions (<u>income limitations apply</u>)	Taxpayer _____	Spouse _____
Traditional IRA contributions (<u>income limitations apply</u>)	Taxpayer _____	Spouse _____
Keogh or SEP contributions	Taxpayer _____	Spouse _____
Health Savings Account contributions	Taxpayer _____	Spouse _____

Interest paid on student loans	Taxpayer _____	Spouse _____
Educator expenses	Taxpayer _____	Spouse _____

Alimony paid – Recipient’s name _____ SSN _____
 Amount paid _____
 Date of divorce or legal separation _____

*****If you had a distribution from a Health Savings Account please provide a copy of the 1099-SA**

Please provide the following documents:

- Form **1095-A** (Marketplace Health Insurance)
- Form **W-2** for wages, salaries and tips Form **W-2G** for gambling winnings
- **ALL Forms 1099** for non-employee compensation, interest, dividends, retirement, miscellaneous income, Social Security, unemployment, state refunds, etc.
- **1099-B** Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule **K-1** from partnerships, S corporations, estates and trusts
- If you or your spouse purchased or sold a principal residence or real estate, please include a copy of the **1099-S and closing statement**.
- Information concerning all other sources of income including commissions, alimony received, jury duty, tips & gratuities, director’s fees, bartering, etc.

SCHEDULE B: INTEREST & DIVIDENDS

(Complete only if no 1099 was received)

*TSJ is taxpayer, spouse or owned jointly.

INTEREST INCOME

TSJ	Name of Payer	Ordinary	US Bonds	Tax Exempt

DIVIDEND INCOME

TSJ	Name of Payer	Ordinary	Qualified	Capital Gain Distribution

CAPITAL GAINS OR LOSSES

TSJ	Description	Date Acquired	Date Sold	Sales Price	Cost or Basis

VIRTUAL CURRENCY

At any time in 2025, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

No ____ Yes ____ (supply documentation and 1099-DA)

SCHEDULE C: BUSINESS INCOME/EXPENSE

Business Name _____	Name of owner _____
Address _____	Tax ID # _____
Type of business or profession, including product or service _____	

INCOME

	Amount		Amount
Gross Receipts or Sales		Other	

****Include copies of ALL 1099's****

EXPENSE

	Amount		Amount
Advertising		Rent	
Commissions & fees		Repairs and maintenance	
Contract labor		Small tools & supplies	
Employee health benefits		Taxes & licenses	
Employee pension		Travel	
Insurance		Meals	
Mortgage interest (include Form 1098)		Utilities	
Other Interest		Wages	
Legal & professional		Payroll Taxes	
Office expense		Telephone	

Office in Home

Rent paid	\$	_____
House insurance	\$	_____
Mortgage Interest	\$	_____
Property Taxes	\$	_____
Utilities	\$	_____
Total Square Ft of Home		_____
Square Ft of Office/storage		_____

Miscellaneous Expenses: (List)

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
Beginning Inventory	\$	_____
Ending Inventory	\$	_____
Material/Goods Purchased	\$	_____

Auto Expense \$ _____
(Gas, oil, insurance, repairs, license, etc.)

Auto mileage for the year _____
Percentage auto used for business _____ %

SCHEDULE E: RENTAL INCOME/EXPENSE

Property Description					
Rental Income					
Advertising					
Insurance					
Legal, Professional					
Management Fees					
Mortgage Interest (Include Form 1098)					
Other Interest					
Repairs					
Supplies					
Property Taxes					
Utilities					
Other					

Net Income _____

SCHEDULE F: FARM INCOME/EXPENSE

****Include copies of ALL 1099's****

INCOME

	Amount		Amount
Purchased Livestock Sold (bought for resale)		Agricultural Payments (1099-G)	
Cost of Purchased Livestock Sold	()	CCC Loans Reported as Income	
Raised Livestock Sold (not breeding)		Crop Insurance Proceeds (1099-MISC)	
Raised Grain (sold to member coop)		Custom Hire (1099-NEC)	
Raised Grain(sold non-member coop/private)		Hedging Gain (1099-B)	
Patronage Div (1099-PATR)		Reimbursements/Refunds	
Patronage Div (1099-PATR)			
Patronage Div (1099-PATR)			

EXPENSE

	Amount		Amount
Chemicals		Rent (machinery, building)	
Casual labor & Machine hire		Rent (land)	
Depreciation		Repairs and maintenance	
Feed		Seeds and plants	
Fertilizers & lime		Storage/warehousing	
Freight & trucking		Supplies & Small Tools	
Gasoline, fuel, & oil		Real Estate Taxes (farm share)	
Insurance- Property		Real Estate Taxes (home)	
Insurance-Crop		Telephone	
Mortgage interest (include Form 1098)		Utilities	
Other interest (include Form 1099)		Veterinary, medicine	
Wages paid		Breeding Fees	
Employee Health Insurance		Dues, Subs	
Employee Medical Reimbursements		Grain drying	
Employee Pension		Check off	
Payroll Taxes		Sealed Grain Repurchased	
Meals for help		Hedging Losses (1099-B)	
Legal, Accounting, Professional			

Truck Expense \$ _____
 (Gas, oil, insurance, repairs, license, etc.)
 Truck Interest Paid 2025 \$ _____
 TOTAL mileage for the year _____
 FARM mileage for the year _____

Miscellaneous Expenses: (List)
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Gas Tax Refunds: (ONLY for Off-road use and tax was paid)

Number of gallons gas _____

DPAD _____

Number of gallons diesel _____

SE Health Insurance \$ _____

TAX CREDITS

Child/Dependent Care Credit

Name of provider	ID#	Address	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education Expenses

Please provide all copies of **Form 1098-T, 1099-Q and college detailed billing statements.**

Name of Student	Tuition and Fees Paid	Course Materials	School Type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
529 Plan <u>Distributions</u> :	Child's name _____	\$ _____	State _____
529 Plan <u>Contributions</u> :	Child's name _____	\$ _____	State _____
	Child's name _____	\$ _____	State _____

Energy Credits

Did you make any energy efficient improvements to your main home this year? Yes No

Description of work done	Cost
_____	_____
_____	_____

Examples of improvements that may be eligible for a credit would include insulation, exterior windows, exterior doors, certain furnaces, certain air conditioners, certain circulation fans, solar energy property, qualified metal roofs, wind energy property, and geothermal property. Please provide any bills or invoices relating to these items.

BANK ACCOUNT INFORMATION FOR DIRECT DEPOSIT OR WITHDRAWAL

Bank Name: _____ Routing Number: _____

Checking _____ Savings _____ (check one) Account Number: _____

Direct Deposit Yes / No Direct Withdrawal (for amount due) Yes / No Date of withdrawal _____

Any additional information not included in these forms:

Tip income exclusion \$ _____

Overtime income exclusion \$ _____

Questions for the preparer:

