ALSFELD TAX SERVICE

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Tax Year 2025 Organizer

Dear Valued Client:

The following pages contain the common items of income, expenses, and credits, along with questions to help us determine their proper handling. Please review all sections carefully and provide any information that applies to your situation. This form is also available on our website, AlsfeldTaxService.com.

As we move towards greater use of digital communication, we need to ensure we have up-to-date email addresses and phone numbers. The Personal Information section has been updated to ensure your most current information is maintained. Please take the time to complete this section this year so we may verify/update our files.

☐ Check here if you'd like to receive an email confirmation that we received your packet.

Please complete and return your organizer as soon as possible to the address above.

Personal Information

Full Name:		**Full Name** (Spouse):	
Social Security Number:		Social Security Number:	
Occupation:	Retired?	Occupation:	Retired?
Date of Birth:		Date of Birth:	
E-mail Address:		Email Address:	
Cell Phone:		Cell Phone:	
Newly Married Date:	Newly Divorced Date:	Recently Deceased DoD:	

Address: Street:	Apt#	Date moved (if applicable):
City:	State:	Zip Code:
Home Telephone:	Best Method of Contact:	

Filing Status? Circle One --	Single Head of Household	Married Filing Jointly Widow (er)	Married Filing Separately
Presidential Election Campaign Fund?	T/P = Y / N	Spouse = Y / N	**(if left blank Yes is assumed)**

Dependent Information

Full Name	**Date of Birth**	**Soc. Sec # REQUIRED!**	**Relationship**	**Months in Home**

QUARTERLY ESTIMATED TAX PAYMENTS

Federal:			
Dates & Amounts Paid: April 15, **2025**:	June 15:	Sept. 15:	Jan.16, **2025**:
States: *please list which states*			
Dates & Amounts Paid: April 15, **2025**:	June 15:	Sept. 15:	Jan.16, **2025**:

Child Care Expenses: **Must include the provider's SS# or EIN#**

1) Child's Name:______________________Amount Pd:_______Provider's Name:___________________________	
Address:____	Federal ID#:___________________________________

Who is a "Qualifying Person"? 1) Any child under age 13 whom you can claim as a dependent (exception for divorced parents – call if you have questions) 2) Disabled spouse unable to care for themselves 3) Any disabled person whom you can claim as a dependent

Income

Wages: **Unemployment:**

W2's:	Tips:	1099-G's:
Total overtime at 1.5x	Total Overtime at 2x	
*** You can find this information on your last paystub of the year, listed under YTD. ***		

State Tax Refunds:

Received in 2025:(States & Amounts)

Investment Income

Please Attach Complete 1099 Year-End Reports

Interest:

Taxable:	Non-Taxable:	Foreign Tax Pd:

Dividends:

Ordinary:	Qualified:	Fed Tax Withheld:	Foreign Tax Pd:

Stock purchase: Dates & costs are essential for calculating your actual profit/loss. Make sure to include 1099's. If the cost basis is not on the 1099's, include the "Realized Gain/Loss Report". **Real Estate Sales:** We need the HUD-1s for the original purchase & sale. **Cryptocurrency** transactions are also to be reported here.

Name	Date of Purchase	Purchase Amount	Date Sold	Selling Price	Profit/Loss

Digital Assets (Bitcoin/Ethereum/NFTs/etc.): If you sold, earned, exchanged, or used digital assets, report these transactions on the **Stock Transaction Schedule**. Instead of a 1099-B, you should be receiving the new 1099-DA. **Cost basis is "not" required to be reported by brokers for 2025**, so supporting records/reports may be needed to calculate gains or losses. Beginning with the **2026 tax year**, brokers will be required to report both gross proceeds and cost basis for covered assets acquired and held in the same broker account after Jan 1, 2026. Please keep and update records of cost basis for digital assets acquired before January 1, 2026, as this information may be needed for future transactions.

Adjustment to Income

Alimony Paid/Received:

Date of Divorce:	To Whom You Paid:
Alimony Paid/Rcvd:	Social Security #:

College Expenses: **Please attach 1098-T (tuition) & 1098-E (student loan interest)**

Name of College Student:	At least ½ Time Student? Y / N	How many years?
College Tuition:	Student Loan Interest:	Other College Expenses: (explain)

Marketplace Health Insurance:

***** We must have your 1095-A, even if your coverage was less than a month! Not having it WILL reject your e-filing *****

Shared Policy? Y / N	**Who:**	**Which months:**

Qualified Vehicle Loan Interest Deduction: To qualify, you must meet "ALL" the following requirements:

☐ Purchased (not leased) in 2025	☐ Brand new at time of purchase	☐ Final assembly in USA	☐ GVWR less than 14,000 lbs.
☐ Car, Van, SUV, Truck, or Motorcycle	☐ Designed to transport people on streets and highways	☐ Not for business use	☐ Not a related party transaction

Make & Model:	**VIN:**
**** The IRS will be cross-referencing all VINs for this credit, so this is required ****	
Interest Paid:	If refinanced, additional interest paid:

Private HSA Contributions:

** These are "After Tax" contributions and typically "NOT" through your employer. **

Educator's Expense Deduction: (Up to $300 "above-the-line")

** In 2026, Up to $350 will be "above-the-line" with remaining expenses deductible on Itemized Deductions **

Itemized Deductions

****Needs to be over the Standard Deduction to take effect. Single $15,750 / Married $31,500 / HH $23,625****

Medical & Dental:

Out-of-Pocket Health Ins.:	Eyeglasses/Contacts/Supplies:	Hotels:
Long-Term Care Ins.:	Hearing Aids/Batteries:	Parking/Tolls:
Doctors/Dentists/Therapists:	Medical Equipment:	Mileage: (22¢)
Hospital/Clinics/Labs:	Prescription Medicine:	Others:

Taxes Paid: **This is capped at **$40,000** for Fed only. States calculate their deductions differently, so make sure to complete this.**

Real Estate:	State Int. & Div. Tax:	Ad Valorem:
2nd Home Prop. Tax:	Prior Yr. State Tax Pmts.:	Town/City Tax:
State Income Tax:	Excise:	Personal Prop:

Mortgage Interest Paid: **Mortgage Interest is limited to $750,000 combined principal**

Home Mortgage/s:	Yr End Loan Principal:		Points:
Dates of Refinance:	Length of Loan (yrs):		Points to Amortize:
2nd Mortgage:	Yr End Loan Principal:	PMI:	Seller Points Paid:

Contributions: YOU ***MUST*** HAVE BACK-UP DOCUMENTATIONS (i.e., canceled checks, account statements, or written acknowledgments from the charity) ON **"ALL CLAIMED DONATIONS"**! THIS IS REQUIRED TO TAKE THE DEDUCTIONS!

Cash Amount	Charitable Organization (name & address)	Value Amount	Description
	Mileage: @ 14¢		

- ❖ Expenses incurred as a volunteer (**Not Your Own Labor**), i.e., uniforms, literature, training, supplies.

SMALL BUSINESSES

SCHEDULE "C" INFORMATION

This can also be used in reporting FARMS, OUTSIDE SALES, STATUTORY EMPLOYEES, Etc.

Information Needed:

Name of Business:	Fed ID# (if any)
Address: (if different than personal)	
Do you have a separate checking account for this business? Yes / No	
Method Used to Value Closing Inventory? Does Not Apply:_____ Cost: ___________________________ Lower of Cost or Market:________________ Other (explain): ________________	
Did you materially participate in the operation of this business? Yes / No	
Was this business started this year? Yes/ No	If Yes, - Date Created:
Was this business still in operation on Dec. 31? Yes / No	If NO, - Date Closed:

Income:

*** **Include** 1099-NEC's and 1099-K's ***

Total Income from Operations:

Cost of Goods Sold:

Beginning Inventory:	***Ending*** Inventory:	
Purchases:	Materials & Supplies:	Other Costs:

Expenses:

Advertising:	Office Exp:	Rent:
Repairs:	Licenses/Permits:	Utilities:
Business Insurances:	Equipment Rental:	Internet:
Sales Tax:	Meals & Entertainment:	Auto Exp: (See pg. 4)
Professional Fees:	P/R Wages & Taxes: (include W-3)	Other:
Interest:	Subcontractors:	

Travel Expenses:

Air Travel:	Meals:	Car Rental:	Fuel:
Train Travel:	Tips:	Parking:	Other:
Hotels:	Taxis:	Tolls:	

Equipment Purchased this year:

Description of Equipment	New or Used	Date Purchased	Cost

*DEPRECIATION: If real estate – give date purchased, percent of structure used for business, and land cost/value. Unless we are told otherwise, we will take the maximum depreciation allowed by law, but we'll check to ensure it's in your best interest. ***If not first year, and we did not prepare your taxes previously, please provide us with an existing depreciation schedule***

Do you have a Home Office?

Home office? Y / N	Home Total SF:	SF used for Business:

Home Office Expenses:

Mortgage Interest:	Rent:
Homeowner's/Renter's Insurance:	Utilities:
Home Maintenance:	Security:
Home Repairs:	Other:

Rental Property

Schedule "E" Information

Please Use One Form for **Each Rental Property Owned**

Address and Type of Each Property:
Did you or your family use this property for personal purposes for more than 14 days or **10% of the total rental period** for this year? Yes / No How Many Days?

Is this operated under a company name or LLC?	EIN:

RENTAL INCOME RECEIVED:

EXPENSES:

Advertising:	Other Interest:	Water/Sewer:
Auto & Travel:	Repairs:	Security:
Cleaning/Maintenance:	Supplies:	Snow Removal:
Insurance:	R/E Taxes:	Trash Removal:
Legal/Accounting:	Electric:	Equipment Rentals:
Management Fees:	Heat Cost (Oil/Gas/Wood):	Condo Fees:
Commission:	Telephone Exp:	Other:
Mortgage Interest:	Cable/Internet:	

Equipment & Improvements Purchased this year:

Description	Date Purchased	Cost	% RentalUse

Depreciation: ******If not the first year, and we did not prepare your taxes previously, please provide us with an existing depreciation schedule ******

DO YOU USE A CAR FOR BUSINESS? (for Subcontractors, Businesses, Rentals, Farms, etc.)

(**Leased vehicles may only use mileage**) You may claim mileage **OR** actual expenses for your auto expenses

*****You must keep some form of a log for these expenses*****

Year & Make of Vehicle:

Date Purchased:	Date Leased:
Cost:	2025 Total Lease Payments:

For Both Methods We Will Need the Following to Calculate Miles vs. Actual % of Business Use:

Personal use:_____________+ Business use:_____________= Total miles_______________

Do you have another vehicle available? YES / NO

These expenses can be used with both methods (mileage or actual)

Paid Loan Int:	Taxes:	Parking:	Tolls:

We need the following expenses to calculate if calculating "actual expense deduction."

Fuel:	Maintenance:	Insurance:	Licenses:
Repairs:	Tires:	Washes:	Other:

STATE TAX RETURNS: Y/N

<u>Additional detailed information we need to prepare your state returns</u>

- **For some state tax returns, WE NEED:** County Name: County Code: School Code:
- **VT Resident filers**, we need a copy of the actual property tax bill.
- **MA Resident filers**, we need a copy of your 1099HC, which is the additional Health Care form you receive as proof of insurance to the state.
- **All NY, OH, AL, & LA filers** must provide us with a copy of the taxpayer's (and spouse if MFJ) Driver's License for identificationpurposes if E-filing.
- **If you lived in more than one state, please provide dates of residency.**

DIRECT DEPOSIT OF REFUND

The IRS strongly encourages direct deposit for refunds in line with Executive Order 14247, which is phasing out paper refund checks

IF WANTED CIRCLE HERE: Yes / No ****Send Voided Check for #'s or Fill Out the Information Clearly Below****

(If you want to use the same account as last year, please write "Same as Last Year" on the line.)

Name of Financial Institution	Routing Number (9-digit number)	Account Number

If you are interested in having your refund deposited into multiple accounts, please call for details. Direct deposits are also available inTraditional, Roth, or SEP-IRA, but *not* SIMPLE IRA

E-FILING

The IRS highly recommends E-filing. It saves time, money, and manpower while being more secure.

Would you like to E-File? Yes No Unsure

- If you plan on E-filing, we'll be sending you your grey book, as always, but instead of a filing copy, you'll receive Form 8879. This will show your refund/owed amount and must be signed and returned to us before we can electronically submit. <u>**This is**</u> <u>**mandatory!!!**</u> We MUST have that form in hand either by mail, fax, or e-mail, and it must have your signature (and your spouse's).

DocuSign Form 8879:

- If requested, we can also provide E-Signatures through our software if you provide e-mailaddresses to send the E-Documents. You will receive a PDF of your return to review prior to signing, and you will then receive the greybook in the mail.

Taxpayer E-mail:_____________________ Spouse E-mail:_____________________

THANK YOU, WE APPRECIATE YOUR BUSINESS!!!

<u>Privacy Notice</u>: *Our firm **<u>will not disclose any personal or financial information</u>** to anyone other than the individuals named on the Tax Return,as per IRC Sec. 7216. **<u>NO EXCEPTIONS</u>**. If there is any other situation, we will request written permission to specify which information may be given. We are committed to your privacy and retaining your trust.*