



We have created this organizer in order to make it easier for you to gather your income tax information. Please complete and bring the following information to your tax appointment. **Do not attach receipts unless specifically requested to do so. Keep receipts for your records.**

- 1) If this is your first year with our firm, please bring a copy of your prior year tax return with you to your tax appointment.
- 2) Any correspondence received from the IRS or the state concerning your taxes.
- 3) W-2 forms from your employer or 1099-NEC forms if you are self employed.
- 4) Forms 1099 concerning your interest income, dividend income, investment sales, real estate sales, IRA/pension income, rental income, unemployment compensation, social security payments, etc.
- 5) Schedule K-1 from partnerships, S corporations, estates and/or trusts.
- 6) Forms 1098 concerning mortgage interest, student loan interest, and tuition payments.
- 7) Statement from child care provider showing provider name, address, social security/tax ID number and amounts paid.
- 8) Form 1095-A relating to healthcare coverage purchased through a health insurance marketplace.
- 9) If you have a business, are a daycare provider, have rental property, or have a farm operation, and don't already have the applicable organizer, please download the organizer from our website or call our office and request the organizer be mailed to you.
- 10) The following personal information if this is your first year with our firm. **Otherwise, simply fill in changes from last year: Check here if no changes from previous year.**

	<u>Taxpayer</u>		<u>Spouse</u>		
Name	<hr/>	Name	<hr/>		
Social Security #	<hr/>	Social Security #	<hr/>		
Date of Birth	<hr/>	Date of Birth	<hr/>		
Occupation	<hr/>	Occupation	<hr/>		
Phone Number	<hr/>	Phone Number	<hr/>		
Primary Email Address	<hr/>	Preferred Contact Method	<hr/>		
Address	<hr/>				
City	<hr/>	State	<hr/>		
Referred By	<hr/>		<hr/>		
Dependents:					
	<u>Name</u>	<u>Social Security #</u>	<u>Date of Birth</u>	<u>Income</u>	<u># of Months Child Lived With You During 2025</u>
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

By signing below you acknowledge that, to the best of your knowledge and belief the information contained in this tax organizer is both accurate and complete and fairly represents your income and deductions for the 2025 tax year.

Signature

Date

Signature

Date

<u>Yes</u>	<u>Not Sure</u>	If not sure if a question applies select not sure and your preparer will discuss with you. If question doesn't apply leave blank.			
<u>General Information</u>					
Were there any changes to your filing status or number of dependents during 2025? If yes, provide details.					
Did you receive any notices from the IRS or other state taxing agency during 2025? If yes, provide details.					
If you receive a refund would you like direct deposit? If yes, provide a voided check if not already on file.					
Would you like a PDF copy of your return instead of a paper copy?					
Did you receive an Identity Protection Personal Identification Number (IP PIN) from the IRS? If yes, provide the six-digit code: Taxpayer: _____ Spouse: _____					
Did you or your spouse have a financial interest in or signature or other authority over a foreign bank or securities account? If yes, did the account value exceed \$10,000 at any time during the year?					
Did you make estimated tax payments for the 2025 tax year? If yes, complete the following:					
Federal: 4-15 _____		6-16 _____	9-15 _____	1-15 _____	
State: 4-15 _____		6-16 _____	9-15 _____	1-15 _____	
Did you purchase health insurance for yourself or a family member through the Health Insurance Marketplace (MNSure). If yes, attach Form 1095-A, Health Insurance Marketplace Statement.					
<u>Income</u>					
Did you receive gambling winnings during 2025? If yes, attach Forms W-2G and provide the following:					
Gambling Income \$ _____		Gambling Losses \$ _____			
Did you receive any alimony, unemployment benefits, jury duty pay, or any other items of miscellaneous income during 2025? If yes, provide details.					
At any time during 2025, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? If yes, provide details.					
Did you sell your principal residence in 2025? If yes, did you own it and use it as your principal residence for at least 2 out of 5 years from the date of sale? Yes _____ No _____ (If no attach settlement statement)					
Did you have any debt cancelled during 2025? If yes, provide details and Form 1099-C.					
<u>Deductions</u>					
Did you receive any tip income during 2025 in an occupation that customarily and regularly received tips?					
If yes, does Box 7 of your W-2 accurately reflect the tips received? Yes _____ No _____					
If no, enter total tips received during 2025 \$ _____					
Did you receive overtime pay in 2025 for working more than 40 hours per week?					
If yes, did your employer report the overtime premium on your W-2? Yes _____ No _____					
If no, attach 2025 final paystub or other report that shows overtime details.					
Did you purchase and finance a brand new vehicle at anytime during 2025? If yes, provide the following:					
Interest paid in 2025* _____			Year Make and Model _____		
* Attach vehicle interest statement if available			VIN # _____		
Are you a full-time K-12 teacher, counselor, or other school official who incurred at least \$300 of out of pocket expense for books, supplies, or professional development courses?					
If you are subject to Required Minimum Distributions (RMD) did you direct all or part of your RMD to be paid directly to a qualified charity? Amount \$ _____ IRA Custodian _____					
Are you a National Guard member or Reservist who traveled more than 100 miles away from home and stayed overnight to fulfill your training and service commitments? If yes, provide the following:					
Miles Driven _____			Hotel/Lodging _____		
Meals or Nights Away _____			Parking/Tolls _____		
Did you make a non-payroll related Health Savings Account contribution for the 2025 tax year? \$ _____					
Did you use your Health Savings Account to pay for any medical expense in 2025? If yes, attach 1099-SA.					
Did you pay alimony in 2025? Amount \$ _____ Recipient's Social Security # _____					
Did you make any Traditional or Roth IRA contributions for the 2025 tax year? (Not related to employer plans)					
Traditional IRA - Taxpayer _____			Roth IRA - Taxpayer _____		
Traditional IRA - Spouse _____			Roth IRA - Spouse _____		
Did you pay any student loan interest during 2025? If yes, attach Form 1098-E. \$ _____					

Not If not sure if a question applies select not sure and your preparer will discuss with you. If question doesn't apply leave blank.
Yes Sure

Tax Credits

Did you pay child care costs for a dependent child under the age of 13 so you could work, attend school, or look for a job? If yes, please provide statement from daycare or complete the following:

<u>Name of Provider</u>	<u>Address of Provider</u>	<u>Provider SocSec/Tax ID #</u>	<u>Amount Paid*</u>

*Child must have lived with you for greater than 6 months / Includes nursery or pre-school expense

Did you pay any qualified tuition in 2025? If yes, please attach Form 1098-T and answer the following:

<u>Student's Name & Name of College</u>	<u>Grade or Year in College</u>	<u>Required Course Materials Purchased in 2025*</u>	<u>Degree Candidate & At Least 1/2 Student</u>
			<u>Yes</u> <u>No</u>
			<u>Yes</u> <u>No</u>

*Includes amounts spent on books, supplies, and equipment needed for a course of study.

Did you make any energy-efficient home improvements to your principal residence during 2025?

\$ _____	Insulation or Air Sealing Material	\$ _____	Furnace or Hot Water Boiler
\$ _____	Exterior Doors	\$ _____	Home Energy Audit
\$ _____	Exterior Windows and Skylights	\$ _____	Heat Pumps, Biomass Stoves and Boilers
\$ _____	Central Air Conditioner	\$ _____	Solar, Wind, Geothermal Heat Pump
\$ _____	Water Heater	\$ _____	Qualified Battery Storage or Fuel Cell

Did you purchase a plug-in electric vehicle before September 30, 2025? If yes, attach invoice.

Year / Make / Model _____ Date / Amount Paid / VIN# _____

Did you pay any of the following adoption related expenses in 2025 for an adoption finalized in 2025?

Adoption Fees	\$ _____	Attorney Fees / Other	\$ _____
<u>MN Tax Items</u>			

Did you reside in more than one state during 2025? If yes, please provide the following:

State _____	Date Residency Began _____	Date Residency Ended _____
State _____	Date Residency Began _____	Date Residency Ended _____

Were you in the military during 2025 and did you receive federally taxable pay for federal active duty, state active service, or other compensation relating to National Guard/Reservists training?

Did you receive a military pension or other military retirement pay during 2025?

Did you receive certain pension income based on public service for which you also did not earn credit toward Social Security benefits? (PERA, Police/Fire, Correctional, TRA, Legislators, Law Enforcement)

Did you make contributions to a Sec 529 College Savings Plan during 2025? If yes, provide the following:

Amount Paid \$ _____ Account Number _____ Financial Institution _____

Would you like to give to the MN Nongame Wildlife Fund? Amount? \$ _____

Did you pay any education related expenses relating to your qualifying child/children in grades K-12?*

Dependent Name and Grade in School _____

Private school tuition / College tuition (If get HS credit) \$ _____ \$ _____ \$ _____ \$ _____

Tutoring expense performed by a qualified instructor \$ _____ \$ _____ \$ _____ \$ _____

Fees for educational after school enrichment programs \$ _____ \$ _____ \$ _____ \$ _____

Tuition for primarily academic summer camps \$ _____ \$ _____ \$ _____ \$ _____

Fees for all day kindergarten \$ _____ \$ _____ \$ _____ \$ _____

Music lesson expense performed by a qualified instructor \$ _____ \$ _____ \$ _____ \$ _____

Drivers education expense if part of school's curriculum \$ _____ \$ _____ \$ _____ \$ _____

School supplies purchased for use during school day \$ _____ \$ _____ \$ _____ \$ _____

Purchase or rental of musical instruments \$ _____ \$ _____ \$ _____ \$ _____

Transportation costs to/from school and/or field trip costs \$ _____ \$ _____ \$ _____ \$ _____

Home computer hardware and educational software \$ _____ \$ _____ \$ _____ \$ _____

Other K - 12 educational expense \$ _____ \$ _____ \$ _____ \$ _____

Other K - 12 educational expense \$ _____ \$ _____ \$ _____ \$ _____

*Costs associated with school lunches, school uniforms, dance costumes, sports activities, college testing fees do not qualify

Itemized DeductionsMedical & Dental (Not reimbursed by insurance and not pretax)

Medical and dental insurance premiums _____
 Long-term care insurance premiums - Taxpayer _____
 - Spouse _____
 Miles driven for medical or dental _____
 Doctors, dentists, clinics, chiropractors _____
 Prescription drugs and insulin _____
 Glasses, contacts, and eye exams _____
 Hospitals and ambulance _____
 Nursing home or long-term care expense _____
 Medicare premiums withheld from Social Security _____
 Lodging (Limited to \$50 per night, per person) _____
 Hearing aids, hearing aid repairs, and batteries _____
 Medical equipment _____
 Other transportation costs _____
 Parking fees _____
 Other: _____

Taxes

Real estate taxes - Primary Residence _____
 - Other _____
 Personal truck or car license tabs: _____

 Sales tax paid on major purchases* _____
 *Vehicle, motorcycle, boat, home materials, etc. _____

Interest (Attach Form 1098's)

Primary residence mortgage interest _____
 Home equity/line of credit mortgage interest _____
 Were the above home equity/line of credit loan proceeds used
 to buy, build, or improve your home? Yes _____ No _____
 If not, what % of the home equity/line of credit loan proceeds
 were used to buy, build, or improve your home? % _____
 Mortgage interest paid to individual: (Provide details) _____
 Mortgage points paid relating to: (Attach settlement statement)
 Purchase or improvement of main home _____
 Refinancing of main home _____
 Life of loan (Number of years) _____
 Investment interest expense _____

Charitable Contributions (Complete even if taking the standard deduction)

Cash, Check, Credit Card, or Payroll _____
 Non-Cash (Clothing, Can Goods, Household Items, Etc.) _____
 Vehicle donation (Must attach 1098-C) _____
 Charitable mileage _____
 Please provide the following if non-cash items exceed \$500:
 Name of organization _____
 Address _____
 Description of items given _____

Miscellaneous Itemized Deductions (For MN purposes only)

Union and other professional dues _____
 Professional books and subscriptions _____
 Safety deposit box rent _____
 Tax preparation fee _____
 Uniforms and protective clothing and upkeep _____
 Work tools, equipment, and supplies _____
 Professional insurance _____
 Professional license _____
 Seminars and meeting fees _____
 Professional education _____
 Job hunting expense in current line of work _____
 Investment expense and fees _____
 Other: _____

Employee Business Expense - Taxpayer (For MN purposes only)

Parking fees & tolls _____
 Car rental, taxi, or other local transportation _____
 Airfare _____
 Hotel _____
 Number of nights away from home overnight _____
 Business related meals & entertainment _____
 Expenses listed above that were reimbursed by your employer:
 Non-Meal Reimbursement _____
 Meal Reimbursement _____

Work Related Mileage - Taxpayer (For MN purposes only)

Date vehicle was first used for business _____
 Business miles driven during 2025 (Non-commuting) _____
 Total miles vehicle was driven during 2025 _____
 Amount reimbursed by employer, if applicable _____

Employee Business Expense - Spouse (For MN purposes only)

Parking fees & tolls _____
 Car rental, taxi, or other local transportation _____
 Airfare _____
 Hotel _____
 Number of nights away from home overnight _____
 Business related meals & entertainment _____
 Expenses listed above that were reimbursed by your employer:
 Non-Meal Reimbursement _____
 Meal Reimbursement _____

Work Related Mileage - Spouse (For MN purposes only)

Date vehicle was first used for business _____
 Business miles driven during 2025 (Non-commuting) _____
 Total miles vehicle was driven during 2025 _____
 Amount reimbursed by employer, if applicable _____