

# 2025 PERSONAL TAX DATA ORGANIZER

The information required on this form is pertinent to the preparation of your PERSONAL income tax return and relates to you and your family personally, and not to any business operations that you might have. All your records used in the preparation of your tax return must be retained for no less than 3 years.

The prompt completion of this form with accompanying data support will ensure that your return is prepared & filed on time with the respective tax agencies.

PLEASE SIGN AND RETURN THIS FORM AS SOON AS POSSIBLE - NO LATER THAN **MARCH 15, 2026** TO GUARANTEE TIMELY FILING

## PERSONAL INFORMATION

### Taxpayer (TP)

Name \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Driver's License # State: \_\_\_\_\_ Lic # \_\_\_\_\_  
Issue Date \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Occupation \_\_\_\_\_  
Email address \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_

### Spouse (SP)

State: \_\_\_\_\_ Lic # \_\_\_\_\_  
Issue Date \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Occupation \_\_\_\_\_  
Email address \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_

## HOME ADDRESS

Number, Street, City, State & Zip Code (If foreign, provide country and other address info)

## FILING STATUS

Single  Married Filing Jointly  Married Filing Separately  Head of Household

## DEPENDENTS

<u>Name</u>	<u>Social Security Number or ITIN</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u># of Months Lived at Home</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## HEALTH INSURANCE

\* Market Place/Exchange provider issues **Form 1095-A** which needs to be included in your tax documents

## INCOME

### SALARIES (Form W-2)

### INTEREST AND DIVIDENDS (Form 1099-INT, 1099-DIV)

<u>EMPLOYER'S NAME</u>	<u>TP/SP</u>	<u>STILL THERE?</u>	<u>FROM WHOM RECEIVED?</u>	<u>AMOUNT</u>	<u>FORM 1099</u>

\*If more lines are needed, please attach a separate sheet

### CAPITAL GAINS (LOSSES) - sale of securities, personal property, bonds, etc.

<u>ITEM OR SECURITY SOLD</u>	<u>DATE SOLD</u>	<u>SALE PRICE</u>	<u>DATE BOUGHT</u>	<u>PURCHASE PRICE</u>	<u>GAIN/LOSS</u>
					\$
					\$
					\$

\*Broker documents and/or closing documents must be provided

### IRA/401k/RETIREMENT DISTRIBUTIONS (Form 1099-R must be provided)

<u>PAYER</u>	<u>GROSS DISTRIBUTION</u>	<u>TAXABLE DISTRIBUTION</u>	<u>FEDERAL TAX</u>	<u>STATE TAX</u>

### OTHER INCOME:

- Alimony Received       Social Security (Form 1099-SSA)       K-1 Share of Income (Form K-1)  
 Unemployment Comp (Form 1099-G)       State Income Tax Refund (Form 1099-G)       Lottery Winnings (Form W2-G)  
 Installment Sales Proceeds (Form 1099-S)

### SELF-EMPLOYED BUSINESS (Schedule C)

\*If more lines are needed, please attach a separate sheet

#### Income:

\_\_\_\_\_

#### Expenses:

- Purchases/Inventory  
Advertising Expense  
Dues/Subscriptions  
Rent/Storage  
Operating Supplies  
Office Supplies  
Insurance  
Outside Labor  
Repair/Maintenance  
Misc.

#### Home Office Expenses (if applicable):

- Electric  
Telephone  
Cable/Internet  
Cleaning  
Repairs/Maintenance  
Outside Maintenance  
Trash  
Homeowner's Insurance

## INCOME – CONTINUED...

### RENTAL PROPERTY INCOME

#### Property #1      Property #2      Property #3

Address/Description	_____	_____	_____
Gross Rent	_____	_____	_____
Advertising Expense	_____	_____	_____
Cleaning	_____	_____	_____
Commission	_____	_____	_____
Insurance	_____	_____	_____
Mortgage Interest	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Taxes	_____	_____	_____
Utilities	_____	_____	_____
Other	_____	_____	_____

### EXPENSES

#### MEDICAL

Prescription Medications	_____	X-Rays and lab fees	_____
Health Insurance Premiums	_____	Eyeglasses and contact lenses	_____
(Paid out of pocket post-tax)		Medical Equipment	_____
Medicare Premiums	_____	Medical Miles Driven	_____ \$ _____
LTC Premiums – TP	_____	Lodging for medical	_____
LTC Premiums – SP	_____	LTC costs – Medical Portion	_____
Doctor and dentist co-pays	_____	Other:	_____
Hospitals/Clinics	_____		_____

\*Medical expenses may be deductible to the extent they exceed 7.5% of your adjusted gross income, if you itemize

### TAXES PAID

### INTEREST PAID (attach form(s) 1098)

Real Estate Taxes:	Primary	_____	Mortgage Interest:	Primary	_____
	2 <sup>nd</sup> Home	_____		2 <sup>nd</sup> Home	_____
Auto Taxes	_____		Home Equity (LOC)	_____	
Sewer/Water Taxes (NOT use fee)	_____		*Only if used for the construction or maintenance of the primary residence		
DMV	_____		Points	_____	
Sales Tax	_____		Other	_____	
State Income Taxes	_____				

