



# 2025 Tax Preparation Check List

**EMPOWER**  
W E A L T H & T A X

Name: \_\_\_\_\_

## Checklist of Information Needed to Complete Your Tax Return

*If any item listed applies to you, check the box and attach the information*

### INCOME INFORMATION:

- Wages (Form W-2)
- Interest Income (Form 1099-INT)
- Dividend Income (Form 1099-DIV)
- Stock Sale Information/Capital Gains (Form 1099-B)
- Alimony Received
- Unemployment Compensation (Form 1099-G)
- Debt Cancellation (Form 1099-C)
- Disability Income
- Jury Duty
- Small Business (self-employed or independent contractor business owner)
  - Business Income (Form 1099-NEC plus items not on 1099-NEC)
  - Business Expenses (Provide list or use the Business Organizer)
  - Vehicle Mileage & Home Office use Information
- Rental Property
  - Rental Income (Form 1099-MISC)
  - Related Expenses (Provide list or use the Rental Property Organizer)
- Schedules K-1 from Partnerships, S Corps, Trusts
- Sale of Real Estate
  - Closing Statement - Sale of Property
  - Closing Statement- Purchase of Property
  - List of additions/improvements while you owned the property
  - Forgiveness of Debt income (Form 1099-C or 1099-A)
- Pension / IRA / Annuity Distributions (Form 1099-R)
- Social Security Benefits (Form 1099-SSA)
- State / Local Refunds (Form 1099-G)
- Gambling Income (Form W-2G)
- Scholarships (Form 1098-T)
- Education Savings Account Withdrawal (Form 1099-Q)
- HSA Distributions
- Other Income

### DEDUCTION INFORMATION:

- IRA / Roth / 401K Contributions
- SEP, Simple, Keogh Plans
- Student Loan Interest (Form 1098-E)
- Student Expenses (Forms 1098-T & 1099-Q)
- Alimony Paid
  - Recipient Name and SS #
- Mortgage Interest (Form 1098)
- Business or Disaster Casualty/Theft Loss
- Cash and Noncash Charitable Contributions
- Medical Expenses
  - Health Insurance
  - LTC Premiums
  - Out of Pocket Medical Expenses (& Form 1099-SA)
  - Forms 1095-A, 1095-B & 1095-C
  - Healthcare Market Place Exemption
  - Medical Account Contribution (Form 5498-SA)
- Real Estate Taxes
- Other Taxes (including sales tax paid on the purchase of autos, boats and RVs for personal use)

### CREDIT AND PAYMENT INFORMATION:

- Copy of voided check (for direct deposit of refund or direct withdrawal of balance due)
- Estimated tax payments (dates and amounts paid)
- Electric Vehicle tax credit information
- Energy Efficient Home improvement / Clean Energy credit information
- Child Care Expenses
  - Provide name, address, SS# or EIN, and amount paid for each child
- Legal papers for adoption, divorce or separation involving custody of your dependent children

Please complete this Organizer before your appointment.

## 1. Personal Information

	<b>Name</b>	<b>Soc. Sec. No.</b>	<b>Date of Birth</b>	<b>Occupation</b>	<b>Cell Phone</b>
<b>Taxpayer</b>					
<b>Spouse</b>					
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Home Phone</b>
<b>Taxpayer Email Address</b>			<b>Spouse Email Address</b>		

	<u>Taxpayer</u>		<u>Spouse</u>		<u>Marital Status</u>	
Blind	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Married: Will file jointly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Single	
Donate \$3 to Presidential Election Fund?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Widow(er), Date of Spouse's Death: _____	

## 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	ID Protection PIN

## 3. General Questions

Please provide for your appointment

- Last year's tax return (new clients only)
- Valid Driver's License or Identification Card

- All income statements (W-2, 1098, 1099, etc)

- Are you or your spouse being claimed as a dependent on another Tax Return?  Yes  No
- Did you earn or sell any Bitcoin and/or cryptocurrency (Virtual Currency)?  Yes  No
- Are you self-employed or do you receive hobby income?  Yes  No
- Did you receive income from raising animals or crops?  Yes  No
- Did you receive rent from real estate or other property?  Yes  No
- Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents?  Yes  No
- Did you give a gift of more than \$18,000 to one or more people?  Yes  No
- Do you have a foreign bank account, trust, or business?  Yes  No
- Did you own \$50,000 or more in foreign financial assets?  Yes  No

- Did you have any debts canceled, forgiven, or refinanced?  Yes  No
- Did you purchase a new alternative technology vehicle or electric vehicle?  Yes  No
- Did you install any energy property to your residence such as solar water heaters, generators or fuel cells or energy efficient improvements such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters?  Yes  No
- Did you have Healthcare Marketplace coverage (health insurance) for you, your spouse and dependents during this tax season? If yes, include Forms 1095-A.  Yes  No
- Did you apply for an exemption through the Marketplace / Exchange? If so, provide the exemption certificate number: \_\_\_\_\_  Yes  No
- Have you or your spouse been a victim of identity theft and given an identity theft protection PIN by the IRS? If yes, enter the six digit identity protection PIN number.  Yes  No

\_\_\_\_\_ Taxpayer \_\_\_\_\_ Spouse

#### 4. Wage, Salary Income

Attach W-2s:

Employer	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

#### 5. Interest Income

Attach 1099-INT, Form 1097-BTC & broker statements

Payer	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

#### 6. Dividend Income

From Mutual Funds & Stocks - Attach 1099-DIV  
Payer

Payer	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

#### 7. Partnership, Trust, Estate Income

List payers of partnership, limited partnership, S-corporation, trust, or estate income - Attach K-1

_____
_____
_____
_____
_____

#### 8. Property Sold

Attach 1099-S and closing statements

Property	Date Acquired	Cost & Imp.
Personal Residence*		
Vacation Home		
Land		
Other		

\* Provide information on improvements prior to sale of home, closing costs, etc.

#### 9. I.R.A. (Individual Retirement Acct.)

Contributions for tax year income

	Amount	Date	Account Type
Taxpayer			
Taxpayer			
Spouse			
Spouse			

\* ROTH Conversions and Withdrawals. Attach 1099-R & 5498

#### 10. Pension, Annuity, & Social Security Income

Attach 1099-R, SSA 1099, RRB 1099 2  
Payer

Payer	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Did you receive:	Taxpayer		Spouse	
Social Security Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Railroad Retirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### 11. Investments Sold

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

Investment Custodian (Held at)	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

#### 12. 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
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

### 13. 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)

### 14. Taxes Paid

Real estate Property Tax (attach bills) \_\_\_\_\_  
 Personal Property Tax \_\_\_\_\_  
 Other: \_\_\_\_\_

### 15. Job-Related Moving Expenses

if you are a member of the Armed Forces on active duty and moving due to a permanent change of station due to a military order.

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

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

if Armed Forces reservist, a qualified performing artist, a fee-basis state or local government official, or an individual with a disability claiming impairment-related work expenses.

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 \_\_\_\_\_

### 17. 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 \_\_\_\_\_

### 18. 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	_____	_____

### 19. Charitable Contributions

Church \_\_\_\_\_  
 United Way \_\_\_\_\_  
 Scouts \_\_\_\_\_  
 Telethons \_\_\_\_\_  
 University, Public TV/Radio \_\_\_\_\_  
 Heart, Lung, Cancer, etc. \_\_\_\_\_  
 Wildlife Fund \_\_\_\_\_  
 Salvation Army, Goodwill \_\_\_\_\_  
 Other \_\_\_\_\_  
 Qualified Charitable Donation (QCD) \_\_\_\_\_  
 Volunteer (no. of miles) \_\_\_\_\_

### 20. Other Deductions

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

### 21. 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.

## 22. Education Expenses

Student's Name	Type of Expense	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 23. Self-Employed Business Expenses

- \_\_\_\_\_ Advertising
- \_\_\_\_\_ Contract Labor
- \_\_\_\_\_ Legal Fees & Professional Services
- \_\_\_\_\_ Office Expenses
- \_\_\_\_\_ Supplies
- \_\_\_\_\_ Airfare, Train, etc. Lodging
- \_\_\_\_\_ Meals (no. of days \_\_\_\_\_)
- \_\_\_\_\_ Taxi, Car Rental
- \_\_\_\_\_ Other: \_\_\_\_\_

\*Please DO NOT provide individual receipts. Categorize receipts, total each category, and provide us with the total amounts as an excel sheet or document

### Business Vehicle Mileage Info.:

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)
- \_\_\_\_\_ Round Trip commuting distance
- \_\_\_\_\_ Gas, Oil, Lubrication
- \_\_\_\_\_ Batteries, Tires, etc.
- \_\_\_\_\_ Repairs
- \_\_\_\_\_ Wash
- \_\_\_\_\_ Insurance
- \_\_\_\_\_ Interest
- \_\_\_\_\_ Lease payments

## 24. Direct Deposit of Refund / Direct Debit of Balance Due

In the event of a refund due to you: Would you like to have your refund directly deposited into your account?  Yes  No

In the event of a balance due to the IRS: Would you like to have the funds direct debited from your account?  Yes  No

Account Info.: Owner of account  Taxpayer  Spouse  Joint

Type of account:  Checking  Traditional Savings

Name of financial institution: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_ Your Account Number: \_\_\_\_\_

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

## 25. Estimated Tax Paid

Due Date	Date Paid	Federal	State
4/15/2025			
6/16/2025			
9/15/2025			
1/15/2026			

## 26. Questions, Comments, & Other Information

### Residence:

Town \_\_\_\_\_ County \_\_\_\_\_

Village \_\_\_\_\_ School District \_\_\_\_\_

City \_\_\_\_\_