

2025 Individual Tax Organizer

| | | | | | |
|---|--------------------------------------|----------------------|---|------------------------------------|-------------|
| Taxpayer's Name: | | | Spouse's Name: | | |
| Street Address: | | | Street Address: (check <input type="checkbox"/> if same as taxpayer) | | |
| City: | State: | Zip: | City: | State: | Zip: |
| School District: | | Municipality: | | County: | |
| Occupation: | | | Occupation: | | |
| Email Address: | | | Email Address: | | |
| Home Phone #: () - | | | Home Phone #: () - | | |
| Work Phone #: () - | | | Work Phone #: () - | | |
| Cell Phone #: () - | | | Cell Phone #: () - | | |
| Taxpayer's Date of Birth: / / | Taxpayer's Soc. Sec. # - - | | Spouse's Date of Birth: / / | Spouse's Soc. Sec. # - - | |
| Dependent's Name | Soc. Sec. # | Date of Birth | Relationship | # of Months Lived w/ you | |
| | - - | / / | | | |
| | - - | / / | | | |
| | - - | / / | | | |

ELECTRONIC PAYMENTS

All Refunds from the IRS are Required to be processed Electronically.

All Payments to the IRS are Required to be made Electronically.

* If you owe tax we can make the payment on your behalf. Do you want to have the tax due or future estimated payments withdrawn directly from your checking account? YES or NO *If yes please attach a voided check.

DO YOU HAVE INCOME FROM THE FOLLOWING SOURCES? PLEASE ENCLOSE ALL FORMS.

- | | |
|--|---|
| <input type="checkbox"/> Wages (W-2's) & stmts showing Qualified OT or Tips | <input type="checkbox"/> Health Insurance Coverage (1095-A / 1095-B / 1095-C) |
| <input type="checkbox"/> Interest (1099-Int) Tax-Exempt Interest (1099-Int) | <input type="checkbox"/> Health Savings Acct Distributions/Contrib. (1099-SA / 5498-SA) |
| <input type="checkbox"/> Dividends (1099-Div) | <input type="checkbox"/> Pension & Annuity Distributions (1099-R) |
| <input type="checkbox"/> Other Income (1099-K) | <input type="checkbox"/> Rental/Vac. Home Income & Expenses (Complete Enclosed Checklist) |
| <input type="checkbox"/> Digital Assets – receive, sell, exchange, gift, or dispose? * | <input type="checkbox"/> Partnerships, S Corporations & LLC (K-1) |
| <input type="checkbox"/> State & Local Tax Refunds (1099-G) | <input type="checkbox"/> Estate or Trust (K-1) |
| <input type="checkbox"/> Unemployment Comp. (1099-G) | <input type="checkbox"/> Farm Income & Expenses (Complete Enclosed Checklist) |
| <input type="checkbox"/> Alimony Received \$ _____ Agreement Date: _____ | <input type="checkbox"/> Social Security (Statement) |
| <input type="checkbox"/> Stocks/Mutual Funds Sales (1099-B) | <input type="checkbox"/> Commissions & Fees Received (1099-MISC & 1099-NEC) |
| <input type="checkbox"/> 529 Distributions (1099-Q) | <input type="checkbox"/> Prizes/Miscellaneous Income/Gambling Income (W-2G) |
| <input type="checkbox"/> IRA Distributions (1099-R) | <input type="checkbox"/> 2025 Foreign Financial Accounts* |
| <input type="checkbox"/> Business Income & Expenses (Complete Enclosed Checklist) | <input type="checkbox"/> Sale of Property or Residence (Settlement Sheet) |

>> Did you make Estimated Tax Payments for 2025? Enter amount below. <<

| | 1st Qtr: Due 4/15/25 | 2nd Qtr: Due 6/15/25 | 3rd Qtr: Due 9/15/25 | 4th Qtr: Due 1/15/2026 |
|---------------------|--|--|--|--|
| IRS (US Treasury) | \$ | \$ | \$ | \$ |
| PA Dept of Revenue | \$ | \$ | \$ | \$ |
| Local Tax Collector | \$ | \$ | \$ | \$ |

*** PLEASE COMPLETE and SIGN the separate 2025 Supplemental Tax Questionnaire ***

| | | | | |
|--|----------|----|--------|----|
| <input type="checkbox"/> Regular IRA | Taxpayer | \$ | Spouse | \$ |
| <input type="checkbox"/> Roth IRA (not tax deductible) | Taxpayer | \$ | Spouse | \$ |
| <input type="checkbox"/> Non-Deductible IRA | Taxpayer | \$ | Spouse | \$ |
| <input type="checkbox"/> SEP / Simple / Qualified Plan | Taxpayer | \$ | Spouse | \$ |
| <input type="checkbox"/> Alimony Paid – Recipient’s Soc. Sec. # _____ – _____ Agreement Date: _____ | | | | \$ |
| <input type="checkbox"/> Medical & Dental Expenses | | | | \$ |
| <input type="checkbox"/> Health Insurance Premiums (do not include pre-tax deductions) | | | | \$ |
| <input type="checkbox"/> Long-Term Care Insurance Premiums | Taxpayer | \$ | Spouse | \$ |
| <input type="checkbox"/> Medical Mileage - Miles @ 21 ¢ per mile | | | | \$ |
| <input type="checkbox"/> Real Estate Taxes | | | | \$ |
| <input type="checkbox"/> Occupational Privilege Taxes or EMST | | | | \$ |
| <input type="checkbox"/> Sales Tax Paid on Vehicle & Boat Purchases (need settlement sheet) | | | | \$ |
| <input type="checkbox"/> Total of Out-of-State Purchases for which PA Sales Tax needs to be remitted | | | | \$ |
| <input type="checkbox"/> Home Mortgage Interest (1098) | | | | \$ |
| <input type="checkbox"/> Home Equity Interest (1098) | | | | \$ |
| <input type="checkbox"/> Home Mortgage Interest Paid to Individuals | | | | \$ |
| >Name, Address, Soc. Sec. # | | | | |
| <input type="checkbox"/> Points not reported on Form 1098 | | | | \$ |
| <input type="checkbox"/> Investment Interest (Broker’s Statement) | | | | \$ |
| <input type="checkbox"/> “NEW” Vehicle Interest - Did you purchase a new vehicle? Please provide the interest statement for any 2025 Vehicle Loan Interest for a Qualified New US-Assembled Vehicle. | | | | |
| <input type="checkbox"/> Student Loan Interest | | | | \$ |
| <input type="checkbox"/> Charitable Contributions – List ALL contributions.(Do Not include QCD amounts reflected on 1099Rs) | | | | \$ |
| <input type="checkbox"/> Used Clothing & Non-Cash Items to Charity (Details) | | | | \$ |
| <input type="checkbox"/> Mileage Driven for Charity @ 14 ¢ per mile | | | | \$ |
| <input type="checkbox"/> Union & Professional Dues | Taxpayer | \$ | Spouse | \$ |
| <input type="checkbox"/> Business Use of Your Auto You must complete the “Vehicle Information Questionnaire” | | | | \$ |
| <input type="checkbox"/> Business Use of Your Home You must complete the “Home Office Questionnaire” | | | | \$ |
| <input type="checkbox"/> Teaching Supplies | | | | \$ |
| <input type="checkbox"/> Pennsylvania Lottery Ticket Losses (if 2025 PA Lottery ticket winnings apply) | | | | \$ |
| <input type="checkbox"/> Child Care Expenses Dependent Name: | | | | \$ |
| >Provider name, address, Soc. Sec. # or EIN # | | | | \$ |
| <input type="checkbox"/> College Tuition & Enrollment Related Expenses (Form 1098-T is required) | | | | \$ |
| >Which Dependent(s)? <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior | | | | |
| >Course Materials (See “American Opportunity Credit” at www.dstortz.com/resources for qualifications) | | | | \$ |
| <input type="checkbox"/> Contributions to 529 Plans – Limit \$19,000 per beneficiary, per taxpayer, list beneficiary name(s)/amounts | | | | \$ |
| <input type="checkbox"/> Adoption Expenses | | | | \$ |
| >Which Dependent(s)? | | | | |
| <input type="checkbox"/> Energy Tax Credits: Provide descriptions & costs for Solar, Geothermal Heat Pumps, Small Wind Turbines, and Fuel Cells. Refer to “Supplemental Information for Energy Tax Credits” at www.dstortz.com/resources for qualifications and additional information. | | | | |
| <input type="checkbox"/> Have you made any gifts exceeding \$19,000 to any one individual during 2025? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| > Other Comments: | | | | |

I (we) have maintained receipts for all expenses listed on this questionnaire and any other spreadsheets, checklists, computer files, etc. provided to you for preparation of our returns.

Sign X _____

Sign X _____

Date _____