2025 Tax Organizer
Personal Information

Personal Information

	Name	SSN	Has IP PIN	Date of Birth
Taxpayer				
Spouse				

Name of person to whom all information should be addressed, if not the taxpayer

Street address, city, state, and ZIP

	Occupation	Daytime Phone	Evening Phone	Cell Phone
Taxpayer				
Spouse				

Taxpayer email	
Spouse email	

Filing status at the end of 2025

☐ Single ☐ Married ☐ Widowed - If widowed and your spouse died after December 31, 2023, enter the date of death _____

☐ Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2025? _____

Yes	No	
☐	☐	Are you or your spouse blind?
☐	☐	Are you or your spouse disabled?
☐	☐	Are you or your spouse a full-time student?
☐	☐	Do you or your spouse want to designate $3 to go to the Presidential Election Campaign Fund?
☐	☐	At any time during 2025 did you:
		(a) receive (as a reward, award, or payment for property or service) a digital asset?
		(b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

Identification Information

Taxpayer's type of photo ID

☐ Driver's license ☐ State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Spouse's type of photo ID

☐ Driver's license ☐ State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use this Account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2025 appointment is scheduled for _____

Dependent and Other Information

Name: SSN:

Dependent Information

First and Last Name SSN	Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full-time Student	Childcare Expenses

List dependents required to file a return _____

Child and Other Dependent Care Expenses

Name of Care Provider	Address	SSN or EIN	Amount Paid

Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2024						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

Questionnaire

Name: SSN:

Questionnaire

Communication Preferences

Yes No

[ ] [ ] I consent to receive SMS/text messages from O'Shaughnessy CPA.

We will not send you automated or marketing messages.

My preferred method of communication is

[ ] email

[ ] text

[ ] phone

Checklist

Name: SSN:

Checklist

This checklist is provided to help you gather necessary information for us to prepare your 2025 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2024 tax year.

General Information and Prior Year Documentation

- [ ] Proof of identity for those claimed on the return (driver's license or state issued ID, Social Security card, birth certificates for children. etc.)
- [ ] Income tax returns from the prior two years
  If there were losses from business activities in prior years, include prior five years of returns instead of two
- [ ] Depreciation schedules from prior years for businesses, rentals, etc.

Current Year Income Documentation

- [ ] Wage and tax statements (Form W-2)
- [ ] Gambling income (Form W2-G)
- [ ] IRA distributions, pensions, and annuities (Form 1099-R)
- [ ] Dividend income (Form 1099-DIV)
- [ ] Interest income (Form 1099-INT)
- [ ] Miscellaneous income (Form 1099-MISC)
- [ ] Nonemployee compensation (Form 1099-NEC)
- [ ] Unemployment compensation and other government payments (Form 1099-G)
- [ ] Credit card, debit card, and third-party network transactions (Form 1099-K)
- [ ] Reportable payment transactions
- [ ] Social Security benefits (Form SSA-1099)
- [ ] Railroad retirement benefits (Form RRB-1099)
- [ ] Income from partnerships, S corporations, estates, and trusts (Schedule K-1)
  - [ ] Basis information for any partnerships and S corporations
- [ ] Documentation of brokerage transactions and disposition of capital assets (Form 1099-B)
- [ ] Digital asset proceeds from brokerage transactions (Form 1099-DA)
- [ ] Proceeds from real estate transactions (Form 1099-S)
- [ ] Self-employed business income (Schedule C)
- [ ] Farm income (Schedule F)
- [ ] Farm rental income (Form 4835)
- [ ] Income from rental real estates and royalties (Schedule E)

Other Income (provide supporting documentation for income received for the following items)

- [ ] Sale of assets or property
- [ ] Cancellation of debt
- [ ] Other income _____

Payments (provide supporting documentation for payments made for the following items)

- [ ] Educator classroom expenses
- [ ] Contributions to a Health Savings Account
- [ ] Expenses related to work relocation with the military
- [ ] Alimony
- [ ] Student loan interest
- [ ] Refunded student loan interest payments
- [ ] Student loan forgiveness
- [ ] Tuition and fees for higher education
- [ ] Expenses related to child or dependent care
- [ ] Contributions to a Retirement Savings Account
- [ ] Medical and dental expenses
- [ ] Real estate taxes
- [ ] Other state and local taxes

Checklist

Name: SSN:

Checklist

[ ] Mortgage interest
[ ] Cash contributions
[ ] Noncash contributions (provide organization name)
[ ] Gambling losses
[ ] Other payments _____

Schedule A - Itemized Deductions

Name: SSN:

Medical and Dental Expenses

Health insurance premiums (paid by you, not through work) . . . . . _____

Amount above that is for Medicare premiums . . . . . _____

Long-term care premiums (you) . . . . . _____

Long-term care premiums (your spouse) . . . . . _____

Long-term care premiums (dependents) . . . . . _____

Mileage driven for medical purposes . . . . . _____

Out of pocket medical & dental expenses

- Doctor, dental, etc . . . . . _____
- Prescription medicines . . . . . _____
- Glasses & contacts . . . . . _____
- Hearing aids . . . . . _____
- Medical equipment & supplies . . . . . _____
- Hospital services . . . . . _____
- Laboratory services . . . . . _____
- Nursing services . . . . . _____
- Other _____ _____
- Other _____ _____

Taxes Paid

State and local income taxes . . . . . _____

General sales tax (vehicle, boat, home, etc.) . . . . . _____

Real estate taxes . . . . . _____

Personal property taxes . . . . . _____

Auto registration taxes not deductible for state . . . . . _____

Other taxes (list) _____ _____

_____ _____

_____ _____

Interest Paid

Home mortgage interest paid (attach Form 1098) . . . . . _____

☐ Some of your home mortgage loan was not used to buy, build, or improve your home.

Home mortgage interest paid to an individual . . . . . _____

Paid to:

Name _____

Address _____

City, State, ZIP _____

SSN or EIN _____

Points not reported on Form 1098 . . . . . _____

Investment interest . . . . . _____

Charitable Contributions

Donations to charity	Cash	Noncash	Amount
Church	☐	☐	_____
Boy or Girl Scouts	☐	☐	_____
Goodwill	☐	☐	_____
Red Cross	☐	☐	_____
Salvation Army	☐	☐	_____
United Way	☐	☐	_____
Veterans	☐	☐	_____
Hospital	☐	☐	_____
University	☐	☐	_____
Other _____	☐	☐	_____

Miles driven for charitable purposes . . . . . _____

Other Miscellaneous Deductions

Amortizable bond premiums . . . . . _____

Federal estate tax . . . . . _____

Gambling losses . . . . . _____

Impairment-related work expenses . . . . . _____

Claim repayments . . . . . _____

Unrecovered pension investments . . . . . _____

Loss from other activities from Schedule K-1 . . . . _____

Ordinary loss debt instrument . . . . . _____

Excess deduction on termination . . . . . _____

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer

- Safety equipment, tools, & supplies . . . . . _____
- Uniforms . . . . . _____
- Protective clothing (shoes, hardhats, glasses, etc.) _____
- Dues to professional organizations . . . . . _____
- Books & subscriptions . . . . . _____
- Other _____ _____

Union dues . . . . . _____

Tax preparation fees . . . . . _____

Other nonpersonal expenses related to taxable income

- Safe deposit box fees . . . . . _____
- Investment expenses not entered elsewhere . . _____
- Other _____ _____

Home equity interest . . . . . _____

Schedule C - Profit or Loss from Business

Name: SSN:

General Business Information

TS ____ Professional product or service _____ Employer ID number _____

Business name _____

Business address, city, state, ZIP _____

Accounting Method: ☐ Cash ☐ Accrual ☐ Other (specify) _____

☐ This business started or was acquired during 2025. ☐ This business was disposed of during 2025.

Select if this business is for:

☐ Professional gambler ☐ Newspaper delivery and you are under 18 years of age
☐ Exempt Notary income ☐ A clergy

Yes	No	
☐	☐	Payments of $600 or more were paid to an individual, who is not your employee, for services provided for this business.
☐	☐	If "Yes," did you file Forms 1099 for the individuals?
☐	☐	Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?
☐	☐	If 'Yes," was any portion of the loan forgiven in 2025?

Income

	2025		2025
Gross receipts or sales		Other income	
Returns & allowances			

Expenses

	2025		2025
Advertising		Repairs & maintenance	
Car & truck expenses		Supplies	
Commissions & fees		Taxes & licenses	
Contract labor		Travel	
Depletion		Total meals	
Employee benefit programs		Utilities	
Insurance (other than health)		Wages	
Interest - mortgage		Family health coverage payments for taxpayer, spouse or dependents	
Interest - other		Other expenses (list)	
Legal & professional services			
Office expenses			
Pension & profit-sharing plans			
Rent or lease (vehicles, machinery, & equipment)			
Rent (other business property)			

Cost of Goods Sold

	2025		2025
Inventory at beginning of year		Materials & supplies	
Purchases		Other costs	
Cost of personal use items		Inventory at end of year	
Cost of labor		☐ There was a change in inventory method.	

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: SSN:

General Property Information

TSJ _____

Property description _____

Address, city, state, ZIP _____

Select the property type

- ☐ Single family residence
- ☐ Multi-family residence
- ☐ Vacation / short-term rental
- ☐ Commercial
- ☐ Land
- ☐ Royalties
- ☐ Self-rental
- ☐ Other _____

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

- ☐ This property was placed in service during 2025.
- ☐ This property was disposed of during 2025.
- ☐ This property is your main home or second home.
- ☐ This property was owned as a qualified joint venture.

	Yes	No
Payments of $600 or more were paid to an individual, who is not your employee, for services provided for this rental.	☐	☐
If "Yes," did you file Forms 1099 for the individuals?	☐	☐

Income

	2025		2025
Rent income		Royalties from oil, gas, mineral, copyright or patent	

Expenses

	Rental Unit Expenses	Rental and Homeowner Expenses
Advertising		
Auto & travel		
Cleaning & maintenance		
Commissions		
Insurance		
Legal & professional fees		
Management fees		
Mortgage interest		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		
Depletion		
Other expenses		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

If this Schedule E is for a a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

Schedule F - Profit or Loss from Farming

Name: SSN:

General Information

TS _____ Principal product _____ Employer ID number _____

Accounting method, if not cash: ☐ Accrual

☐ This farm was disposed of during 2025.

Yes	No	
☐	☐	Payments of $600 or more were paid to an individual, who is not your employee, for services provided for this farm.
☐	☐	If "Yes," did you file Forms 1099 for the individuals?
☐	☐	Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?
☐	☐	If "Yes," was any portion of the loan forgiven in 2025?

Income

	2025		2025
Sale of livestock / other items		Custom hire income	
Cost of items bought for resale		Beginning inventory for accrual	
Sale of products you raised		Ending inventory for accrual	
Total cooperative distributions (Provide 1099-PATR)		☐ You used unit-livestock-price or farm-price inventory method.	
Total agricultural payments		Other income	
Commodity Credit Corporation (CCC) loans:			
CCC loans reported			
CCC loans forfeited			
Crop insurance proceeds:			
Amount received in 2025			
☐ You elect to defer to 2026			
Amount deferred from 2024			

Expenses

	2025		2025
Car & truck expenses		Rent - other (land, animals, etc.)	
Chemicals		Repairs & maintenance	
Conservation expenses		Seeds & plants purchased	
Custom hire (machine work)		Storage & warehousing	
Employee benefit programs		Supplies purchased	
Feed purchased		Taxes	
Fertilizers & lime		Utilities	
Freight & trucking		Veterinary, breeding, & medicine	
Gasoline, fuel, & oil		Family health coverage payments for taxpayer, spouse or dependents	
Insurance (other than health)		Other expenses	
Interest - mortgage (paid to banks, etc.)			
Interest - other			
Non-W-2 labor hired			
W-2 wages paid			
Pension & profit-sharing plans			
Rent - vehicles, machinery, & equipment			

Form 4835 - Farm Rental Income and Expenses

Name: SSN:

General Information

TSJ _____ Employer ID Number _____

Description _____

☐ This farm was disposed of during 2025

Income

	2025		2025
Income from production of livestock, produce, grains, & other crops		Crop insurance proceeds:	
Total cooperative distributions		Amount received in 2025	
Total agricultural payments		☐ You elect to defer to 2026	
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2024	
CCC loans reported		Other income	
CCC loans forfeited			

Expenses

	2025		2025
Car & truck expenses		Seeds & plants purchased	
Chemicals		Storage & warehousing	
Conservation expenses		Supplies purchased	
Custom hire (machine work)		Taxes	
Employee benefit programs		Utilities	
Feed purchased		Veterinary, breeding, & medicine	
Fertilizers & lime		Other expenses (list)	
Freight & trucking			
Gasoline, fuel, & oil			
Insurance (other than health)			
Interest - mortgage (paid to banks, etc.)			
Interest - other			
Labor hired (less jobs credit)			
Pension & profit-sharing plans			
Rent - vehicles, machinery & equipment			
Rent - other (land, animals, etc.)			
Repairs & maintenance			

Household Employment

Name: SSN:

TSJ_____ Employer Identification Number _____

Yes	No	
☐	☐	Did you pay any one household employee cash wages of $2,700 or more in 2025?
☐	☐	Did you withhold federal income tax during 2025 for any household employee?
☐	☐	Did you pay total cash wages of $1,000 or more in any calendar quarter of 2024 or 2025 to all household employees?
☐	☐	Did you pay unemployment contributions to only one state?
☐	☐	Did you pay all state unemployment contributions for 2025 by April 15, 2026?
☐	☐	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

	2025
Total cash wages subject to Social Security tax	
Total cash wages subject to Medicare tax	
Total cash wages subject to Additional Medicare tax withholding	
Federal income tax withheld	
Qualified sick leave wages	
Qualified family leave wages	
Qualified health plan expenses	

TSJ_____ Employer Identification Number _____

Yes	No	
☐	☐	Did you pay any one household employee cash wages of $2,600 or more in 2025?
☐	☐	Did you withhold federal income tax during 2025 for any household employee?
☐	☐	Did you pay total cash wages of $1,000 or more in any calendar quarter of 2024 or 2025 to all household employees?
☐	☐	Did you pay unemployment contributions to only one state?
☐	☐	Did you pay all state unemployment contributions for 2025 by April 15, 2026?
☐	☐	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

	2025
Total cash wages subject to Social Security tax	
Total cash wages subject to Medicare tax	
Total cash wages subject to Additional Medicare tax withholding	
Federal income tax withheld	
Qualified sick leave wages	
Qualified family leave wages	
Qualified health plan expenses	