

WALKER & ASSOCIATES CPA'S LLC

TAX ORGANIZER 2025

Taxpayer: _____
Full Legal Name DOB Social Security #

Spouse: _____
Full Legal Name DOB Social Security #

Contact Information

Preferred Email Address	
Preferred Phone Number	

Street	City	State	Zip

What is your current address?

- Did you live in the above address all of 2025?

☐ yes ☐ no

- If no, please list additional address(es) below

Street	City	State	Zip	Date moved

Did you experience any significant life changes during 2025? If yes, please explain in detail below
Examples: married, divorced, retired, moved, changed jobs, had children, children graduated college, etc.

Did you experience any significant transaction during 2025? If yes, please explain in detail below.
Examples: new investments, bought/sold a house or other property, received inheritance, casualty, started a new business, closed a business, etc.

If your 2025 tax return results in an overpayment of tax, how would you like the overpayment handled?
(Select one)

☐ **Apply overpayment to my 2026 taxes**

☐ **Direct deposit into my bank account**

- **If you selected direct deposit, please provide your bank information**

Account Type	Your Bank Account Number	Your Routing Number
<input type="checkbox"/> Checking account		
<input type="checkbox"/> Savings account		

MISCELLANEOUS INFORMATION

Digital Assets:

At any times during 2025, did you (a) receive as a reward, award, or payment for property or services; or (b) sell, exchange, gift, or otherwise dispose of a digital asset?

☐ yes

☐ no

Health Insurance Coverage:

1. How did you receive healthcare coverage in 2025? (select one)

- Directly from employer
- A government Marketplace: Form 1095-A (you are required to turn in this form)
- Employer plan, private policy, or a government plan: Form 1095-B, 1095-C or other proof of insurance
- No health insurance

2. Do you have an HSA (health savings account), Archer MSA (Archer medical savings account), or MA MSA (medicare advantage medical savings account) that you utilized to pay any out-of-pocket medical expenses in 2025?

☐ yes

☐ no

- If yes, you are **required to turn in form 1099-SA which details the amounts withdrawn from account for qualified medical expenses** with your tax documents. Check your provider's website for the applicable form which will list the amount you spent during 2025.

Dependents:

Please list all information for EACH dependent you had in 2025:

Full Legal Name	Date of Birth	Social Security #	Relationship to you	# of Months lived at home

Did you make any estimated Tax Payments for tax year 2025?

Federal: ☐ **yes** ☐ **no**

State: ☐ **yes** ☐ **no**

- If yes, please detail below

Federal Estimated Tax Payments:

Date of Payment	Amount of Payment

State Estimated Tax Payments:

Date of Payment	Amount of Payment	State

- Did you make other payments or have any other credits for your 2025 tax liability? If yes, please explain in detail below:

☐ **yes** ☐ **no**

Did we prepare your 2024 tax return?

☐ **yes** ☐ **no**

- *If no, please provide a copy of 2024 return(s)*

INCOME

1. Wages & Salaries: Did you or your spouse receive a Form W-2 in 2025?

☐ **yes** ☐ **no**

- **If yes, please provide W-2(s)**

2. Qualified Tip Income: Did you receive **tip income in 2025 that was **reported to your employer or through a platform**?**

☐ **yes** ☐ **no**

- **If yes, please complete the following section**

Item	Information
Employer / Platform Name	
Job / Information	
Total Tips Received in 2025	
Were tips reported to your employer/platform?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are tips included on your W-2 or 1099?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you attached supporting documentation?	<input type="checkbox"/> YES <input type="checkbox"/> NO

3. Qualified Overtime Premium Pay: Did you receive **overtime pay in 2025?**

☐ **yes** ☐ **no**

- **If yes, please complete the following section**

Item	Information
Type of Overtime (FLSA / State-required / Other)	
Total Overtime Premium Paid in 2025*	
Is overtime included in your W-2 wages?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Can you provide a payroll summary or final paystub showing overtime detail?	<input type="checkbox"/> YES <input type="checkbox"/> NO

*** Overtime premium only** (the additional pay above your regular rate — not total overtime wages).

Attach payroll summary or year-end paystub if available.

4. Did you receive 1099's for any of the following income items in 2025? Select an answer for each item.

Type of 1099 Income	Yes	No
Interest (1099-INT)		
Dividend (1099-DIV)		
Dist. from Pension, IRA, &/or annuities (1099-R)		
Rollover of retirement account (1099-R)		
Royalties (1099-MISC)		
Working Interest (Oil & Gas) (1099-NEC)		
Unemployment Compensation (1099-G)		
Contract Labor jobs (1099-NEC or 1099-MISC)		
Social Security Benefits (1099-SSA)		
State or Local Tax Refund (1099-G)		

- If you answered yes to any of the following, provide each 1099 as applicable.

5. Capital Gains & Losses: Did you have any capital gains &/or losses in 2025?

☐ yes ☐ no

- If yes, provide documentation reflecting all transactions (could be from a brokerage account 1099 or could be from sale of house 1099-S etc.)
- If there is no documentation available provide the following for each sale:
 - Name of investment
 - Date acquired
 - Cost or other basis
 - Date sold
 - Proceeds from the sale (i.e. sales price)
 - Selling Expenses (ex: if you sold your home provide the expenses related to the sale)

6. Rents: Did you have any rental properties in 2025?

☐ yes ☐ no

- If yes, did you manage the properties yourself or have a management company

☐ I managed it myself ☐ I had a management company manage them

- If yes, provide schedule (see pgs 13-14 for worksheet) showing all income and expenses for each rental property

7. Partnerships, S Corps, Estates, and Trusts: Did you receive any K-1's in 2025?

Type of Company	Yes	No	# of K-1's received
Partnership			
S Corporation			
Trust/Estate			

- If you answered yes to any of the above, provide K-1(s)

8. Did you have other business income in 2025 to report on Schedule C?

☐ yes ☐ no

- If yes, provide schedule (see pgs 15-17 for worksheet) of income and expenses for each business reported on schedule C

9. Did you have any gambling winnings or losses in 2025? If yes, please provide Form W2-G. If you did not receive Form W2-G, please list the place, date, and amount of winnings/losses.

☐ yes

☐ no

- If yes, provide form W2-G and please list below your gambling losses for 2025.

Gambling Losses (details to list: date of loss, amount of loss, and location of loss)

10. Did you receive any income/expense from a Farm in 2025? (reported on Sch F)

☐ yes

☐ no

- If yes, please provide applicable tax form(s) & details listing income & expenses

11. Did you have any other sources of income in 2025 that have not already been listed above?

☐ yes

☐ no

- If yes, please describe each additional item:

Description	Amount

CREDITS

1. Did you pay for child &/or dependent care out of pocket in 2025?

☐ **yes**

☐ **no**

- **If yes, please continue to parts 1a & 1b**

1a.

Number of qualifying individuals:	Name of each applicable child/dependent

1b. Details for each child/dependent care amount paid for each child/dependent:

Name of child/dependent care location	Address	EIN/identification number	Amount paid	Name of applicable child/dependent

2. Did you incur expenses in connection with adoption? If yes, please provide separate detailed info.

☐ **yes**

☐ **no**

3. Did you pay tuition & fees for higher education?

☐ **yes**

☐ **no**

- **If yes, provide 1098-T(s)**

ITEMIZED DEDUCTIONS

Medical & Dental

Medical & Dental out of pocket expenses Paid	\$ Amount
1. Out of pocket costs for prescriptions, insulin, etc.	
2. Out-of-pocket costs for doctors' visits, dentists, dental work etc.	
3. Out of pocket medical and dental insurance premiums	
4. Long-term care policy payments	
5. Transportation (mileage) and lodging incurred to obtain medical care	
6. Other: hearing aids, eyeglasses, medical devices etc. please list individually with associated costs for each item.	

Taxes Paid

Taxes paid in 2025	\$ Amount
1. State & local income taxes not listed elsewhere	
2. Real estate taxes for primary residence not listed elsewhere	
3. Personal property taxes (includes tax on auto registration)	

***provide documentation showing payment (ex: property tax bill, registration payment etc.)**

Interest Paid

To qualify for the auto interest deduction, the following requirements must be met.

- **The interest paid must be paid on a loan that meets the following criteria:**
 - originated after December 31, 2024,
 - used to purchase a vehicle, the original use of which starts with the taxpayer (used vehicles do not qualify),
 - for a personal use vehicle (not for business or commercial use) and
 - secured by a lien on the vehicle.
- **The vehicle must be a qualified vehicle**
 - A qualified vehicle is a car, minivan, van, SUV, pick-up truck or motorcycle, with a gross vehicle weight rating of less than 14,000 pounds, and that has undergone final assembly in the United States.

Interest Paid in 2025	\$ Amount
1. Home Mortgage Interest (Provide Form 1098)	
2. Student Loan Interest (Provide Form 1098-E)	
3. Other (provide schedule & documentation reflecting payments made)	

Auto Interest Vehicle 1	Responses
1. Vehicle Year / Make / Model	
2. VIN	
3. Date Vehicle Purchased	
4. Original Loan Amount	
5. Lender Name	
6. Interest Paid in 2025	
7. Confirm the vehicle was purchased, not leased	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Confirm the vehicle is personally owned (not owned by a separate entity)	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Confirm if this vehicle is for primarily personal use	<input type="checkbox"/> YES <input type="checkbox"/> NO

Auto Interest Vehicle 2	Responses
1. Vehicle Year / Make / Model	
2. VIN	
3. Date Vehicle Purchased	
4. Original Loan Amount	
5. Lender Name	
6. Interest Paid in 2025	
7. Confirm the vehicle was purchased, not leased	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Confirm the vehicle is personally owned (not owned by a separate entity)	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Confirm if this vehicle is for primarily personal use and not business use	<input type="checkbox"/> YES <input type="checkbox"/> NO

Charitable Contributions

Type of Charitable Contribution	\$ Amount
Total Cash Contributions in 2025	
Non-Cash Contributions	Provide separate schedule with details of donation(s)
Charitable Miles driven in 2025	
Other (provide detail and applicable document(s))	

Adjustments to Income

Type of Adjustment	Maximize?	\$ Amount
1. Your IRA Deduction	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Spouse's IRA Deduction	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Your SEP Contribution	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Spouse SEP Contribution	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Self- Employed health insurance premiums		
6. Contribution to HSA (other than through W2) <i>(list for each person who made contribution)</i>		

Rental & Royalty Income & Expense Worksheet
(fill out worksheet for each property)

Property Type: ☐ Residential ☐ Commercial

Address of Property:	
-----------------------------	--

If the property also serves as your vacation home:

Number of days rented	
Number of days used personally	

Did you live in part of the rental property?

☐ yes ☐ no

- *If yes, what percentage did you occupy?* _____ %

Rental & Royalty Income

Income Item(s)	\$ Amount
1. Rental Income	
2. Royalties Received	

Rental & Royalty Expenses

Expenses	\$ Amount	Expenses Cont.	\$ Amount
1. Advertising		14. Supplies	
2. Association Dues		13. Property Taxes Paid	
3. Travel		11. Utilities	
4. Cleaning/Maintenance		Other (provide description)	
5. Commissions		12.	
6. Insurance		13.	
7. Legal / Professional		14.	
8. Tax Prep Fees		15.	
9. Licenses & Permits		16.	
10. Management Fees		17.	
11. Mortgage Interest (Form 1098)		18.	
12. Other Interest		19.	
13. Repairs		20.	

Business Income & Expenses Worksheet

Fill out worksheet for each business

Income	\$ Amount		
1. Business Income			
Cost of Goods Sold <i>List detail for each item (ex: contract labor, inventory purchased, etc.)</i>	\$ Amount	Cost of Goods Sold Cont. <i>List detail for each item (ex: contract labor, inventory purchased, etc.)</i>	\$ Amount
Expenses	\$ Amount		\$ Amount
1. Accounting		14. Repairs & Maintenance	
2. Advertising		15. Salaries & Wages	
3. Bank Fees		16. Taxes (Payroll Tax)	
4. Commission & Fees		17. Taxes (State and local tax)	
5. Continuing Education		18. Taxes (other; please describe)	
6. Dues & Subscriptions		19. Travel	
7. Insurance (other than health)		20. Uniforms	
8. Legal and Professional Fees		21. Utilities	
9. Licenses & Permits		Other Expenses (describe)	
10. Meals		22.	
11. Office Supplies		23.	
12. Rent (vehicles, machinery, equipment)		24.	
13. Rent (other; please describe)		25.	

Did you sell or purchase any fixed assets in 2025 used in the above trade or business?

☐ yes ☐ no

- If yes, select applicable box(es)

☐ sold fixed asset(s) ☐ purchased fixed asset(s)

Assets used in trade or business SOLD in 2025

For each asset sold list: <i>the asset, the date of sale, & sales price</i>	For the applicable asset(s) sold, list: <i>the original purchase date and original purchase price</i>

Assets used in trade or business PURCHASED in 2025

For each asset purchased list: <i>the asset, the date of purchase, & purchase price</i>

Did you have a vehicle used for the trade or business:

☐ yes ☐ no

If yes, fill out the information below for each vehicle used in trade or business

% driven for Business vs. personal use	Total miles driven in 2025	Business miles driven in 2025

Business Use of Home

Do not fill this out if you are paid via W-2

Total sq ft of your home	
Sq ft of office space	

Direct costs associated with your business use of home (provide TOTAL amount paid for 2025)

Type of Direct Cost	\$ Amount
Home Insurance	
Repairs and Maintenance	
Utilities	
Rent paid or Mortgage Interest Paid	
Property Taxes Paid	
HOA Dues	
Other (please describe)	

Additional Information:

If necessary, please use the space below to elaborate on any of the above tax data & include facts & circumstances we should be aware of to properly prepare your tax return. Also, please include any questions you have for us/specifics you want more information on.