



2025 Tax Organizer

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Upload all forms, in pdf format, to our secure portal at <https://www.encyro.com/toshtax>

Missing information may result in a delay in processing your return. Please tell us what is missing (e.g. K-1s or brokerage account information) and when you will send it to us.

*** If we did not previously prepare your tax return, provide the most recent tax return filed.***

Family Information

	Taxpayer	Spouse
Full Name		
Cell phone		
SSN		
Date of Birth		
Occupation		
Email		
Driver's License #		
State of Issue		
Issue Date		
Expiration Date		

Mailing Address

Did your address change during the year?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Street Address			
City	State	Zip Code	

If we have questions regarding your tax information, how would you like us to contact you?

Marital Status and Household Information

Did your marital status change during 2025?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain:				
Date of Final Divorce Decree, if applicable:				
*** If divorced and are claiming dependents, provide copy of divorce decree stating which parent can claim child/children.***				

<i>Filing Status</i>				
Single	Married filing Joint	Head of Household	Married filing Separate	Widowed w/Dependent child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>General Questions:</i>	<i>Taxpayer</i>		<i>Spouse</i>	
Can anyone claim you as a dependent on their tax return?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Legally blind?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Totally & permanently disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Full-time student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Been a victim of identity theft?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Adopted a child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Dependents (please provide separate list if more than 3 dependents)

For everyone who lived with you or you supported who did not live with you:			
	Dependent 1	Dependent 2	Dependent 3
Name (First, Last)			
Date of Birth			
SSN			
Relationship			
Months lived with you			
Single or Married			
US Citizen, Resident of US, Canada, or Mexico?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Full-Time student (at least 4 months)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Disabled?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you provide more than 50% of the support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can anyone else claim this dependent on their tax return?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the dependent file a joint return for 2025?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Did you pay for childcare or dependent care in order to work or look for work?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, see below:
	Provider Name	Address	SSN/EIN	Amount Paid
1				
2				

Dependent Income: Provide all Forms 1099 and income documents the dependent received	Yes	No
Did any of your dependents have unearned income over \$1,100 or earned income over \$15,750? If yes, the dependent is required to file a return	<input type="checkbox"/>	<input type="checkbox"/>
Do you want us to prepare a tax return for your dependent if required?	<input type="checkbox"/>	<input type="checkbox"/>

Economic Impact Payments or Advance Child Tax Credit Payments

			Amounts	
	Yes	No	Taxpayer \$	Spouse \$
Did you receive any of the following:				
Advance Payments for Child Tax Care Credit <u>(must agree to IRS Letter 6419)</u>	<input type="checkbox"/>	<input type="checkbox"/>		
Covid-19 Early Retirement Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>		
Paycheck Protection Program Loans for your Business (PPP)	<input type="checkbox"/>	<input type="checkbox"/>		
Economic Injury Disaster Loan (EIDL)	<input type="checkbox"/>	<input type="checkbox"/>		
NOTE: Refer to IRS Notice 1444-C, IRS Letter 6419, and your tax account information at IRS.gov/Account for amounts to enter				

Retirement and Long-Term Care

			Amounts	
	Yes	No	Taxpayer \$	Spouse \$
Provide All Forms 5498, 1099-R, SSA-1099, RRB-1099, 1099-LTC				
Did you or your spouse:				
Contribute to a Traditional IRA?	<input type="checkbox"/>	<input type="checkbox"/>		
Contribute to a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>		
Contribute to a 401k, SEP/SIMPLE/Keogh IRA?	<input type="checkbox"/>	<input type="checkbox"/>		
Receive Payments from pensions, annuities, and/or IRAs, including Social Security or Rail Road Benefits?	<input type="checkbox"/>	<input type="checkbox"/>		
Receive distributions from long-term care insurance contracts?	<input type="checkbox"/>	<input type="checkbox"/>		
Convert all or part of your traditional/SEP/SIMPLE IRA to a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>		
Withdraw any amounts from your IRA to pay for higher education expenses or acquire a principal residence?	<input type="checkbox"/>	<input type="checkbox"/>		
Turn age 72 during the year and have money in a retirement account while NOT taking any distribution?	<input type="checkbox"/>	<input type="checkbox"/>		

Income

Did you or your spouse receive:	Yes	No	If yes, provide the following:
Wages or Salary	<input type="checkbox"/>	<input type="checkbox"/>	W-2
Tip Income (not included in W-2s)	<input type="checkbox"/>	<input type="checkbox"/>	Amounts
Interest from checking, savings, bonds, CDs, brokerage accounts	<input type="checkbox"/>	<input type="checkbox"/>	1099-INT
Interest received from a seller-financed loan	<input type="checkbox"/>	<input type="checkbox"/>	Amortization schedule, paid from name, address and SSN
Dividends	<input type="checkbox"/>	<input type="checkbox"/>	1099-DIV
Income (or Loss) from sale of stocks, bonds	<input type="checkbox"/>	<input type="checkbox"/>	1099-B
Grants of stock options from your employer, and/or exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan	<input type="checkbox"/>	<input type="checkbox"/>	Form 3921, W-2
Income (or Loss) from sale of real estate, including personal home	<input type="checkbox"/>	<input type="checkbox"/>	1099-S and Closing Statements, Date Acquired, Original Cost and Improvements
Scholarships	<input type="checkbox"/>	<input type="checkbox"/>	1098-T, W-2
Refund of state/local income taxes	<input type="checkbox"/>	<input type="checkbox"/>	1099-G
Alimony Income or Separate Maintenance Payments	<input type="checkbox"/>	<input type="checkbox"/>	Payer name, SSN, and amount received
Disability Income, including payments from insurance or workers comp	<input type="checkbox"/>	<input type="checkbox"/>	1099-R, W-2
Unemployment Income	<input type="checkbox"/>	<input type="checkbox"/>	1099-G
Cash/Check payments from any work performed not reported on Forms W-2 or 1099	<input type="checkbox"/>	<input type="checkbox"/>	Amounts of payments
Partnership, Trust, Estate Income	<input type="checkbox"/>	<input type="checkbox"/>	K-1
Self-Employment Income	<input type="checkbox"/>	<input type="checkbox"/>	1099-NEC and Business Profit/Loss Statement
Income (or Loss) from Rental Property	<input type="checkbox"/>	<input type="checkbox"/>	1099-MISC and Rental Profit/Loss Statement
Income from Farming	<input type="checkbox"/>	<input type="checkbox"/>	1099-MISC and Farming Profit/Loss Statement
Royalty Income	<input type="checkbox"/>	<input type="checkbox"/>	K-1
Foreign Income	<input type="checkbox"/>	<input type="checkbox"/>	
Income as a Beneficiary of an Inheritance	<input type="checkbox"/>	<input type="checkbox"/>	K-1, 1099, or other details
Any other income (gambling, lottery, prizes, awards, jury duty, miscellaneous)	<input type="checkbox"/>	<input type="checkbox"/>	1099-MISC, 1099-G, W-2G
File a Federal Tax Return in the most recent prior year containing a Capital Loss Carryover on Form 1040 Sch D	<input type="checkbox"/>	<input type="checkbox"/>	
Close an account during 2025 that received interest/dividends in prior years	<input type="checkbox"/>	<input type="checkbox"/>	
Receive any interest or dividends in 2025 that were not reported on a 1099	<input type="checkbox"/>	<input type="checkbox"/>	Payer and amount of dividends or interest
Receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency	<input type="checkbox"/>	<input type="checkbox"/>	
Sell jewelry, gold, coins, or other precious metals	<input type="checkbox"/>	<input type="checkbox"/>	
Have any interest in, or signature authority over a bank account, securities account, or other financial account in a foreign country, or transfer money or property to a foreign trust	<input type="checkbox"/>	<input type="checkbox"/>	

Expenses

Last year, did you or your spouse pay:	Yes	No	If yes, provide the following:
Medical			
Medical Expenses (including health insurance premiums) must exceed 7.5% of your adjusted gross income	<input type="checkbox"/>	<input type="checkbox"/>	Prescriptions, doctors, dentists, hospitals, others, medical miles
Have a Health Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	1099-SA, 5498-SA, W-2 with Code W in Box 12
Make contributions to your HSA	<input type="checkbox"/>	<input type="checkbox"/>	
Have distributions from your HSA	<input type="checkbox"/>	<input type="checkbox"/>	
Were all distributions from your HSA used for unreimbursed medical expenses	<input type="checkbox"/>	<input type="checkbox"/>	
Have a Medicare Medical Savings account (MSA)	<input type="checkbox"/>	<input type="checkbox"/>	
Home and Other Assets			
Home Mortgage Interest	<input type="checkbox"/>	<input type="checkbox"/>	Form 1098-T
Investment Interest	<input type="checkbox"/>	<input type="checkbox"/>	Paid to name, address, and EIN
Seller-Finance Interest	<input type="checkbox"/>	<input type="checkbox"/>	Amortization schedule, paid to name, address and SSN
Real Estate Taxes for home	<input type="checkbox"/>	<input type="checkbox"/>	Form 1098-T, Property tax bill (if property taxes are not on the 1098-T)
Personal Property taxes for vehicle (ownership tax only, not registration fees)	<input type="checkbox"/>	<input type="checkbox"/>	Amount, tax receipts
Sales tax on purchase a vehicle or boat, or other large purchases	<input type="checkbox"/>	<input type="checkbox"/>	Amount of sales tax paid on the purchase \$ <input style="width: 100px;" type="text"/>
Charitable Contributions			
Cash Contributions	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> Provide list or use supplemental form (included below on page 10)
Non-Cash Contributions	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> Provide list or use supplemental form (included below on page 10)
Charitable Mileage	<input type="checkbox"/>	<input type="checkbox"/>	Miles driven for Charity Work <input style="width: 50px;" type="text"/>
Contribution of property over \$5,000	<input type="checkbox"/>	<input type="checkbox"/>	Appraisal of property contributed
If you use the standard deduction, did you make up to \$300 in cash donations to qualified charities? (\$600 if Married filing jointly)	<input type="checkbox"/>	<input type="checkbox"/>	Enter amount \$ <input style="width: 100px;" type="text"/>
Education			
College or post-secondary educational expenses for you, spouse, or other dependents	<input type="checkbox"/>	<input type="checkbox"/>	Form 1098-T, Details of books, supplies, room and board expenses
Student Loan Interest	<input type="checkbox"/>	<input type="checkbox"/>	Form 1098-E
Contribution to Coverdell Education Account or Qualified Tuition Plan (Sec 529)	<input type="checkbox"/>	<input type="checkbox"/>	Contribution amounts
Distributions from Coverdell Education Account or Qualified Tuition Plan (Sec 529)	<input type="checkbox"/>	<input type="checkbox"/>	1099-Q

Education, cont.	Yes	No	If yes, provide the following:
Were any of the withdrawn funds used for anything other than qualified education expenses?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you or spouse completed the first four years of postsecondary education before 2025 and claimed an education credit for those years?	<input type="checkbox"/>	<input type="checkbox"/>	
Have any dependents completed the first four years of postsecondary education before 2025 and claimed an education credit for those years?	<input type="checkbox"/>	<input type="checkbox"/>	
Other Expenses			
Life Insurance Premiums (Certain types of Life Insurance may be deductible. Please attach policy statement)	<input type="checkbox"/>	<input type="checkbox"/>	Amount You Paid: \$ <input style="width: 150px;" type="text"/> Amount Spouse Paid: \$ <input style="width: 150px;" type="text"/>
Long-Term Care Insurance Premiums (Certain types of Long Term Care premiums may be deductible. Please attach policy statement)	<input type="checkbox"/>	<input type="checkbox"/>	Amount You Paid: \$ <input style="width: 150px;" type="text"/> Amount Spouse Paid: \$ <input style="width: 150px;" type="text"/>
Alimony or separate maintenance payments	<input type="checkbox"/>	<input type="checkbox"/>	Recipient's name and SSN
Unreimbursed employee business expense (such as mileage or uniforms)	<input type="checkbox"/>	<input type="checkbox"/>	Type and Amount
Unreimbursed Educator Expenses (K-12)	<input type="checkbox"/>	<input type="checkbox"/>	Type and Amount
Casualty or Theft Loss	<input type="checkbox"/>	<input type="checkbox"/>	Description, amount of damage, repair costs
Move in order to be closer to a new job	<input type="checkbox"/>	<input type="checkbox"/>	Type and amount
Other miscellaneous expenses	<input type="checkbox"/>	<input type="checkbox"/>	Type and amount

Other Events

Did you or your spouse:	Yes	No	If yes, provide forms:
Acquire or sell any interest in any partnership or S Corporation	<input type="checkbox"/>	<input type="checkbox"/>	
Start, purchase, or sell a business, rental property, or farm	<input type="checkbox"/>	<input type="checkbox"/>	
Buy a home	<input type="checkbox"/>	<input type="checkbox"/>	Settlement Statement
Refinance your principal home or second home, or take out a home equity loan?	<input type="checkbox"/>	<input type="checkbox"/>	Settlement Statement
Did you pay interest on a Home Equity Line of Credit (HELOC)?	<input type="checkbox"/>	<input type="checkbox"/>	
Have Debt from a mortgage or credit card cancelled/forgiven by a commercial lender	<input type="checkbox"/>	<input type="checkbox"/>	Form 1099-C, Form 1099-A
Receive notice from the IRS or other taxing authority of any changes in prior year returns	<input type="checkbox"/>	<input type="checkbox"/>	All tax notices and letters received
Did you make any gifts with a total aggregate amount value greater than \$19,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>	



Did you or your spouse:	Yes	No	If yes, provide:
Purchase and install energy-efficient home items (such as windows, furnace, etc)	<input type="checkbox"/>	<input type="checkbox"/>	Invoices paid, tax credit certificates
Live in an area that was affected by a natural disaster	<input type="checkbox"/>	<input type="checkbox"/>	If yes, where: <input type="text"/>
Receive a court judgment which includes punitive damages or an award for damages other than for physical injuries or illness	<input type="checkbox"/>	<input type="checkbox"/>	
Expect any significant life events (marriage, birth or adoption of child, changes to income or expenses, etc.) to occur in 2026	<input type="checkbox"/>	<input type="checkbox"/>	

Tax Payments

Did you:	Yes	No	If yes, provide:
Make estimated tax payments in 2025	<input type="checkbox"/>	<input type="checkbox"/>	Quarterly payment amounts both Federal and State(s)
Apply last year's refund to this year tax liability	<input type="checkbox"/>	<input type="checkbox"/>	Federal and State refund amounts

If you have been a victim of identity theft, provide the 6-digit identity protection PIN issued to you by the IRS			
Taxpayer PIN:	<input type="text"/>	Spouse PIN:	<input type="text"/>

<i>Bank Information (If different from prior year)</i>			Yes	No
If you have an overpayment for 2025, would you like the amount applied to 2025?			<input type="checkbox"/>	<input type="checkbox"/>
Would you like any refunds direct deposited into your bank account?			<input type="checkbox"/>	<input type="checkbox"/>
If you have balance due, would you like it withdrawn from your bank account?			<input type="checkbox"/>	<input type="checkbox"/>
If yes, provide info below:				
Bank Name	<input type="text"/>	9 Digit Routing Number	<input type="text"/>	
Account Number	<input type="text"/>	Checking	<input type="checkbox"/>	Savings <input type="checkbox"/>

A PDF copy of your tax return (including efile release and signature pages) will be sent to you. Upon receipt, you will need to sign the signature pages and return them to us. A separate invoice will be subsequently sent to you. Once we receive the signed pages, and the tax preparation fees, we will efile your returns.

I have submitted this information for the sole purpose of preparing my tax return(s). This information is true, correct, and complete to the best of my knowledge.

Client Signature and Date:

Spouse Signature and Date:

Referrals

We work with a network of highly skillful, customer service-oriented professionals. If you are interested in receiving a referral for someone who does outstanding work, please answer these few questions:

Do you have a will or trust?	Yes	No
If so, has there been a life event where it may need to be updated?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a financial planner?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a plan to buy or sell your house in the near future?	<input type="checkbox"/>	<input type="checkbox"/>

Other Notes



If applicable: Charitable Contributions Detail Supplement

Fill out below or provide separate list (i.e. Excel spreadsheet)

Taxpayer Name	
---------------	--

Cash Contributions

<i>Organization Name</i>	<i>Amount \$</i>

Non-Cash Contributions

<i>Organization Name</i>	<i>Items Contributed</i>	<i>Total Value of Items Contributed</i>	<i>How Valued (ex. thrift shop value)</i>