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## 2025 INDIVIDUAL INCOME TAX ORGANIZER

**ALL TAX INFORMATION NECESSARY TO COMPLETE YOUR RETURN MUST BE IN OUR OFFICE BY MARCH 15<sup>TH</sup>, 2026 IN ORDER FOR US TO TRY AND MEET FILING BY THE APRIL 15<sup>TH</sup>, 2026 DEADLINE**

### 1. GENERAL INFORMATION

Taxpayer (TP) _____	Last Name _____	First _____	MI. _____	Spouse (SP) _____	Last Name _____	First _____	MI. _____
TP Social Security Number _____				SP SSN _____			
TP Date of Birth _____				SP Date of Birth _____			
TP Date of Death _____				SP Date of Death _____			

**\*\*\*Please enclose a COPY of the taxpayers & spouses DRIVER'S LICENSE\*\*\***

Address _____	Street _____	City _____	State _____	Zip _____
TP Occupation _____	SP Occupation _____			
TP email _____	SP email _____			
TP cell phone _____	SP cell phone _____			
Home phone _____				
"X" If Blind _____	Spouse _____			

Were you claimed as a dependent by another taxpayer? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate your filing status for 2025 (circle one): Single   Married   Head of Household   Married filing Sep

If you are married but wish to file a separate return from your spouse, please answer the following questions.

Did you live with your spouse at any time during 2025? Yes \_\_\_\_\_ No \_\_\_\_\_  
Will your spouse be itemizing his or her deductions? Yes \_\_\_\_\_ No \_\_\_\_\_

**2. DEPENDENTS:** Please list the name and age of each child or other dependents for whom you provided **OVER One- Half** of their support. **If a dependent does not live with you, please give details.** For dependents other than children, give relationship. If you need more space enter information at end of organizer.

Full Name	Social Security #	Date of Birth	Relationship	Full Time Student?	% of Support You Furnished	Dependents Gross Income
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**2A. DEPENDENTS OF DIVORCED PARENTS:** We will need you to certify via Form 8332 as to your qualifying to claim a child for Earned Income Credit, Dependent Child Credit, and Educational Credits. MC to be provided Certification before filing tax return and certification will need to be signed by taxpayer(s).

**If divorced, please provide copy of divorce decree, and if you have dependents, a copy of the parenting plan, and settlement statement if applicable.**

**2B. DEPENDENTS FILING THEIR OWN RETURN** – If you are going to claim a child as a dependent, or for other tax credits, we will **REQUIRE a copy of the tax return the child filed with the IRS.**

**3. CHILD CARE EXPENSES - FORM 2441:** The law provides for a ratable credit against tax liability for household and dependent care expenses. These expenses must be necessary for both you and/or your spouse to be gainfully employed, unless the expense is related to a non-working spouse who is incapacitated or a full-time student.

Person or Organizations Who Provided the Care: This information is **REQUIRED** to claim this credit.

<u>Name</u>	<u>Address</u>	<u>Social Security # or Federal ID#</u>	<u>Amount Paid</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### **4. INCOME FROM WAGES & SALARIES:**

Please include ALL copies of your **W-2's**. Be aware Kansas and Missouri wages can be on separate pages/copies. **If your W-2 does indicate Overtime pay, please provide your last paystub for 2025.**

KCMO Earnings Information - If you live outside of KCMO and worked outside KCMO, please provide # of days worked outside of KCMO city limits out of 260 available workdays. **Please also provide Supervisor Name, Phone, & Email address**

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#### **5. INTEREST INCOME - SCHEUDLE B**

Please provide All **1099-INT** and **Consolidated Brokerage Statement 1099's, All Pages**

Are you the Seller in a Seller Financed Morg. Or Seller Financed Business? If so, please provide details on next line  
Buyer Name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_ Income Received: \$ \_\_\_\_\_

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#### **6. DIVIDENDS - SCHEUDLE B**

Please provide All **1099-DIV** and **Consolidated Brokerage Statement 1099's, All Pages**

#### **7. IRA & PENSION DISTRIBUTIONS** Please Enclose **All 1099-R's**

Please provide all information related to Rollovers of IRA's, or Qualified Charitable Donations (QCD) made out of your Required Minimum Distributions (RMD), in addition to your **1099-R**

#### **8. SOCIAL SECURITY RETIREMENT STATEMENT OR RAILROAD RETIREMENT STATEMENT**

Please provide **SSA-1099 and/or provide RRB-1099**



**13. DEDUCTION FOR IRA, SEP/IRA, KEOGH PLAN INFORMATION:** IRA accounts may be established for someone working and non-working spouses. Contributions must be made on or before April 15, 2026.

	<u>Taxpayer</u>	<u>Spouse</u>
Amount of IRA contributions paid in 2025 for 2025	_____	_____
Amount of IRA contributions paid in 2026 for 2025	_____	_____
KEOGH/SEP contributions	_____	_____
If you have not made a contribution, do you want the maximum amount computed?	_____	_____
If "No", and you want to use a percentage of income, Enter the percentage.	_____	_____
Roth IRA Contributions	_____	_____

**14. MEDICAL EXPENSES:** Please show net amounts paid out of pocket. List health insurance premiums paid or withheld from your **taxable** income in 2025. Medical expenses in excess of 7.5% of your adjusted gross income are deductible. **(Kansas Residents, please provide information for items 14, 15, 16 & 17 as Kansas allows itemized deductions at a lower level than Federal)**

	<u>Amount</u>
Prescriptions, Medicines, Drugs & Insulin <b>(Missouri Residents please always provide insurance premium information as we may be able to deduct on State Return)</b>	_____
Health Insurance Premiums	_____
Long Term Care Insurance Premiums Paid	_____
Doctors, Dentists, Nurses, Hospitals, Etc.	_____
Transportation (\$.21 per mile for 2025) for medical miles driven	_____
Lodging paid for during stays for medical visits	_____
<b>Did you receive any Premium Assistance Credits for your insurance?</b>	
<b>If so, how much? Please provide all Form 1095's.</b>	_____
Did you pay Nursing Home expenses? – If yes, include a statement(s)	_____
Other Medical Expenses (Including Glasses, Hearing Aids, Dentures, etc.)	_____
_____	_____
_____	_____
_____	_____

**15. TAXES PAID:**

	<u>Amount</u>
Real Estate Taxes	_____
Personal Property Taxes	_____
Motor Vehicle Sales Tax Paid	_____
Kansas City Missouri Earnings Tax – Kansas Residents only	_____
_____	_____

**16. INTEREST EXPENSES:**

Please enclose **Form 1098**, (1098 includes mortgage insurance premiums paid)

Other Home Mortgage Interest Paid to Individuals      Amount \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
ID or SS# \_\_\_\_\_

**17. CONTRIBUTIONS:** Substantiation requirements have increased for contributions. Please enclose receipts (canceled checks are not accepted as receipts for contributions of \$250 or more). Clothing, furniture, etc. should be designated as such using fair market value at time of donation. Enclose receipts for all contributions. Mileage (@ \$.14 per mile) plus parking fees & tolls may be deducted when used for charitable work.

<u>Cash Contributions</u> (List)	<u>Amount</u>

Other Than Cash Contributions (Given to)      Description of Donated Property

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

<u>Date of Contribution</u>	<u>Date Acquired</u>	<u>How Acquired</u>	<u>Cost or Adjusted Basis</u>	<u>Fair Market Value</u>	<u>Method Used to Determine FMV</u>
a. _____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____

**18. ESTIMATED TAX PAYMENTS:**

<u>FEDERAL</u>		<u>KANSAS</u>		<u>MISSOURI</u>	
<u>Date Paid</u>	<u>Amount</u>	<u>Date Paid</u>	<u>Amount</u>	<u>Date Paid</u>	<u>Amount</u>
Amount applied from Prior year tax return	_____	_____	_____	_____	_____
Voucher 1	4-15-25	4-15-25	_____	4-15-25	_____
Voucher 2	6-16-25	6-16-25	_____	6-16-25	_____
Voucher 3	9-15-25	9-15-25	_____	9-15-25	_____
Voucher 4	1-15-26	1-15-26	_____	1-15-26	_____
	or 12-25	or 12-25	_____	or 12-25	_____

If you paid estimates to a state **OTHER** than Missouri or Kansas, please note below the State, Date Paid, and Amount Paid:

State: \_\_\_\_\_ 1<sup>st</sup> Qtr \$\_\_\_\_\_ 2<sup>nd</sup> Qtr \$\_\_\_\_\_ 3<sup>rd</sup> Qtr \_\_\_\_\_ 4<sup>th</sup> Qtr \_\_\_\_\_

Would you like any refund you receive on your current year return to be applied to your estimated tax payments for the upcoming year?

Federal Yes No  
State Yes No

## **19. BANK ACCOUNT INFORMATION – Review prior year and confirm if no change**

Bank Name \_\_\_\_\_ Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Type of Account: Checking or Savings      Ownership: Joint    TP    SP

**\*\*\*Please provide a voided check or other account documentation\*\*\***

**\*\*\*\*BE AWARE\*\*\*\*** On March 25, 2025, President Trump signed Executive Order 14247, titled Modernizing Payments to and from America's Bank Account ("Executive Order"), which applies broadly to payments involving federal agencies. This Executive Order addresses both tax payments and tax refunds and mandates that: (1) **paper check refunds** issued by the U.S. Department of Treasury be **phased out**, and (2) **all tax payments** to the federal government **be made electronically**. The IRS is expected to issue additional guidance and information prior to the 2026 filing season regarding the application of this Executive Order. Please let us know if you have any questions regarding the implications of this Executive Order to your situation

## **20. QUESTIONNAIRE:** Please provide supporting documentation if any of the following apply.      YES    NO

Do you want to contribute to the presidential campaign fund?      Taxpayer \_\_\_\_\_  
Spouse \_\_\_\_\_

Do you want this organizer returned to you with your documents? \_\_\_\_\_

Did you make gifts to individual for more than \$19,000?  
If so, to whom \_\_\_\_\_ and how much? \_\_\_\_\_

If you are a member of the armed forces on active duty and due to military order, did you incur expenses for moving (distance of more than 50 miles) (Attach receipts and other pertinent information) \_\_\_\_\_

Did you use gasoline or lubricating oil for purposes other than a highway vehicle such as for farming?  
If yes, please provide the number of gallons of fuel purchased: \_\_\_\_\_ gallons

Did you have an interest in a financial account in a foreign country, AND did the account have \$10,000 or more Of value at ANY time during the year? If yes, provide bank statements for year \_\_\_\_\_

Were you the grantor of, or transferor to, a foreign trust? \_\_\_\_\_

Did you purchase, sell, or exchange your personal residence during 2025?  
If yes, did you live in the home as your primary residence for two of the last five years?  
If yes, please enclose your closing statement, and advise how much you originally paid for the home \_\_\_\_\_

Did you obtain a home equity loan to improve your home during the current year? \_\_\_\_\_

Did you have a child born after December 31, 2008 and would like to establish a Trump Account?  
Ask your tax advisor about the Pilot Program Contribution Election. \_\_\_\_\_

Did you pay higher education expenses during 2025 for yourself, your spouse or a dependent?  
Please attach all Form **1098-T**'s. **Form 1098-T** now required for credit.  
How many years have you used the American Opportunity Credit? \_\_\_\_\_ years

Did you pay interest expense on student loans during 2025? If so please provide **Form 1098-E** \_\_\_\_\_

YES  NO

Did you make any contributions to a qualified 529 plan? **We need beneficiaries Social Security Number AND you must provide a copy of the statement showing the contribution**

Did you take any distributions from your 529 plan during the year?

If yes, please provide a copy of the **1099-Q showing distributions**

Did your children under age 19, or under 24 and full time student, have unearned income greater than \$1,350?

If so, they must file a tax return, please provide documents to prepare tax return

Did you incur any non-business bad debts in 2025?

Did you pay any one household employee cash wages of \$2,700 or more in 2025?

At any time during 2025, did you receive, sell, send, exchange, gift or otherwise acquire any financial interest in any virtual currency/digital asset?

If yes, please provide any documentation you may have

If yes, what is the total cost basis and sale price?

\$

Did you hold the currency for more than 12 months?

Did you make any qualified energy efficient home improvements?

If yes, please provide supporting documents.

Did you purchase an electric vehicle by September 30, 2025? (Note E.V. credit expired 9/30/25)

If yes, please provide purchase documents related to vehicle purchase

Did you borrow money to purchase a new vehicle in 2025 for personal use that was assembled in the United States?

If yes, please provide information VIN#, Vehicle Make/Model, Date of Purchase, Loan/Interest statement showing interest paid

If you are an educator, did you incur unreimbursed teaching/classroom expenses?

Maximum amount is \$300 for 2025

Do you have an HSA account? Have you made contributions during the year?

How much in contributions have you made?  Provide **Form 5498-SA** available after 5/31

Did you take distributions from an HSA account during the year, and if so, were all distributions for qualified medical expenses? Please provide **Form 1099-SA**

Did you purchase your health insurance through the Healthcare Marketplace?

If yes, please include a copy of your **Form 1095-A**

Did you receive any correspondence/notices from the IRS or State Department of Revenue?

If yes, please provide a copy of the correspondence/notice

If you have a balance due on your return do you want us to schedule automated payments?

If you are required to make quarterly estimates, do you want us to schedule automated payments

If you do not want us to schedule automated payments, we recommend you make your payments online, do you know where to go online to make payments?

**IF you have been a victim of ID theft, please enclose a copy of the IRS IP PIN assignment letter.  
WE MUST HAVE YOUR IRS IP PIN LETTER TO FILE YOUR TAX RETURN**

**Review prior year's tax return and make sure at a minimum you have the same documents this year that you had in the previous year, and if you do not, understand why you do not have the same documents**

**21. MISCELLANEOUS:** List any information pertaining to your situation that was not covered in this questionnaire.

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**22. QUESTIONS FOR TAX PREPARER?**

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**NOTE: YOU ONLY NEED TO COMPLETE SECTIONS 23 THRU 26 IF YOU HAVE A SMALL BUSINESS OR RENTAL PROPERTIES**

**23. BUSINESS AUTO EXPENSES:** Auto expense, parking, and tolls required for business must be accounted for. You must be able to prove miles driven for business purposes, (Mileage rate per mile below).

	<u>Vehicle #1</u>	<u>Vehicle #2</u>
Make, Model, Year of Vehicle	_____	_____
Odometer Readings:	01-01-25 12-31-25	_____ _____

**General Information REQUIRED by the IRS:**

Enter the date the vehicle was placed in service.	_____	_____
Total mileage during 2025.	_____	_____
Miles included above that the vehicle was used for business.	_____	_____
January 1 to Dec 31 (\$.70 per mile)	_____	_____
Do you or your spouse have another vehicle available for personal purposes?	<u>Yes</u> <u>No</u>	<u>Yes</u> <u>No</u>
If your employer provides you with a vehicle, is personal use during off-duty hours permitted? <u>N/A</u>	<u>Yes</u> <u>No</u>	<u>Yes</u> <u>No</u>
Do you have evidence to support your deductions?	<u>Yes</u> <u>No</u>	<u>Yes</u> <u>No</u>
If yes, is the evidence written?	<u>Yes</u> <u>No</u>	<u>Yes</u> <u>No</u>

**24. SELF-EMPLOYED BUSINESS INCOME - SCHEDULE C:** List gross income and itemized expenses.

Provide all Form **1099-Misc., 1099-NEC, 1099-K** received for the businesses.

Provide profit & loss statement for each business if available.

Please complete the following questions.

**24A. SELF-EMPLOYED BUSINESS INCOME - SCHEDULE C - CONTINUED:**Business # 1

Name \_\_\_\_\_  
Federal ID# \_\_\_\_\_  
Product or Service \_\_\_\_\_  
Did you materially participate in the operation? \_\_\_\_\_  
Are you required to file form 1099? Yes \_\_\_\_\_ No \_\_\_\_\_  
Did you file 1099s for this business? Yes \_\_\_\_\_ No \_\_\_\_\_

Business # 2

Name \_\_\_\_\_  
Federal ID# \_\_\_\_\_  
Product or Service \_\_\_\_\_  
Did you materially participate in the operation? \_\_\_\_\_  
Are you required to file form 1099? Yes \_\_\_\_\_ No \_\_\_\_\_  
Did you file 1099s for this business? Yes \_\_\_\_\_ No \_\_\_\_\_

**Income**Business #1Business #2

Gross Receipts ..... \_\_\_\_\_  
Returns & Allowances ..... \_\_\_\_\_  
Other Income ..... \_\_\_\_\_

**Cost of Goods Sold**

Beginning Inventory (2024 Schedule C Ending Inventory)..... \_\_\_\_\_  
Purchases, less cost of items for personal use ..... \_\_\_\_\_  
Cost of Labor..... \_\_\_\_\_  
Materials and Supplies ..... \_\_\_\_\_  
Other Costs ..... \_\_\_\_\_  
Ending Inventory ..... \_\_\_\_\_

**Deductions**

Advertising ..... \_\_\_\_\_  
Auto Expenses (or mileage) ..... \_\_\_\_\_  
Bank Charges..... \_\_\_\_\_  
Commissions & Fees..... \_\_\_\_\_  
Dues & Publications..... \_\_\_\_\_  
Employee Benefits..... \_\_\_\_\_  
Insurance ..... \_\_\_\_\_  
Self Employed Health Insurance..... \_\_\_\_\_  
Mortgage Interest ..... \_\_\_\_\_  
Other Interest ..... \_\_\_\_\_  
Legal & Professional Fees..... \_\_\_\_\_  
Meals & Entertainment ..... \_\_\_\_\_  
Office Expenses ..... \_\_\_\_\_  
Pensions & Profit Sharing ..... \_\_\_\_\_  
Rent (office & rental equipment) ..... \_\_\_\_\_  
Repairs & Maintenance ..... \_\_\_\_\_  
Supplies ..... \_\_\_\_\_  
Taxes & Licenses ..... \_\_\_\_\_  
Travel ..... \_\_\_\_\_  
Utilities ..... \_\_\_\_\_  
Wages ..... \_\_\_\_\_  
Fixed Assets Purchased (Attach list with dates & amounts).... \_\_\_\_\_  
Other expenses, describe : ..... \_\_\_\_\_

Home office deduction information – Safe Harbor Rules Total Square Feet of Home: \_\_\_\_\_  
Square Feet of home used solely and exclusively for Business: \_\_\_\_\_ (Max under Safe Harbor rule, 300sf)

**26. RENTAL INCOME - SCHEDULE E:** List gross income and itemized expenses. Identify location and designate commercial or residential designation. If property has been bought or sold, please include closing statements.

Does this activity qualify for QBI deduction?

Yes    No   

Is this a self-rental activity (your business is renting a building from you)

Yes    No   

Description and Address

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

#1                   # 2                   # 3

Did you actively participate in the rental operation? Y/N \_\_\_\_\_

Percent of Ownership..... \_\_\_\_\_

Rents Received ..... \_\_\_\_\_

Royalties Received ..... \_\_\_\_\_

Are you required to file form 1099? \_\_\_\_\_

Did you file Form 1099s for your rental?..... \_\_\_\_\_

How many days did you rent this property during the year? \_\_\_\_\_

How many days did you use the property for personal use? \_\_\_\_\_

Expenses:

Advertising ..... \_\_\_\_\_

Auto Expenses or Mileage & Travel ..... \_\_\_\_\_

Cleaning & Maintenance ..... \_\_\_\_\_

Commissions ..... \_\_\_\_\_

Management Fees..... \_\_\_\_\_

Insurance ..... \_\_\_\_\_

Legal & Professional Fees ..... \_\_\_\_\_

Mortgage Interest Paid ..... \_\_\_\_\_

Other Interest ..... \_\_\_\_\_

Repairs ..... \_\_\_\_\_

Supplies ..... \_\_\_\_\_

Taxes ..... \_\_\_\_\_

Utilities ..... \_\_\_\_\_

Wage & Salaries ..... \_\_\_\_\_

..... \_\_\_\_\_

Is this a vacation or second home? Y/N..... \_\_\_\_\_

If you vacationed any in this home, how many days did you use this home on your vacation? \_\_\_\_\_