



**P O Box 250
1010 Vivian Drive
Grafton, OH 44044**

440 - 926 - 9300

After you have received all of your **2025** tax documents complete this organizer and
 1. Email your documents securely with our link, or
 2. Drop your documents off in office, or
 3. Mail your documents to our P O Box

2025 TAX ORGANIZER

In order for us to complete your tax returns by the filing deadline have all your tax documents to our office by March 15, 2026

Taxpayer's name _____ SSN _____ Occupation _____ DOB _____

Spouse's name _____ SSN _____ Occupation _____ DOB _____

Home address: _____

Are you or your spouse: Permanently disabled? ____ You ____ Spouse or: Legally Blind ____ You ____ Spouse

Did you sell or purchase a principal residence or other real estate during the tax year YES ____ NO ____ If yes, provide settlement statement.

Best phone number (please note home or cell): _____

E-mail address:(will not be sold or shared) _____

Do you wish to donate to the presidential campaign fund? Y ____ N ____ Spouse Y ____ N ____

Full name of dependents	Relationship	Date of Birth	Social Security Number	(2025)	
				#mo @ home	#mo @ college
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you provide housing and/or support (provide minimum 50% of their support) for a parent, sibling, or other person that can be claimed as a dependent?

Are there any changes in dependents, such as birth, adoption, death, divorce, stepchildren? Y ____ N ____ Provide any documentation.

Did you pay child care expenses while you worked or were at school? Y ____ N ____ If yes, provide documentation

Did you or anyone in your family obtain health insurance from healthcare.gov in 2025? YES ____ NO ____ If yes, provide **Form 1095A**

Were you a victim of identity theft, incur a theft, or casualty loss in a federally declared disaster area due to damage of property? YES ____ NO ____

If you were a victim of identity theft, did you obtain an IP Pin? YES ____ NO ____ If yes, please provide the IP Pin number _____

Did any of your dependents have **wages** over \$15,150? (\$400 if self-employed)? If yes which dependent _____ provide documentation

Did any of your children under age 19 (23 if full time student) have **investment income** of \$1,350 or more? Y ____ N ____ If yes, provide documentation.

Do you or any of your dependents have college tuition expenses? If yes provide **Form 1098T** distributed by college

**** IF YOU WOULD LIKE YOUR REFUND(S) (IF ANY) RECEIVED BY DIRECT DEPOSIT, PROVIDE THE FOLLOWING INFORMATION ****

Bank Name: _____ Type of account: Checking ____ Savings ____ Is this a joint account Y ____ N ____

Routing Number (9 digits) _____ Account Number _____

If you make estimated tax payments provide the following information

FEDERAL

Date Paid	Amount
1st _____	_____
2nd _____	_____
3rd _____	_____
4th _____	_____

STATE

Date Paid	Amount
1st _____	_____
2nd _____	_____
3rd _____	_____
4th _____	_____

CITY

Date Paid	Amount
1st _____	_____
2nd _____	_____
3rd _____	_____
4th _____	_____

SCHOOL DISTRICT

Date Paid	Amount
1st _____	_____
2nd _____	_____
3rd _____	_____
4th _____	_____

Income: Provide documents for all sources of income such as; W-2 from each employer, tip income, schedule of overtime pay from employer, 1099 forms for unemployment, alimony, prizes, gambling winnings, jury duty, 1099-INT for interest income, 1099 SSA for Social Security benefits

Provide all Consolidated 1099 from investment companies, brokers and retirement distributions

If you received a distribution from a retirement account was it rolled over or converted to a Roth IRA? Y ___ N ___

Were any required minimum distributions (RMD) rolled over to a qualified charitable organization? **Provide a list of charitable donations**

Do you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country? YES ___ NO ___

BUSINESS

If you have income from a business, please provide a **summary** of income and expenses, or backup file from accounting software

If this is a new business this year provide: Name of Business and Fed ID# _____

Address _____ Type of business _____

Have you received any K-1's from a S-Corp, Partnership, or Trust? Y ___ N ___ If yes, provide each K-1

Do you have an office in your home used for business purposes? Y ___ N ___ Sq. Ft of office _____ Total Sq. Ft of home _____

Please list utilities, insurance, repairs and maintenance for the year _____

RENTAL REAL ESTATE

If you have income from rental property provide a **summary** of income and expenses or, backup file from accounting software

If this is a new rental property this year, provide address and purchase documents: _____

FARM

If you have income from a farm, please provide a summary of income and expenses, or a back up file from your accounting software

Type of farming income: (grain, livestock, dairy, fruit/vegetable) _____

Did you make home improvements to your existing home (windows, doors, metal roof, insulation, furnace, solar energy)? Provide receipts

MISCELLANEOUS EXPENSES

	Total Expense	Cash and non-cash	Total Expense
<u>MISCELLANEOUS INCOME</u>	Provide Documents	<u>CHARITY</u>	Provide Documents
Alimony received	_____	Church	_____
Pensions / IRA / Annuities	_____	Charitable miles - # of miles	_____
State / City tax refunds	_____	Other Charitable donations	_____
<u>MEDICAL EXPENSES ***</u>	*** NOT paid by insurance	Non-cash such as Goodwill	_____
Doctor / Dentist / Eye bills	_____	Ohio Scholarship donation credit (limit \$750 per person, total \$1,500 if JT)	_____
<u>Medical Insurance, but not Medicare or Employer Pd</u>	_____		
Hospital	_____	<u>TAXES PAID- other than on W-2 or estimated payments</u>	
Medical Equipment	_____	Provide Documents	
Long-term care insurance	_____	Real Estate	_____
Medical miles - # of miles	_____	Foreign Taxes Paid	_____
Co-pays	_____	<u>INTEREST EXPENSE</u>	Provide Documents
Prescriptions	_____	Financed 2025/2026 year vehicle	
Note: over the counter medications are NOT deductible, must have prescription		in 2025 - interest is deductible	_____
		Home Mortgage	_____
<u>OTHER ITEMS</u>	Provide Documents	Home Equity Loan (only to improve the home)	_____
ROTH IRA Contributions	_____	Investment Interest	_____
Traditional IRA Contributions	_____	Points Paid on home loan	_____
529 College Fund Contribution	_____	Student Loan Interest	_____