

Tax Year 2025: TAX INFO ORGANIZER AND CHECKLIST

Due to the significant tax changes with the One Big Beautiful Bill, this organizer is required for all tax returns. Check all that apply and provide corresponding documentation. If you prefer to complete this via our app, let us know and we'll email you the link. We also have Schedules C, E and F worksheets for self-employed individuals, landlords and farmers available in our office, via our new app or online at: www.westengraff.com

REQUIRED INFORMATION:

Name: _____ Phone: _____ DOB: _____

Spouse: _____ Phone: _____ DOB: _____

Email: _____ Spouse email: _____

NOW REQUIRED: *Bank Name: _____ *Account Type: ☐ Checking ☐ Savings

NOW REQUIRED: *Routing Number (always 9 digits): _____ *Account Number: _____

Optional: Direct Debit of Tax Balance due: Date of withdrawal (Due April 15, 2026): _____

☐ Westen, Graff prepared my taxes LAST year and my address has NOT changed (If checked, skip to Filing Status)

****NOTE: If we did not prepare your tax return LAST year, complete this section AND provide a copy of last year's tax return:**

SSN: _____ DOB: _____ Occupation: _____

Spouse SSN: _____ DOB: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ School District: _____

FILING STATUS – Filing status (select status below)

☐ **Single** – Unmarried as of 12/31/2025

☐ I can be claimed as a dependent by a parent or another person (I am not claiming myself)

☐ **MFJ** – Married as of 12/31/2025 and filing a joint tax return with my spouse

☐ **HOH** – Unmarried individual as of 12/31/2025 who maintains a house with a qualifying child **residing with me for more than ½ of the year (fill in child information below)**

☐ **MFS** – Married as of 12/31/2025 but opting to file a separate tax return from my spouse

☐ **QW** – Unmarried individual with dependent children whose spouse passed away in 2023, 2024 or 2025

DEPENDENTS – List dependents, qualifying children and/or relatives who lived with you for MORE than half the year.

Full Name: _____ DOB: _____ SSN: _____ Relationship to me: _____

Lived with me **over** half the year: ☐ Yes ☐ No / I am claiming: ☐ Yes ☐ No / Is a: ☐ Fulltime student ☐ Disabled

Full Name: _____ DOB: _____ SSN: _____ Relationship to me: _____

Lived with me **over** half the year: ☐ Yes ☐ No / I am claiming: ☐ Yes ☐ No / Is a: ☐ Fulltime student ☐ Disabled

Full Name: _____ DOB: _____ SSN: _____ Relationship to me: _____

Lived with me **over** half the year: ☐ Yes ☐ No / I am claiming: ☐ Yes ☐ No / Is a: ☐ Fulltime student ☐ Disabled

HEALTH INSURANCE – Check all that apply

☐ **No** health insurance coverage in 2025

☐ **Marketplace/Obamacare (MUST provide 1095-A)**

☐ Health Insurance through an **Employer or Parents' Employer**

☐ **Medicare or Badger Care** (amount paid **out of pocket**) \$ _____

☐ **OTHER health insurance paid out of pocket** (include statement or amount paid) \$ _____

Client Engagement Letters and annual Client Intake Forms are available at www.westengraff.com. I have read and reviewed Westen, Graff & Company's Client Engagement Letter for tax return preparation. The information I have provided is complete and accurate to the best of my knowledge.

Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

INCOME – Check all that apply to you and provide documentation

- ☐ Received **WAGES** from an employer (**provide W-2s**)
- ☐ Received **OVERTIME** from an employer (**provide W-2s and final paycheck stub**)
- ☐ Received more than \$10 of **INTEREST** income from a bank or individual (**provide 1099-INT**)
- ☐ Received more than \$10 of **DIVIDENDS** income from stocks or mutual funds (**provide 1099-DIV**)
- ☐ Received distribution(s) from a **Pension, 401k, IRA or other RETIREMENT account** (**provide 1099-R for each account**)
- ☐ Received **SOCIAL SECURITY** benefits (**provide SSA-1099**)
- ☐ Sold **STOCKS** in a non-qualified account (e.g. excludes 401ks, IRA sales) (**provide 1099-B**)
- ☐ Received a **1099-K for Personal Items Sold** (**provide 1099-K and original purchase price**): \$ _____
- ☐ Received **UNEMPLOYMENT** benefits (**MUST provide 1099-G**)
- ☐ Income from a **BUSINESS or SELF-EMPLOYMENT** activity (**Schedule C Worksheet: provide income, expenses, mileage, assets bought/sold**)
- ☐ Received income from **RENTAL property** (**Schedule E worksheet: provide income, expenses, mileage, assets bought/sold**)
- ☐ Received income from **FARMING** activities (**Schedule F worksheet: provide income, expenses, mileage, assets bought/sold**)
- ☐ Received income from **TRUST ESTATE/PARTNERSHIP** (**provide K-1**)
- ☐ Received **GAMBLING income** (**provide W2-G**) Total Amount **LOST** \$ _____
- ☐ Received **ALIMONY** Total amount: \$ _____ Date of Divorce: _____

ADJUSTMENTS – Check all that apply to you and provide documentation

- ☐ **Contributed** to an **HSA** account that was **NOT** through an employer pre-tax or cafeteria plan
- Taxpayer amount \$ _____ Spouse amount: \$ _____
- ☐ **Used funds** from my **HSA** account to pay for **medical expenses** (**provide 1099-SA**)
- ☐ Paid **student loan interest** (**include 1098-E**)
- ☐ Contributed to a **TRADITIONAL IRA** (**Do NOT include contributions to employer sponsored plans**)
- Taxpayer amount \$ _____ Spouse amount: \$ _____
- ☐ Contributed to a **ROTH IRA** (**Do NOT include contributions to employer sponsored plans**)
- Taxpayer amount \$ _____ Spouse amount: \$ _____
- ☐ Paid **alimony** to an ex-spouse: Recipient Name: _____ SSN: _____
- Date of Divorce: _____ Total Amount Paid: \$ _____

CREDITS / DEDUCTIONS

- ☐ Paid **out of pocket medical bills NOT covered by insurance or HSA** exceeding 7.5% of my income (we don't need receipts, enter amount paid) **TOTAL**: \$ _____ OR: Medical: \$ _____ Dental: \$ _____ Vision: \$ _____ Rx: \$ _____
- ☐ Paid **PROPERTY TAXES** (provide property tax bill/receipt or amount paid in 2025) Primary: \$ _____ 2nd Home: \$ _____
- ☐ Paid **MORTGAGE INTEREST** on a home loan (**MUST provide FORM 1098**)
- ☐ Made **CHARITABLE contributions** (list amount or provide receipts) **Cash**: \$ _____ **Non-Cash**: \$ _____
- ☐ I/my dependents paid for **COLLEGE TUITION/books** Check one: ☐ **Years 1-4** ☐ **Years 5+** (**MUST provide 1098-T from school**)
- ☐ Paid for **private school tuition** (include statement from school listing EIN, each student name, grade, & amount paid)
- ☐ Contributed to **Coverdell, EdVest or 529 college savings plan** Student: _____ Amount contributed: _____
- ☐ Paid for **CHILDCARE** (provide daycare statement or list amount paid, EIN & address of provider)
- ☐ Used a **dependent care plan** or **flexible payment benefits** to cover the cost of **daycare** (provide daycare provider statement or list amount paid, EIN & address of daycare provider and which dependents were in daycare)
- ☐ Paid **RENT: Total ANNUAL** Amount \$ _____ Was heat included: ☐ Yes ☐ No
- ☐ Installed **energy efficient** furnace, AC, water heater, windows, doors or insulation on **primary residence** (describe, list amount paid or provide detailed receipts): _____
- ☐ Purchased a **new electric vehicle PRIOR to 10/1/25** (provide a copy of the title and receipt – **MUST** include the VIN number)
- ☐ Paid **INTEREST** on a personal car loan (**must have been assembled in the USA and must have been newly purchased in 2025 – include purchase papers, including the VIN, and loan documents**)

Notes: _____