


**MAINSTREET**  
 Tax & Accounting  
**2025 INDIVIDUAL  
TAX ORGANIZER**

COMPLETED ORGANIZER RECEIVED ON:

RECEIVED BY:

REFERRED BY:

This organizer will help you organize your tax information so that MainStreet can maximize your tax savings.  
 If this is your first time with MainStreet, please provide a copy of your prior 2 years Individual tax returns.

**PART 1: CLIENT INFORMATION**
**Filing Status:**

Single  Married filing Joint  Married filing Separately  Head of Household  Qualifying Widow(er)

**Client's Name (First, Middle, Last):**

**Spouse's Name (First, Middle, Last):**

**SSN:**
--
**SSN:**
--
**DOB:**

**DOB:**

**Occupation:**

**Occupation:**

**Email:**

**Email:**

**Home Address:**

**City:**

**State:**

**Zip:**

**Primary Phone:**  Home  Cell

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**Secondary Phone:**  Home  Cell

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**Dependents:** Attach additional sheets if necessary

Name (First, Middle, Last): As shown on social security card	DOB	SSN	Relationship to Taxpayer	Mo. in Home in 2025

## PART 2: INDIVIDUAL INCOME TAX QUESTIONS

### General Questions:

Answer each question by checking "YES" or "NO". If a question does not pertain to you, please check "NO". If you are filing jointly, each question applies to you and your spouse. Use the lines to give details & itemized lists/amounts.

**For each "YES" answer, provide details in the lines provided & attach the required documentation.**

Note: The "Required Docs" column pertains ONLY to the documentation needed to prepare the return.; other documentation may be required in the event of an audit. Returns will not be prepared until all required documentation listed on this organizer has been received.

YES	NO	QUESTIONS	REQUIRED DOCS
		Did your marital status, address, or other contact information change in 2025 _____	Divorce Decree
		Are you supporting anyone that was not listed as a dependent on the previous page? _____	---
		Where there any changes to the dependents in your household? (Death, birth, etc) _____	Death Certificate, SSN Card
		Could you be claimed as a dependent on another persons's tax return for 2025 _____	---
		Are you or any dependents blind and/or disabled? _____	Copy of Disability certificate
		Did any child dependents under 18 (or under 24 if still in college) have income? _____	W2 & 1099's
		Did you make any federal or state estimated tax payments for 2024 _____	---

### Income:

	Did you or your spouse earn wages as a W-2 employee? _____	W2's
	Did you or your spouse earn income as a 1099 contractor? _____	1099's & Small Business Tax Organizer
	Did you receive any disability income? _____	1099

YES	NO	QUESTIONS	REQUIRED DOCS
		Did you temporarily work out of town for part of the year? Provide dates, locations. _____ _____	---
		Were you a resident of, or did you have income from more than one state? _____ _____	---
		Did you have any foreign income or pay any foreign taxes? _____	W2 & 1099's or other documents
		Did you receive or pay any alimony or separate maintenance payments? _____	All related documentation
		Did you buy, sell or trade any investment assets (stocks, bonds, etc.)? _____	1099-B &/or 1099 Div
		Did you receive any distributions from pensions, retirement, or Social security? _____	SSA-1099 & 1099-R
		Did you have any debt that was cancelled (credit cards, mortgage, etc.)? _____	1099-C 1099-A
		Did you have any business or rental income? *This includes income as a business owner, landlord, 1099 rep or other business venture even w/o business license. _____ _____	K-1**/1099 & Small Business Tax Organizer
		Was a portion of your home used for business at any point during the year? If so, complete the home office expenses portion of the Small Business Tax Organizer. _____	Small Business Tax Organizer
		Have you provided ALL your income? If unsure about something then provide details. _____ _____ _____	All applicable documentation

**\*Please complete and attach a Small Business Tax Organizer in addition to this individual Organizer - regardless of the size or profitability of your company.**

**\*\*MainStreet will prepare k-1's as part of the business tax return**

YES	NO	QUESTIONS	REQUIRED DOCS
<b>ADJUSTMENTS/DEDUCTIONS/CREDITS:</b>			
		K-12 educators, did you have unreimbursed teaching expenses, union dues, etc? _____	---
		Did you contribute to or receive a distribution from a Health Savings Account? _____	1099-SA
		Did you give a gift greater than \$18,000? _____	
		Outside of W2 contributions (401K, 403b) did you make a retirement contribution? _____	Statement from Retirement Plan
		Did you convert or roll over any amount from one retirement plan to another? _____	1099-R
		Did you receive or any dependent pay educational expenses for post secondary education including tuition, supplies, parking pass, books, personal computer,etc? _____	1098-T & Receipts for Other Expenses
		Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? If so, please give name and amount: _____	---
		Did you pay any student loan interest? _____	1098-E
		Did you cash any EE or I U.S. bonds and use funds for educational expenses? _____	---
		Do you want information on how to get an advance on your income tax refund? _____	---
		Do you want information on how to pay for your tax return with your Income Tax Refund? _____	---

YES	NO	QUESTIONS	REQUIRED DOCS																				
<b>ADJUSTMENTS/DEDUCTIONS/CREDITS:</b>																							
		<p><b>Did you make any charitable donations?</b></p> <table border="1"> <thead> <tr> <th>Organization</th> <th>Date</th> <th>Amount</th> <th>Items Donated</th> </tr> </thead> <tbody> <tr> <td>Cash</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Non-Cash</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Organization	Date	Amount	Items Donated	Cash								Non-Cash								Donation Record form 501c3 Organization
Organization	Date	Amount	Items Donated																				
Cash																							
Non-Cash																							
		<p><b>Do you own your own home? How much did you pay in mortgage interest? Property taxes?</b></p> <hr/>	1098 and a copy of property tax statement																				
		<p><b>Did you have adoption expenses during the year? Was it finalized?</b></p> <hr/>	Adoption Papers																				
		<p><b>Did you incur child care or dependent care expenses?</b></p> <hr/>	Name, SSN/EIN & Address of Care Provider																				
		<p><b>Do you want to open an IRA or other retirement accounts</b></p> <hr/>																					
<b>Miscellaneous:</b>																							
		<p><b>Did you have any real estate transactions (buy, sell, refinance, etc.)?</b></p> <hr/>	HUD Settlement Doc & 1099's																				
		<p><b>Did you receive the 1st Time Homebuyer Credit from purchasing a home prior to 01/01/2009?</b></p>	HUD Settlement Doc & 1099's																				
		<p><b>Did you claim a First-Time Homebuyer Credit in 2009, 10, or 11? fill out the following:</b></p> <p>Principal residence address, if different from home address on Form ID: 1040</p> <p>Address: _____</p> <p>State: _____ Zip Code: _____</p> <p>Date home acquired (After 4/8/08 and before 5/1/10)(Service Members after 12/31/08 and before 5/1/11): _____ Purchase price: \$ _____</p> <p>Date home sold/ceased being used as a principal residence: _____</p> <p>If you sold your house, enter selling price: \$ _____ Expense: \$ _____</p> <p>Were you married at purchase date: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If home was transferred to ex-spouse in divorce settlement, enter his/her full name: _____</p> <p>If you own principal residence with another individual, enter their name and allocation percentage: Name: _____ Allocation percentage: _____</p>	---																				

YES	NO	QUESTIONS	REQUIRED DOCS
<b>ADJUSTMENTS/DEDUCTIONS/CREDITS:</b>			
		Did you make any gifts directly, or through a trust, which exceeded \$17,000 per person?  _____	---
		Did you pay wages of more than \$2,600 to any one household employee?  _____	---
		Have you received any notice(s) from the IRS or other tax authority?  _____	Copy of the Notice(s)
		Do you have a foreign bank account and/or interest or authority over a foreign bank account?  _____	---
		Did you expect a significant change in your income, deductions or withholdings for 2025?  _____	---
		Do you need or want estimated tax payment vouchers prepared for 2026?  _____	---
		If your return shows an overpayment of 2025 taxes, do you want any of it applied to your 2026 estimated taxes (instead of being refunded)?  _____	---

**DRIVER INFORMATION: Taxpayer Verification**
 Driver's License     State ID

 Driver's License     State ID

**Client's Name On License/ID**


**License/ID Number**


**State:    Date Issued:    Expiration Date:**
        
**State:    Date Issued:    Expiration Date:**

YES	NO	QUESTIONS	REQUIRED DOCS
<b>MEDICAL/HEALTH CARE</b>			
		<p><b>Did you have any medical expenses in 2025 If yes, fill out the following:</b></p> <p>How much of your health insurance was paid by your employer? <input type="checkbox"/>None <input type="checkbox"/>Part <input type="checkbox"/> All</p> <p>Out of pocket insurance premiums: _____</p> <p>Hospitals and doctor fees, lab work: _____</p> <p>Dentist, chiropractor, optometrist, physical therapist, etc: _____</p> <p>Mileage for medical care listed above: _____</p> <p>Other medical expenses: _____</p> <p>Prescription costs: _____</p>	

**If you had coverage for any part of the year, where was the policy obtained?**

Employer  Medicare  Medicaid  Marketplace (Exchange)  Other: \_\_\_\_\_

### HEALTH CARE COVERAGE QUESTIONNAIRE

**Policy Holder Name (First, Middle, Last):**

**SSN:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<b>Individuals Who Had Health Care Coverage: (Includes Policy Holder)</b>	<b>Coverage For Entire Year</b>	<b>For Part of Year</b>						<b>No Health Care Coverage For Entire Year</b>
		Jan	Feb	Mar	Apr	May	Jun	
		Jan	Feb	Mar	Apr	May	Jun	
		Jul	Aug	Sep	Oct	Nov	Dec	
		Jan	Feb	Mar	Apr	May	Jun	
		Jul	Aug	Sep	Oct	Nov	Dec	
		Jan	Feb	Mar	Apr	May	Jun	
		Jul	Aug	Sep	Oct	Nov	Dec	
		Jan	Feb	Mar	Apr	May	Jun	
		Jul	Aug	Sep	Oct	Nov	Dec	
		Jan	Feb	Mar	Apr	May	Jun	
		Jul	Aug	Sep	Oct	Nov	Dec	
		Jan	Feb	Mar	Apr	May	Jun	
		Jul	Aug	Sep	Oct	Nov	Dec	
		Jan	Feb	Mar	Apr	May	Jun	
		Jul	Aug	Sep	Oct	Nov	Dec	
		Jan	Feb	Mar	Apr	May	Jun	
		Jul	Aug	Sep	Oct	Nov	Dec	
		Jan	Feb	Mar	Apr	May	Jun	
		Jul	Aug	Sep	Oct	Nov	Dec	
		Jan	Feb	Mar	Apr	May	Jun	
		Jul	Aug	Sep	Oct	Nov	Dec	
		Jan	Feb	Mar	Apr	May	Jun	
		Jul	Aug	Sep	Oct	Nov	Dec	

YES	NO	QUESTIONS
<b>MEDICAL/HEALTH CARE</b> (Answer YES if it applies to any member of the household)		
		Was your previous insurance policy canceled in 2025
		Do you have an Exemption from the Marketplace? (Also called the Exchange) Attach the exemption form.
		Was coverage offered by taxpayer's or spouse's employer?
		Are you a member of a federally-recognized Indian Tribe?
		Are you eligible for services through an Indian health care provider?
		Are you a member of a health care sharing ministry?
		Did you live in the United States for the entire year?
		Are you enrolled in TRICARE?
		Did you apply for CHIP coverage?
		<b>Do any of the following apply to you? Do NOT indicate which one</b> Became homeless Evicted in the past six months, or facing eviction or foreclosure Received a shut-off notice from a utility company Recently experienced domestic violence Recently experienced the death of a close family member Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property Filed for bankruptcy in the last six months Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt Experienced unexpected increases in essential expenses due to a caring for an ill, disabled, or aging family member

**\*Please Provide One of The Following As Proof of Health Care Coverage for 2025**

- Form W-2 and/or
- Other documentation that may substantiate coverage such as:
  - Medical bills showing that during the tax year an amount due was paid by a health insurance company (Indicates coverage)
  - Documentation/statement from an employer indicating health insurance coverage
  - Medicare Card
  - Record of advance payments of the premium tax credit

## 2025 Paid Preparer Due Diligence Checklist

- Earned Income Credit (EIC)
- American Opportunity Credit (AOC)
- Child Tax Credit (CTC)
- Additional Child Tax Credit (ACTC)
- Credit for Other Dependents (ODC)
- Head of Household (HOH)

	<b>EIC</b>	<b>AOC</b>	<b>CTC/ACTC/ODC</b>	<b>HOH</b>
Can you provide documentation, if required, to substantiate your eligibility for each credit and/or HOH filing status and the amount of each credit being claimed? (See below for examples of documentation.)	Yes n/a	Yes n/a	Yes n/a	Yes n/a
Were any of these credits disallowed or reduced in a prior year?	Yes n/a	Yes n/a	Yes n/a	n/a
Is each qualifying person for whom you are claiming the Child Tax Credit, Additional Child Tax Credit, and Credit for Other Dependents a citizen, national, or resident of the United States?	n/a	n/a	Yes n/a	n/a
Did all children for whom you are claiming the Child Tax Credit and/or Additional Child Tax Credit reside with you for more than half the year?	n/a	n/a	Yes n/a	n/a
Is there an active Form 8332, <i>Release/Revocation of Release of Claim to Exemption for Child by Custodial Parent</i> , or a similar statement in place?	n/a	n/a	Yes n/a	n/a
Did you release the claim for exemption (dependent) to another person?	n/a	n/a	Yes n/a	n/a
	<b>EIC</b>	<b>AOC</b>	<b>CTC/ACTC/ODC</b>	<b>HOH</b>
Have you provided documentation for the American Opportunity Credit, including Form 1098-T and/or receipts for qualified tuition and related expenses?	n/a	Yes n/a	n/a	n/a
Were you unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	n/a	n/a	n/a	Yes n/a

### Documentation Examples (list not all-inclusive)

#### Residency of a Qualifying Child

- School records or statement.
- Landlord or a property management statement.
- Health care provider statement.
- Medical records.
- Child care provider records.
- Placement agency statement.
- Social service records or statement.
- Place of worship statement.
- Indian tribal official statement.

#### Disability of Qualifying Child

- Medical doctor's statement.
- Other health care provider's statement.
- Social services agency or program statement.

#### Schedule C

- Business license.
- Forms 1099.
- Records of gross receipts.
- Summary of income.
- Records of expenses.
- Summary of expenses.
- Bank statements to show income and expenses.

### Due Diligence: Additional Questions and Information (list not all-inclusive)

- Ask questions, contemporaneously document questions and client responses
- Must not know of any reason that the client's information is false.
- Do not ignore the implications of any information provided by the client and make additional inquiries if information appears incorrect.
- Complete and submit Form 8867 for each credit claimed.
- Compute the credits.

Taxpayer

Spouse (if filing jointly)

Date

## EXTRA SPACE:

If you answered "yes" to any of the questions above and did not have enough space to accurately answer the question(s), please use this space. Be sure to state the question number for easy reference. For more space, please attach additional sheets.

## QUESTIONS/COMMENTS:

Let's face it, you probably have some questions about something you have reported or perhaps some income or deductions you have not reported. Please list all of your questions below and we will make sure that they are answered fully.

ALL INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## PART 3: PAYMENT AUTHORIZATION

### Refunds:

In the event that you receive a refund, how would you like for it to be paid to you?

<input type="checkbox"/> <b>US Mail (est. 3-4 weeks)</b>	Address same as above? <input type="checkbox"/> Yes <input type="checkbox"/> No: _____
<input type="checkbox"/> <b>Direct Deposit (est 10 days)</b>	Bank Name: _____ Routing #: _____
Account #: _____	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<input type="checkbox"/> Loan advance through Refundo Network (ask for more information)	

### Payment Information:

How will you pay your returns **when they are completed?**

**Prepaid Retainer (Check)**  **Credit Card\***  **ACH Payment** **Payment Through Refundo (ask for more info).**

*\*By selecting CREDIT CARD, you authorize MainStreet to charge this account upon completion of the work.*

Credit Card #:	Expiration Date:
Name on Card:	Security Code:
Address on Card:	City:
State: _____	Zip Code: _____
<input type="checkbox"/> <b>VISA</b> <input type="checkbox"/> <b>AMEX</b> <input type="checkbox"/> <b>DISCOVER</b> <input type="checkbox"/> <b>MASTER CARD</b> <input type="checkbox"/> <b>OTHER:</b> _____	
<b>Required Information for ACH Payment (a voided check may be included instead).</b>	
Account Name(s): _____	Name of Bank: _____
Bank Routing #: _____	Checking Account #: _____

### AUTHORIZATION:

I have fully read and understand the terms and disclosures of this agreement (see below) and understand that **my tax return(s) will not be released or e-filed/filed until all invoices associated with the preparation of my tax return(s) have been paid in full.**

**Terms and disclosure statement:** Payment to MainStreet Tax and Accounting is due at the time the accountant has finished the work on the tax return(s). This may be before signatures have been acquired and before the tax return(s) have been e-filed/filed. If a credit card has been provided, it will be charged at that time. An email and receipt will be sent. If a credit card is not provided, a retainer may be required. Should a credit card be declined, client agrees to pay a finance charge of 18% per annum on all past due invoices. In the event that any balance is not paid as agreed upon, the client agrees to pay a collection fee equal to 40% of the unpaid balance. In the event of a lawsuit to collect the unpaid balance(s), the client further agrees to pay court costs and attorney fees. By signing this sheet, the client agrees to the terms listed and grants MainStreet Tax & Accounting permission to run a credit check if necessary and to run payment.

I AUTHORIZE MAINSTREET TO PROCESS PAYMENT ONCE MY TAX RETURN IS COMPLETED.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

***Thank you for trusting MainStreet with your tax return preparation!***