

# TAX ORGANIZER

Please gather the following documents that apply and submit them with your completed packet. We look forward to working with you! [Thank you.](#)

Documents to submit:

- 1) W2(s)
- 2) 1095, 1098
- 3) ALL 1099(s) - Misc., DIV, MISC, NEC, INT, R, K, B, Q, G
- 4) Schedule K-1(s)
- 5) Real Estate tax bill(s), Closing statements for refinance & real estate transactions

## TAXPAYER INFORMATION

Name (First Middle Last)

Partner Full Name (if joint return)

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Mailing Address to be used on your return:

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Permanent home address, if different from your mailing address:

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## FILING STATUS - *please check one*

Single:  Married Filing Jointly:  Married Filing Separately:   
 Registered Domestic Partner  Head of Household:  Other

If married,

- Did you live separately from your spouse at any time during 2025? Yes \_\_\_
- Are you eligible to claim your spouse's exemption? Yes \_\_\_
- Does your spouse itemize deductions? Yes \_\_\_

If Head of Household,

- and the qualifying person is a child but not your dependent, enter the child's  
 Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Did your marital status change in 2025? Yes \_\_\_

*If yes, please provide reason:* \_\_\_\_\_

Did you pay alimony in 2025? Yes \_\_\_

*If yes, SS# of recipient:* \_\_\_\_\_ *Alimony debit card #:* \_\_\_\_\_

Did you/spouse receive alimony in 2025? Yes \_\_\_

*If yes, SS# of recipient:* \_\_\_\_\_ *Alimony debit card #:* \_\_\_\_\_

In 2025, were you or your spouse -

- Permanently or totally disabled? Yes \_\_\_
- A member of the U.S. Armed Forces? Yes \_\_\_
- Work for the U.S. Government? Yes \_\_\_

## DEPENDENT INFORMATION - *person for whom you provide more than 50% support*

### DEPENDENT #1

Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ U.S. Citizen or Resident? Yes \_\_\_  
 Lives with you? Yes \_\_\_ Months lived with taxpayer in U.S. \_\_\_\_\_

Childcare expenses: \$ \_\_\_\_\_

- Does not live with you due to divorce but is a person who qualifies you for the earned income credit and/or credit for child and dependent care expenses: Yes

### DEPENDENT #2

Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ U.S. Citizen or Resident? Yes \_\_\_  
 Lives with you? Yes \_\_\_ Months lived with taxpayer in U.S. \_\_\_\_\_

*\* If more dependents, please add onto last page*

### Did you or your spouse?

- Provide over half of the support for any other person? Yes \_\_\_
- Have dependents that must file a U.S. tax return? Yes \_\_\_
  - If yes, do you need us to prepare? Yes \_\_\_
- Have children who are under age 18 or are full time student(s) under age 23 WITH investment income greater than \$2,200? Yes \_\_\_
  - If yes, do you include this income on your return? Yes \_\_\_
- Incur adoption expenses during 2025? Yes \_\_\_
- Pay for any childcare or dependent care services or participate in the FSAFEDS or other flexible spending account for dependent care? Yes \_\_\_

## CHILDCARE EXPENSE DETAIL

### PROVIDER # 1

Name: \_\_\_\_\_ SS# or Federal ID #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Was the provider an individual or a corporation? Individual  Corporation

If individual, was a 1099 issued? Yes \_\_\_

Notes: \_\_\_\_\_

### PROVIDER # 2

Name: \_\_\_\_\_ SS# or Federal ID #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Was the provider an individual or a corporation? Individual  Corporation

If individual, was a 1099 issued? Yes \_\_\_

Notes: \_\_\_\_\_

**REAL ESTATE - Rental Property**

Rents/royalties received in 2025 \$ \_\_\_\_\_

Did you use this property personally for 2025? Yes \_\_\_

How many days as rental? \_\_\_\_\_ How many days as personal? \_\_\_\_\_

Does this rental have multiple living units, and you occupy one? Yes \_\_\_

Did you actively participate in managing this property? Yes \_\_\_

<b>Rental Property Deductions - \$ totals for 2025</b>			
Advertising	\$	Landscaping	\$
Bank charges	\$	Repairs	\$
Commissions/Prop. Management	\$	Improvements	\$
Dues/Subscriptions	\$	Utilities (gas, elec., phone, etc.)	\$
Education	\$	Professional services (legal, etc.)	\$
Insurance (other than health)	\$	Security	\$
Interest - Mortgage	\$	Supplies	\$
Janitorial	\$	Property Taxes	\$
Laundry/Cleaning	\$	Travel	\$
Maintenance	\$	HOA	\$
Misc.	\$	Misc.	\$
Misc.	\$	Misc.	\$

Notes : \_\_\_\_\_

**SELF-EMPLOYED**

- Did you work as an independent contractor/sole proprietor in 2025? Yes \_\_\_
- Are you a remote employee getting paid by a California Corporation Yes \_\_\_
- Did you receive a 1099 from any job in 2025? Yes \_\_\_

**W-2 Income** - please provide/upload final paycheck stub from 2025.**TOTAL REVENUE/INCOME** received in 2025 \$ \_\_\_\_\_

<b>Self-Employed Business Deductions - \$ totals for 2025</b>			
Advertising	\$	Postage	\$
Bank charges	\$	Printing	\$
Commissions	\$	Rent (vehicles, equipment)	\$
Contract Labor	\$	Rent (office space)	\$
Delivery/Freight	\$	Repairs	\$
Dues/Subscriptions	\$	Security	\$
Education	\$	Software Services	\$
Employee benefit programs	\$	Supplies	\$



Were you the grantor of, or transferor to, a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? Yes \_\_\_

If a FinCen 114 (FBAR) is required for 2025, would you like us to file? Yes \_\_\_

*If you plan to prepare and file, please provide us with a complete copy. FBAR filing is due April 15, 2025*

## ITEMIZED DEDUCTIONS

### ITEMIZED - CHARITABLE DONATIONS *Provide receipts for all donations - cash and non-cash*

What is the highest amount you donated to any one person or organization in 2025?

You  Spouse  Amount \$ \_\_\_\_\_

Did you or your spouse -

- Make gifts of over \$19,000 to an individual, institution, or charity, including 529 plan account? You  Spouse  Amount \$ \_\_\_\_\_
- Make a gift to a trust? (Special-Needs Trust, QPRT, QLAC) You  Spouse  Amount \$ \_\_\_\_\_
- Pledge a Legacy gift? You  Spouse  Amount \$ \_\_\_\_\_
- Donate an IRA? You  Spouse  Amount \$ \_\_\_\_\_
- Donate an Annuity? You  Spouse  Amount \$ \_\_\_\_\_
- Donate a vehicle? You  Spouse  Value \$ \_\_\_\_\_

*Provide 1098C from receiver*

- Donate hours or drive miles? Hours \_\_\_\_\_ Miles \_\_\_\_\_
- Make any contributions to U.S. Tax-exempt charities? Yes \_\_\_

### ITEMIZED - MEDICAL EXPENSES

Prescription meds	\$	Health insurance premium	\$
Long-term care premium	\$	Spouse long-term care	\$
Taxpayer's gross long-term care	\$	Spouse gross long-term care	\$
Dependent's gross long-term care	\$	Self-employed health insurance	\$
Insurance reimbursement	\$	Doctors, Dentist, etc.	\$
Hospitals, clinics, etc.	\$	Lab & X-ray fees	\$
Eyeglasses, contact lenses	\$	Medical equipment, supplies	\$
Miles driven for medical		Ambulance fees	\$
Lodging	\$	Misc.	\$
Misc.	\$	Misc.	\$

### ITEMIZED - HEALTH INSURANCE

For *California, New Jersey, Washington DC, Massachusetts, Vermont, Rhode Island* Residents:

- Did you or your spouse participate in a health insurance plan that meets the Affordable Care Act (ACA) insurance guidelines for the entire calendar year? You  Spouse
- How did you obtain Health Insurance?  
Employer \_\_\_\_\_ Open Exchange \_\_\_\_\_ Medicare \_\_\_\_\_ Other \_\_\_\_\_

If you did not have minimum health insurance coverage at any time or only during part of the year, detail why you did not have coverage that met the ACA guidelines so that we may determine if you qualify for an ACA exception: \_\_\_\_\_

- Did you receive a 1095? Yes \_\_\_

**Are/did you or your spouse -**

- Self-employed? You  Spouse
- Pay for self-employed health insurance? You  Spouse
- Eligible to participate in a health plan at another job? You  Spouse
- Participate in a FSAFEDS health care account? You  Spouse

**ITEMIZED - AUTO REGISTRATION**

- Did you purchase a new vehicle? Yes \_\_\_\_  
 Amount of expenses \$ \_\_\_\_\_ Registration for 2025 \$ \_\_\_\_\_
- Mileage recorded? Yes \_\_\_\_ If yes, how many miles? \_\_\_\_\_

**ITEMIZED - MORTGAGE, PROPERTY TAX**

Property taxes (principal residence) \$ \_\_\_\_\_ Additional homes or land \$ \_\_\_\_\_

Lender's Name: \_\_\_\_\_ Amount \$: \_\_\_\_\_  
 Lender's Name: \_\_\_\_\_ Amount \$: \_\_\_\_\_  
 Lender's Name: \_\_\_\_\_ Amount \$: \_\_\_\_\_  
 Lender's Name: \_\_\_\_\_ Amount \$: \_\_\_\_\_

**ITEMIZED - SALES & USE TAX**

Did you pay any other significant sales and/or use tax? You  Spouse

Date	Amount	City	State	Sales Tax Rate

**ITEMIZED - IRA & PENSION** *Please mark Yes if yes!*

Type	Contribute	Receive Distribution
Traditional IRA	Yes	Yes
Roth	Yes	Yes
401K	Yes	Yes
Health Savings	Yes	Yes
SEP	Yes	Yes
Solo K	Yes	Yes
529 Plan	Yes	Yes

- Did you roll over an IRA/Pension? Yes \_\_\_\_
- Did you convert a Roth IRA? Yes \_\_\_\_

**ITEMIZED - BUYS & SELLS**

- Did you borrow from invested assets? Yes \_\_\_\_

- Did you surrender any U.S. savings bonds? Yes \_\_\_
- Did you exchange any securities for other securities or property held as an investment? Yes \_\_\_

## ITEMIZED - INVESTMENTS DIGITAL ASSET/CRYPTOCURRENCY *Provide documentation*

In 2025, did you or your spouse engage in any Digital Asset activity? Yes

Did you or your spouse

- Exchange Digital Asset(s)? You  Spouse  Amount \$ \_\_\_\_\_
  - Did your digital asset liquidate? Yes
- Mine Digital Asset(s)? You  Spouse  Amount \$ \_\_\_\_\_
  - *Please specify currency*
- Purchase Digital Asset(s)? You  Spouse  Amount \$ \_\_\_\_\_
  - *Please specify currency*
- Sell Digital Asset(s)? You  Spouse  Amount \$ \_\_\_\_\_
  - *Please specify currency*
- Did any of your digital assets fork? You  Spouse  Amount \$ \_\_\_\_\_
- Did anyone in your family participate in GameFi? If yes, provide transaction spreadsheet

Provide any additional notes on digital assets/cryptocurrency:

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## ITEMIZED - INVESTMENTS - BANK/BROKERAGE

Did you receive form 1099 INT? Yes \_\_\_

Did you receive form 1099 DIV? Yes \_\_\_

*If NCFG manages your assets, we already have this information, so no need to send.*

Did you receive any Interest, Dividend or Royalty income?

You  Spouse  Amount \$ \_\_\_\_\_

Do you have any collateralized loans? Yes \_\_\_

Did you pay any interest? Yes \_\_\_

Have any loans secured against your investments? Yes \_\_\_

Please detail any 'bad' investments here - uncollectable loans, Ponzi schemes, etc.

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## ITEMIZED - ENERGY CREDITS

**Did you or your spouse**

- Make solar energy-saving improvements to your home? Yes \_\_\_
  - Make solar energy-savings improvements to your business? Yes \_\_\_
- Make wind energy-saving improvements to your home? Yes \_\_\_
  - Make wind energy-savings improvements to your business? Yes \_\_\_
- Make energy efficient home improvements (windows, etc.) Yes \_\_\_
- Purchase a qualified cell motor vehicle? You  Spouse  Amount \$ \_\_\_\_\_
- Purchase a Tesla battery? Yes \_\_\_\_\_ Size \_\_\_\_\_ kWh \_\_\_\_\_

**ITEMIZED - STUDENT LOAN**

Did you pay interest on a student loan for you, spouse, dependents? *Please attach 1098E*

You  Spouse  Amount \$ \_\_\_\_\_

**IS ANYONE IN YOUR FAMILY ATTENDING COLLEGE?** Yes \_\_\_

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**DID YOU PAY ANY ESTIMATED TAX PAYMENTS -**

*Please attach your cancelled checks/electronic receipts*

Date: _____	Federal \$: _____	State \$: _____
Date: _____	Federal \$: _____	State \$: _____
Date: _____	Federal \$: _____	State \$: _____
Date: _____	Federal \$: _____	State \$: _____

**HOUSEHOLD EMPLOYEE**

Did you hire a household employee? Yes \_\_\_

If yes,

- Was this employee a personal assistant? Yes \_\_\_
- Was this employee a nanny? Yes \_\_\_

Did you pay this employee more than \$600? Yes \_\_\_

If yes,

- Did you have them complete a W-9? Yes \_\_\_
- Was a 1099 issued? Yes \_\_\_
- Does a 1099 need to be issued? Yes \_\_\_
- Was the household employee put onto payroll? Yes \_\_\_

Pay an individual for any non-childcare household employment services such as *Maid, gardener, etc.* Yes \_\_\_

**ADDITIONAL INCOME****Did you or your spouse**

- Receive any unemployment compensation? You  Spouse  Amount \$ \_\_\_\_\_

- Did you have any Federal taxes withheld on your unemployment? You  Spouse  Amount \$ \_\_\_\_\_
- Receive any disability payments? You  Spouse  Amount \$ \_\_\_\_\_
- Receive any Tip income? You  Spouse  Amount \$ \_\_\_\_\_
- Have any gambling winnings or losses? You  Spouse  Amount \$ \_\_\_\_\_
- Receive any legal settlement proceeds? You  Spouse  Amount \$ \_\_\_\_\_
- **Property or Casualty Claim**
- Receive any long term care income? You  Spouse  Amount \$ \_\_\_\_\_
- Receive a life insurance payout? You  Spouse  Amount \$ \_\_\_\_\_
- Were you granted any debt cancellation? You  Spouse  Amount \$ \_\_\_\_\_

**MISC. INCOME**

Payor's Name: \_\_\_\_\_ Amount \$: \_\_\_\_\_  
 Payor's Name: \_\_\_\_\_ Amount \$: \_\_\_\_\_  
 Payor's Name: \_\_\_\_\_ Amount \$: \_\_\_\_\_  
 Payor's Name: \_\_\_\_\_ Amount \$: \_\_\_\_\_  
 Payor's Name: \_\_\_\_\_ Amount \$: \_\_\_\_\_

**MISC. EXPENSES**

Payee's Name: \_\_\_\_\_ Amount \$: \_\_\_\_\_  
 Payee's Name: \_\_\_\_\_ Amount \$: \_\_\_\_\_  
 Payee's Name: \_\_\_\_\_ Amount \$: \_\_\_\_\_  
 Payee's Name: \_\_\_\_\_ Amount \$: \_\_\_\_\_  
 Payee's Name: \_\_\_\_\_ Amount \$: \_\_\_\_\_

**MISC. DEDUCTIONS**

Payee's Name: \_\_\_\_\_ Amount \$: \_\_\_\_\_  
 Payee's Name: \_\_\_\_\_ Amount \$: \_\_\_\_\_  
 Payee's Name: \_\_\_\_\_ Amount \$: \_\_\_\_\_  
 Payee's Name: \_\_\_\_\_ Amount \$: \_\_\_\_\_  
 Payee's Name: \_\_\_\_\_ Amount \$: \_\_\_\_\_

**ADDITIONAL NOTES FOR US:** \_\_\_\_\_  
 \_\_\_\_\_  
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