

**Presler Tax & Accounting**  
**2244 Reed Ridge Ct.**  
**Navarre, FL 32566**  
**850-533-4654**

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2025 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2024 personal income tax return.

Enter 2025 information on the Tax Organizer pages provided. If any information does not apply to you, please leave it blank.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

### **NEW PAYMENT REQUIREMENTS**

Invoices for our services have always stated "Due upon Receipt". Starting with this year, before you can sign your tax return and have us e-file it, we will require either 1) payment in full or 2) you can set-up an installment payment plan with our office for either weekly or monthly payments not to extend beyond three months from the date your tax return is finished.

### **DOCUMENTS TO BE PROVIDED TO US**

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, unemployment compensation, nonemployee compensation, Social Security, state or local refunds, gambling winnings, payment card or third-party network transactions, etc.
- Brokerage statements showing investment transactions for stocks, bonds, digital assets, etc.  
**Please provide EVERY page of a 1099 broker statement as there may be information on those pages required to accurately report the information on your tax return.**
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Statements and receipts supporting qualified educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A related to the Premium Tax Credit
- Statements supporting deductions for mortgage interest (Forms 1098), taxes, and charitable contributions (including any Form 1098-C).
- Statements supporting the receipt, exchange, sale, use, or any other disposition of a digital asset.
- Copies of closing statements regarding the sale or purchase of real property.
- Six-digit Identity Protection PIN for use during calendar year 2025, if sent to you by the IRS.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.
- A copy of yours and your spouse's drivers licenses.

### **MISSING INFORMATION**

If you have the majority of your tax information available and are only missing a single item such as a K-1 or broker statement, we encourage you to send in your information so that your return is

in our processing queue.

## **OUR DUE DATE & EXTENSION INFORMATION**

Due to the high volume of individual tax returns, we ask that you have your tax information to us by **MARCH 15**.

Even if we anticipate having your tax return completed by the un-extended April 15 deadline, you may receive an email acknowledgement that we have filed a precautionary extension in case you are unable to sign the e-file authorization before the due date or in the case of an e-file rejection by the IRS. If the IRS rejects your tax return for a variety of reasons, there is only a limited number of days to get a tax return corrected and re-filed before it is considered a late filing, in the absence of an extension.

## **BALANCE DUE RETURNS**

Even if we file an extension on your behalf, any balance due on the return is due in full on April 15. Although an extension will stop any late filing penalties from applying, you will still be subject to late payment penalties and accompanying interest. Therefore, if you anticipate you may have a balance due, we encourage you to call our office so we can discuss possible extension payments. If we are filing an extension because you missed our internal Mar 15 deadline, we more than likely will also not have any time to enter your data to determine your tax due (or we would be able to complete your return).

## **ENGAGEMENT LETTER**

Instead of having you sign your engagement letter upon receipt of your tax return, we are enclosing it with your organizer. Please sign the enclosed engagement letter and return it to us along with your completed organizer.

Thank you for the opportunity to serve you.

Sincerely,

Presler Tax & Accounting

## Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you live separately from your spouse during the last six months of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS notice for filing returns in 2025.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires and other disaster situations.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,600?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other person(s) who lived with you more than half the year but not claimed by you last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS notice for use during the 2025 filing season.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have ownership interest in any type of business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Did you lend money with the understanding of repayment and this year it became totally uncollectable?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase a new or previously owned clean vehicle this year that is eligible for the new clean vehicle credit? If yes, attach the vehicle statement from the dealer even if you received the credit when purchased at the dealer. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a Form 1099-K for the sale of personal property for a gain or loss?  | <input type="checkbox"/> | <input type="checkbox"/> |

### Income Information

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any income from property sold prior to this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any unemployment benefits during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any disability income during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any Medicaid waiver payments as difficulty of care during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive tip income not reported to your employer this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did any of your life insurance policies mature, or did you surrender any policies?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any awards, prizes, hobby income, gambling or lottery winnings?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any income considered to be nonemployee compensation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for work done in what is commonly referred to as the "gig" economy?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a Form 1099-K for a distribution payment from an online crowdfunding solicitation?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a Form 1099-K that you believe is in error?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you expect a large fluctuation in income, deductions, or withholding next year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any sales or other exchanges of digital assets (including from an airdrop or a hard fork, or used digital assets to pay for goods or services?             | <input type="checkbox"/> | <input type="checkbox"/> |

### Retirement Information

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Are you an active participant in a pension or retirement plan?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any Social Security benefits during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, were any withdrawals due to a Federally declared disaster?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2024?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any qualified birth or adoption distributions, emergency personal expense distributions, domestic abuse distributions, or terminal illness distributions in 2024? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, did you repay any of the distributions in 2024?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any qualified charitable distributions (QCD) during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |

### Education Information

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Did anyone in your family receive a scholarship of any kind during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any withdrawals from an education savings or 529 Plan account?  | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?

☐ ☐

Did you make any contributions to an education savings or 529 Plan account?

☐ ☐

Did you pay any student loan interest this year?

☐ ☐

Did you cash any Series EE or I U.S. Savings bonds issued after 1989?

☐ ☐

### Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

☐ ☐

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?

☐ ☐

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?

☐ ☐

Did you make any contributions to a Health savings account (HSA) or Archer MSA?

☐ ☐

Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?

☐ ☐

Did you pay long-term care premiums for yourself or your family?

☐ ☐

Did you make any contributions to an ABLE (Achieving a Better Life Experience) account?

☐ ☐

Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account?

☐ ☐

If you are a business owner, did you pay health insurance premiums for your employees this year?

☐ ☐

### Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year?

☐ ☐

If yes, did the loss occur in a Federally declared disaster area?

☐ ☐

Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?

☐ ☐

Did you make any cash or other monetary charitable contributions?

☐ ☐

Did you make any noncash charitable contributions (clothes, furniture, etc.)?

☐ ☐

If yes to either of the above charitable contribution questions, please provide evidence such as a receipt from the donee organization, canceled check, or record of payment, to substantiate all contributions made.

Did you donate a vehicle or boat during the year?

☐ ☐

Did you pay real estate taxes for your primary home and/or second home?

☐ ☐

Did you pay any mortgage interest on an existing home loan?

☐ ☐

Did you incur interest expenses associated with any investment accounts you held?

☐ ☐

Did you make any major purchases during the year (cars, boats, etc.)?

☐ ☐

Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

☐ ☐

### Miscellaneous Information

Did you make gifts of more than \$18,000 to any individual?

☐ ☐

Did you utilize an area of your home for business purposes?

☐ ☐

Did you engage in any bartering transactions?

☐ ☐

Did you retire or change jobs this year?

☐ ☐

Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?

☐ ☐

Did you pay any individual as a household employee during the year?

☐ ☐

Did you make energy efficient improvements to your main home this year?

☐ ☐

Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?

☐ ☐

Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a

BLANK

foreign country?

☐☐

Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?

☐☐

Are you an owner or do you control 25% of a company's ownership interest for a company registered with a secretary of state or similar office before January 1, 2025?

☐☐

If yes, did you file its initial Beneficial Ownership Information Report (BOIR)?

☐☐

If you were required to file a Beneficial Ownership Information Report (BOIR) with the Financial Crimes Enforcement Network (FinCEN), has any of the previously reported information changed (for either the reporting company or any of the beneficial owners)?

☐☐

Did you receive correspondence from the State or the IRS?

☐☐

If yes, explain: \_\_\_\_\_

Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?

☐☐

Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

☐☐

General: 1040

## Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse)

Mark if you were married but living apart all year

Mark if your nonresident alien spouse does not have an ITIN

Taxpayer

Spouse

Social security number

First name

Last name

Occupation

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)

Mark if legally blind

Mark if dependent of another taxpayer

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N)

Date of birth

Date of death

Work/daytime telephone number/ext number

Do you authorize us to discuss your return with the IRS (Y, N)

General: 1040, Contact

## Present Mailing Address

Address

Apartment number

City/State postal code/Zip code

Foreign country name

Foreign phone number

Home/evening telephone number

Taxpayer email address

Spouse email address

General: 1040

## Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent

Credits: 2441

## Child and Dependent Care Expenses

Provider information:

Business name

First and Last name

Street address

City, state, and zip code

Social security number OR Employer identification number

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP)

Amount paid to care provider in 2024

Taxpayer

Spouse

Employer-provided dependent care benefits that were forfeited

NOTES/QUESTIONS:

General: Bank

**Direct Deposit/Electronic Funds Withdrawal Information**

**Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number , and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.**

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. \_\_\_\_\_

Primary account:

Financial institution routing transit number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Your account number \_\_\_\_\_

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_

Enter the maximum dollar amount, or percentage of total refund

Dollar \_\_\_\_\_

or

Percent (xxx.xx) \_\_\_\_\_

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Your account number \_\_\_\_\_

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_

Enter the maximum dollar amount, or percentage of total refund

Dollar \_\_\_\_\_

or

Percent (xxx.xx) \_\_\_\_\_

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Your account number \_\_\_\_\_

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_

Enter the maximum dollar amount, or percentage of total refund

Dollar \_\_\_\_\_

or

Percent (xxx.xx) \_\_\_\_\_

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

**Identity Authentication****Taxpayer -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_

Identification number \_\_\_\_\_

Issue date \_\_\_\_\_

Expiration date \_\_\_\_\_

Location of issuance \_\_\_\_\_

Document number (New York only) \_\_\_\_\_

**Spouse -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_

Identification number \_\_\_\_\_

Issue date \_\_\_\_\_

Expiration date \_\_\_\_\_

Location of issuance \_\_\_\_\_

Document number (New York only) \_\_\_\_\_

**NOTES/QUESTIONS:**

Notes to Preparer

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s)

Social security number

\*\*\*-\*\*-9999