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We have created this organizer in order to make it easier for you to gather your income tax information. Please complete and bring the following information to your tax appointment. **Do not attach receipts unless specifically requested to do so. Keep receipts for your records.**

- 1) If this is your first year with our firm, please bring a copy of your prior year tax return with you to your tax appointment.
- 2) Any correspondence received from the IRS or the state concerning your taxes.
- 3) W-2 forms from your employer or 1099-NEC forms if you are self employed.
- 4) Forms 1099 concerning your interest income, dividend income, investment sales, real estate sales, IRA/pension income, rental income, unemployment compensation, social security payments, etc.
- 5) Schedule K-1 from partnerships, S corporations, estates and/or trusts.
- 6) Forms 1098 concerning mortgage interest, student loan interest, and tuition payments.
- 7) Statement from child care provider showing provider name, address, social security/tax ID number and amounts paid.
- 8) Form 1095-A relating to healthcare coverage purchased through a health insurance marketplace.
- 9) If you have a business, are a daycare provider, have rental property, or have a farm operation, and don't already have the applicable organizer, please download the organizer from our website or call our office and request the organizer be mailed to you.
- 10) The following personal information if this is your first year with our firm. **Otherwise, simply fill in changes from last year: ____ Check here if no changes from previous year.**

<u>Taxpayer</u>				<u>Spouse</u>	
Name	_____	Name	_____		
Social Security #	_____	Social Security #	_____		
Date of Birth	_____	Date of Birth	_____		
Occupation	_____	Occupation	_____		
Phone Number	_____	Phone Number	_____		
Primary Email Address	_____	Preferred Contact Method	_____		
Address	_____				
City	_____	State	_____	Zip	_____
Referred By	_____				

Dependents:		Date of Birth	Income	# of Months Child Lived With You During 2025
<u>Name</u>	<u>Social Security #</u>	<u>Birth</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

By signing below you acknowledge that, to the best of your knowledge and belief the information contained in this tax organizer is both accurate and complete and fairly represents your income and deductions for the 2025 tax year.

_____ Signature	_____ Date
_____ Signature	_____ Date

Not Sure If not sure if a question applies select not sure and your preparer will discuss with you. If question doesn't apply leave blank.
Yes

General Information

Were there any changes to your filing status or number of dependents during 2025? If yes, provide details
Did you receive any notices from the IRS or other state taxing agency during 2025? If yes, provide details.
If you receive a refund would you like direct deposit? If yes, provide a voided check if not already on file.
Would you like a PDF copy of your return instead of a paper copy?
Did you receive an Identity Protection Personal Identification Number (IP PIN) from the IRS? If yes, provide the six-digit code: Taxpayer: Spouse:
Did you or your spouse have a financial interest in or signature or other authority over a foreign bank or securities account? If yes, did the account value exceed \$10,000 at any time during the year?
Did you make estimated tax payments for the 2025 tax year? If yes, complete the following:
Federal: 4-15 6-15 9-15 1-15
State: 4-15 6-15 9-15 1-15
Did you purchase health insurance for yourself or a family member through the Health Insurance Marketplace (MNsure). If yes, attach Form 1095-A, Health Insurance Marketplace Statement.

Income

Did you receive gambling winnings during 2025? If yes, attach Forms W-2G and provide the following:
Gambling Income \$ Gambling Losses \$
Did you receive any alimony, unemployment benefits, jury duty pay, or any other items of miscellaneous income during 2025? If yes, provide details.
At any time during 2025, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? If yes, provide details.
Did you sell your principal residence in 2025? If yes, did you own it and use it as your principal residence for at least 2 out of 5 years from the date of sale? Yes No (If no attach settlement statement)
Did you have any debt cancelled during 2025? If yes, provide details and Form 1099-C.

Deductions

Did you receive any tip income during 2025 in an occupation that customarily and regularly received tips? If yes, does Box 7 of your W-2 accurately reflect the tips received? Yes No
If no, enter total tips received during 2025 \$
Did you receive overtime pay in 2025 for working more than 40 hours per week? If yes, did your employer report the overtime premium on your W-2? Yes No
If no, attach 2025 final paystub or other report that shows overtime details.
Did you purchase and finance a brand new vehicle at anytime during 2025? If yes, provide the following:
Interest paid in 2025* Year Make and Model
* Attach vehicle interest statement if available VIN #
Are you a full-time K-12 teacher, counselor, or other school official who incurred at least \$300 of out of pocket expense for books, supplies, or professional development courses?
If you are subject to Required Minimum Distributions (RMD) did you direct all or part of your RMD to be paid directly to a qualified charity? Amount \$ IRA Custodian
Are you a National Guard member or Reservist who traveled more than 100 miles away from home and stayed overnight to fulfill your training and service commitments? If yes, provide the following:
Miles Driven Hotel/Lodging
Meals or Nights Away Parking/Tolls
Did you make a non-payroll related Health Savings Account contribution for the 2025 tax year? \$
Did you use your Health Savings Account to pay for any medical expense in 2025? If yes, attach 1099-SA.
Did you pay alimony in 2025? Amount \$ Recipient's Social Security #
Did you make any Traditional or Roth IRA contributions for the 2025 tax year? (Not related to employer plans)
Traditional IRA - Taxpayer Roth IRA - Taxpayer
Traditional IRA - Spouse Roth IRA - Spouse
Did you pay any student loan interest during 2025? If yes, attach Form 1098-E. \$

Not Sure If not sure if a question applies select not sure and your preparer will discuss with you. If question doesn't apply leave blank.

Yes Tax Credits

Did you pay child care costs for a dependent child under the age of 13 so you could work, attend school, or look for a job? If yes, please provide statement from daycare or complete the following:

Name of Provider	Address of Provider	Provider SocSec/Tax ID #	Amount Paid*
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*Child must have lived with you for greater than 6 months / Includes nursery or pre-school expense

Did you pay any qualified tuition in 2025? If yes, please attach Form 1098-T and answer the following:

Student's Name & Name of College	Grade or Year in College	Required Course Materials Purchased in 2025*	Degree Candidate & At Least 1/2 Student
			Yes No
			Yes No

*Includes amounts spent on books, supplies, and equipment needed for a course of study.

Did you make any energy-efficient home improvements to your principal residence during 2025?

\$	Insulation or Air Sealing Material	\$	Furnace or Hot Water Boiler
\$	Exterior Doors	\$	Home Energy Audit
\$	Exterior Windows and Skylights	\$	Heat Pumps, Biomass Stoves and Boilers
\$	Central Air Conditioner	\$	Solar, Wind, Geothermal Heat Pump
\$	Water Heater	\$	Qualified Battery Storage or Fuel Cell

Did you purchase a plug-in electric vehicle before September 30, 2025? If yes, attach invoice.

Year / Make / Model	Date / Amount Paid / VIN#
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Did you pay any of the following adoption related expenses in 2025 for an adoption finalized in 2025?

Adoption Fees	\$	Attorney Fees / Other	\$
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MN Tax Items

Did you reside in more than one state during 2025? If yes, please provide the following:

State	Date Residency Began	Date Residency Ended
State	Date Residency Began	Date Residency Ended

Were you in the military during 2025 and did you receive federally taxable pay for federal active duty, state active service, or other compensation relating to National Guard/Reservists training?

Did you receive a military pension or other military retirement pay during 2025?

Did you receive certain pension income based on public service for which you also did not earn credit toward Social Security benefits? (PERA, Police/Fire, Correctional, TRA, Legislators, Law Enforcement)

Did you make contributions to a Sec 529 College Savings Plan during 2025? If yes, provide the following:

Amount Paid \$	Account Number	Financial Institution
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Would you like to give to the MN Nongame Wildlife Fund? Amount? \$

Did you pay any education related expenses relating to your qualifying child/children in grades K-12?*

Dependent Name and Grade in School

Private school tuition / College tuition (If get HS credit)	\$	\$	\$	\$
Tutoring expense performed by a qualified instructor	\$	\$	\$	\$
Fees for educational after school enrichment programs	\$	\$	\$	\$
Tuition for primarily academic summer camps	\$	\$	\$	\$
Fees for all day kindergarten	\$	\$	\$	\$
Music lesson expense performed by a qualified instructor	\$	\$	\$	\$
Drivers education expense if part of school's curriculum	\$	\$	\$	\$
School supplies purchased for use during school day	\$	\$	\$	\$
Purchase or rental of musical instruments	\$	\$	\$	\$
Transportation costs to/from school and/or field trip costs	\$	\$	\$	\$
Home computer hardware and educational software	\$	\$	\$	\$
Other K - 12 educational expense	\$	\$	\$	\$
Other K - 12 educational expense	\$	\$	\$	\$

*Costs associated with school lunches, school uniforms, dance costumes, sports activities, college testing fees do not qualify

Itemized Deductions

Medical & Dental (Not reimbursed by insurance and not pretax)

Medical and dental insurance premiums	
Long-term care insurance premiums - Taxpayer	
- Spouse	
Miles driven for medical or dental	
Doctors, dentists, clinics, chiropractors	
Prescription drugs and insulin	
Glasses, contacts, and eye exams	
Hospitals and ambulance	
Nursing home or long-term care expense	
Medicare premiums withheld from Social Security	
Lodging (Limited to \$50 per night, per person)	
Hearing aids, hearing aid repairs, and batteries	
Medical equipment	
Other transportation costs	
Parking fees	
Other:	

Taxes

Real estate taxes - Primary Residence _____
 - Other _____
 Personal truck or car license tabs: _____

 Sales tax paid on major purchases* _____
 *Vehicle, motorcycle, boat, home materials, etc.

Interest (Attach Form 1098's)

Primary residence mortgage interest _____

Home equity/line of credit mortgage interest _____

Were the above home equity/line of credit loan proceeds used
to buy, build, or improve your home? Yes No

If not, what % of the home equity/line of credit loan proceeds
were used to buy, build, or improve your home? _____ %

Mortgage interest paid to individual: (Provide details) _____

Mortgage points paid relating to: (Attach settlement statement)

Purchase or improvement of main home _____

Refinancing of main home _____

Life of loan (Number of years) _____

Investment interest expense _____

Charitable Contributions (Complete even if taking the standard deduction)

Cash, Check, Credit Card, or Payroll _____

Non-Cash (Clothing, Can Goods, Household Items, Etc.) _____

Vehicle donation (Must attach 1098-C) _____

Charitable mileage _____

Please provide the following if non-cash items exceed \$500:

Name of organization _____

Address _____

Description of items given _____

Miscellaneous Itemized Deductions (For MN purposes only)

Union and other professional dues	_____
Professional books and subscriptions	_____
Safety deposit box rent	_____
Tax preparation fee	_____
Uniforms and protective clothing and upkeep	_____
Work tools, equipment, and supplies	_____
Professional insurance	_____
Professional license	_____
Seminars and meeting fees	_____
Professional education	_____
Job hunting expense in current line of work	_____
Investment expense and fees	_____
Other:	_____
_____	_____
_____	_____
_____	_____

Employee Business Expense - Taxpayer (For MN purposes only)

Parking fees & tolls	_____
Car rental, taxi, or other local transportation	_____
Airfare	_____
Hotel	_____
Number of nights away from home overnight	_____
Business related meals & entertainment	_____
Expenses listed above that were reimbursed by your employer:	
Non-Meal Reimbursement	_____
Meal Reimbursement	_____

Work Related Mileage - Taxpayer (For MN purposes only)

Date vehicle was first used for business _____

Business miles driven during 2025 (Non-commuting) _____

Total miles vehicle was driven during 2025 _____

Amount reimbursed by employer, if applicable _____

Employee Business Expense - Spouse (For MN purposes only)

Parking fees & tolls	_____
Car rental, taxi, or other local transportation	_____
Airfare	_____
Hotel	_____
Number of nights away from home overnight	_____
Business related meals & entertainment	_____
Expenses listed above that were reimbursed by your employer:	
Non-Meal Reimbursement	_____
Meal Reimbursement	_____

Work Related Mileage - Spouse (For MN purposes only)

Date vehicle was first used for business _____

Business miles driven during 2025 (Non-commuting) _____

Total miles vehicle was driven during 2025 _____

Amount reimbursed by employer, if applicable _____