

2025	1040	US	Tax Organizer
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Feldmann & Company CPAs PC
523 N Main St
Carroll IA 51401
Telephone number: 712-792-2464
Fax number: 712-792-2476
E-mail address:

Tax Return Appointment
Date:
Time:
Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2025 tax return. Please enter all pertinent 2025 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMATION		
	Taxpayer	Spouse
First name and initial.		
Last name.		
Title/suffix.		
Social security number.		
Occupation.		
Date of birth (m/d/y).		
Date of death (m/d/y).		
1=blind.		
Home phone.		
Work phone.		
Work extension.		
Cell phone.		
E-mail address.		

Address	In care of. Street address. Apartment number. City. State. ZIP code.
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DEPENDENTS		
	Dependent No.	Dependent No.
First name.		
Last name.		
Title/suffix.		
Date of birth (m/d/y).		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number.		
Relationship.		
Months lived at home.		

	Dependent No.	Dependent No.
First name.		
Last name.		
Title/suffix.		
Date of birth (m/d/y).		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number.		
Relationship.		
Months lived at home.		

Please enter all pertinent 2025 information. If you have attached a government form for an item, check the box and do not enter a 2025 amount.

WAGES, SALARIES AND TIPS

Employer name:

2025 Amount

2024 Amount

Attach Forms W-2

INTEREST INCOME

Payer name:

Attach Forms 1099-INT

DIVIDEND INCOME

Payer name:

Attach Forms 1099-DIV

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

Attach Forms 1099-R & W-2G

Winnings not reported on W-2G.....

Total gambling losses.....

OTHER GOVERNMENT FORMS - INCOME

Form 1099-B - Sales of stock (also include transaction history)

Form 1099-MISC - Miscellaneous income

Form 1099-K - Merchant card and third party network payments

Form 1099-S - Sales of real estate (also include closing statements) .

Attach Forms 1099

Form 1099-G - State tax refunds

Attach Forms 1099

Taxpayer:

Form SSA-1099 - Social security benefits

Form 1099-G - Unemployment compensation

Form 1099-Q (529 Plan)

Form 1099-QA/5498-QA (ABLE Accounts)

Attach Forms 1099

Spouse:

Form SSA-1099 - Social security benefits

Form 1099-G - Unemployment compensation

Form 1099-Q (529 Plan)

Form 1099-QA/5498-QA (ABLE Accounts)

Attach Forms 1099

Tax Organizer

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MISCELLANEOUS INCOME

Taxpayer: Alimony received
Spouse: Alimony received
Other:

RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum)
Roth IRA contributions (1=maximum)
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)
Spouse: Traditional IRA contributions (1=maximum)
Roth IRA contributions (1=maximum)
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

2025 Amount	2024 Amount

OTHER GOVERNMENT FORMS - DEDUCTIONS

☐ Form 1098-E - Student loan interest
☐ Form 1098-T - Tuition and related expenses

Attach Forms 1098

AFFORDABLE CARE ACT

☐ Form 1095-A - Health Insurance Marketplace Statement

Attach Forms 1095

ADJUSTMENTS TO INCOME

Taxpayer:
Self-employed health insurance premiums
Educator expenses
Other adjustments to income:

Alimony paid - Recipient name & SSN

Spouse:
Self-employed health insurance premiums
Educator expenses
Other adjustments to income:

Alimony paid - Recipient name & SSN

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs
Doctors, dentists and nurses
Hospitals and nursing homes
Insurance premiums
Long-term care premiums - taxpayer
Long-term care premiums - spouse
Insurance reimbursement
Out-of-pocket lodging and transportation expenses
Number of medical miles
Other:

TAXES PAID

State income taxes - 1/25 payment on 2024 state estimate

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2024 Amount

[illegible]

Attach Tax Notice

Attach Forms 1098

Attach Forms 1098	

CASH CONTRIBUTIONS

Number of charitable miles.....

