

Personal Tax Organizer

Employees, retirees and investors · Tax year 2025

This organizer collects everything Clarity Tax Relief needs to prepare your return accurately and claim every deduction and credit you are entitled to. It is the single most useful thing you can do to speed up your return.

HOW TO COMPLETE IT

- Type directly into this PDF (Adobe Acrobat Reader, Preview, or most browsers) or print it and write clearly.
- Complete only the parts that apply to you. Every part starts with a green note that says when it applies.
- Round numbers are fine - we verify everything against your documents and IRS records before anything is filed.
- If a table has more rows than you need, leave the rest blank; if you need more, add a note on the last page.
- Sign the last page. Then send it back with your documents.

HOW TO SEND IT BACK

Best: sign in to your secure client portal at portal.claritytaxrelief.com, open Documents, and upload it there together with your tax forms (W-2s, 1099s, 1098s, notices). Or fax to (949) 909-8699. Please do not email tax documents.

Prefer to answer online? The same organizer is on your portal (Tax Organizer tab) - it only shows the questions that apply to you and saves as you go.

Have self-employment, gig, freelance or 1099 income? Ask us for the Self-Employed organizer instead - it has everything here plus your business section.

PRIVACY

Your answers are used only to prepare your tax returns and are kept under the same protections as the rest of your file. Everything you tell us is treated as entered by you; your preparer will confirm the key figures with you before filing.

WHAT IS INSIDE

- | | |
|--|--|
| 1. Before you begin | 9. Rental property and royalties (Schedule E) (if applicab |
| 2. About you | 10. Other income |
| 3. Marital status and spouse | 11. Savings, education and other adjustments |
| 4. Children and dependents | 12. Itemized deductions (if applicable) |
| 5. Your year at a glance | 13. Credits: energy, clean vehicle, health coverage |
| 6. Wages and salary (Forms W-2) | 14. Foreign accounts and assets (if applicable) |
| 7. Interest, dividends and investments | 15. Estimated payments, refund and payment |
| 8. Retirement income and Social Security (if applicable) | |

Questions? Call (888) 825-7776 - your dedicated team is happy to walk through any part of this with you.

Before you begin

Tax year this organizer is for *

Do you also need us to file other years?

Tick every year that is unfiled or needs amending. We'll send a separate short organizer for each, or use your IRS transcripts where we can.

☐ 2025	☐ 2024	☐ 2023
☐ 2022	☐ 2021	☐ 2020
☐ 2019	☐ 2018	☐ 2017
☐ 2016		

Has the IRS or a state contacted you about an unfiled return, or filed a return for you (a "substitute for return")? Yes No

Tell us what you received and when

Did Clarity prepare your return last year? Yes No

Do you have a copy of last year's return? Yes No

Last year's adjusted gross income (AGI), if handy
\$

May we contact whoever prepared it if we have questions? Yes No

Their name and phone / email

Any IRS or state letters, audits, balances due, liens, levies, or payment plans right now? Yes No

Which agency, what it says, and the notice number if there is one (e.g. CP2000, LT11)

About you

Names and numbers must match Social Security records or the IRS rejects the return.

Is this still correct?	Yes	No
First name *	Last name *	
Social Security number / ITIN *	###-##-####	Date of birth * MM/DD/YYYY
Citizenship / residency		
Legally blind?	Yes	No
Permanently and totally disabled?	Yes	No
IRS Identity Protection PIN (IP PIN)?	Yes	No
6-digit IP PIN for this year		

GOVERNMENT ID (NEW YORK REQUIRES THIS TO ACCEPT AN E-FILED RETURN)

ID type	Issuing state	
ID number	Issue date	MM/DD/YYYY
Expiration date	MM/DD/YYYY	

HOW TO REACH YOU

Mobile phone *	Email *
----------------	---------

HOME ADDRESS

Street address *	
Apt / unit	City *

State *

ZIP *

County

School district

Did you move during the year?

Yes

No

Date moved

MM/DD/YYYY

Previous address (street, city, state)

Did you live, work, own property, operate a business, or receive income connected to more than one state during the year?

Yes

No

Do not rely on the home address alone. Add every resident, part-year, nonresident, military and local jurisdiction that may require review.

States and local jurisdictions that may require a return

Jurisdiction 1

State

Why this jurisdiction applies

Residency / activity start date

MM/DD/YYYY

Residency / activity end date

MM/DD/YYYY

Employer, business, property or other income sourced to this jurisdiction

Approximate income allocated to this jurisdiction

\$

State/local withholding

\$

Estimated payments made

\$

County / city / locality

School district or local tax ID

May a reciprocal-state wage agreement apply?

Yes

No

Was the taxpayer on active military duty connected to this jurisdiction?

Yes

No

Could military-spouse residency relief apply?

Yes

No

Was income tax paid to another state on the same income?

Yes

No

Other state

Tax paid to the other state

\$

Jurisdiction 2

State

Why this jurisdiction applies

Residency / activity start date

MM/DD/YYYY

Residency / activity end date

MM/DD/YYYY

Employer, business, property or other income sourced to this jurisdiction

Approximate income allocated to this jurisdiction

\$

State/local withholding

\$

Estimated payments made

\$

County / city / locality

School district or local tax ID

May a reciprocal-state wage agreement apply?

Yes

No

Was the taxpayer on active military duty connected to this jurisdiction?

Yes

No

Could military-spouse residency relief apply?

Yes

No

Was income tax paid to another state on the same income?

Yes

No

Other state

Tax paid to the other state

\$

Jurisdiction 3

State

Why this jurisdiction applies

Residency / activity start date

MM/DD/YYYY

Residency / activity end date

MM/DD/YYYY

Employer, business, property or other income sourced to this jurisdiction

Approximate income allocated to this jurisdiction
\$

State/local withholding
\$

Estimated payments made
\$

County / city / locality

School district or local tax ID

May a reciprocal-state wage agreement apply?	Yes	No
Was the taxpayer on active military duty connected to this jurisdiction?	Yes	No
Could military-spouse residency relief apply?	Yes	No
Was income tax paid to another state on the same income?	Yes	No
Other state	Tax paid to the other state	
	\$	

Jurisdiction 4

State

Why this jurisdiction applies

Residency / activity start date MM/DD/YYYY

Residency / activity end date MM/DD/YYYY

Employer, business, property or other income sourced to this jurisdiction

Approximate income allocated to this jurisdiction
\$

State/local withholding
\$

Estimated payments made
\$

County / city / locality

School district or local tax ID

May a reciprocal-state wage agreement apply?	Yes	No
Was the taxpayer on active military duty connected to this jurisdiction?	Yes	No
Could military-spouse residency relief apply?	Yes	No
Was income tax paid to another state on the same income?	Yes	No

Other state

Tax paid to the other state

\$

Jurisdiction 5

State

Why this jurisdiction applies

Residency / activity start date

MM/DD/YYYY

Residency / activity end date

MM/DD/YYYY

Employer, business, property or other income sourced to this jurisdiction

Approximate income allocated to this jurisdiction

\$

State/local withholding

\$

Estimated payments made

\$

County / city / locality

School district or local tax ID

May a reciprocal-state wage agreement apply?

Yes

No

Was the taxpayer on active military duty connected to this jurisdiction?

Yes

No

Could military-spouse residency relief apply?

Yes

No

Was income tax paid to another state on the same income?

Yes

No

Other state

Tax paid to the other state

\$

Jurisdiction 6

State

Why this jurisdiction applies

Residency / activity start date

MM/DD/YYYY

Residency / activity end date

MM/DD/YYYY

Employer, business, property or other income sourced to this jurisdiction

Approximate income allocated to this jurisdiction
\$

State/local withholding
\$

Estimated payments made
\$

County / city / locality

School district or local tax ID

May a reciprocal-state wage agreement apply? Yes No

Was the taxpayer on active military duty connected to this jurisdiction? Yes No

Could military-spouse residency relief apply? Yes No

Was income tax paid to another state on the same income? Yes No

Other state

Tax paid to the other state
\$

Additional jurisdiction rows 7-20

Enter one item per line and include: State; Why this jurisdiction applies; Residency / activity start date; Residency / activity end date; Employer, business, property or other income sourced to this jurisdiction; Approximate income allocated to this jurisdiction; State/local withholding; Estimated payments made. Attach a statement if more room is needed.

Additional allocation, reciprocity, domicile or local-tax notes

Have you been a victim of tax-related identity theft (someone filed using your SSN)? Yes No

May the IRS discuss this return with your Clarity preparer (third-party designee)? Yes No

Recommended - it lets us resolve simple questions without you

Marital status and spouse

Your marital status on December 31 of the tax year *

Date of marriage, divorce, separation or spouse's death (whichever applies to this year)
MM/DD/YYYY

Filing preference (we'll compute the best; tell us if you have a reason to prefer one)

Did you pay more than half the cost of keeping up a home where a child or dependent lived with you over half the year? Yes No

If filing separately: will your spouse itemize deductions? Yes No

Complete this part only if you were married on December 31 (or widowed this year).

SPOUSE

First name

Last name

Social Security number / ITIN

###-##-####

Date of birth

MM/DD/YYYY

Citizenship / residency

Legally blind? Yes No

Permanently and totally disabled? Yes No

IRS Identity Protection PIN (IP PIN)? Yes No

6-digit IP PIN for this year

Spouse mobile phone

Spouse email

GOVERNMENT ID (NEW YORK REQUIRES THIS TO ACCEPT AN E-FILED RETURN)

ID type

Issuing state

ID number

Issue date

MM/DD/YYYY

Expiration date

MM/DD/YYYY

Did your spouse have their own income this year? Yes No

Children and dependents

Anyone you supported - children, parents, relatives, or others who lived with you.

Are these still your dependents, with nothing changed? Yes No

Did anyone depend on you for support this year (children, parents, other relatives, or a partner's child)? Yes No

Dependents

Dependent 1

First name

Last name

SSN / ITIN / ATIN

###-##-####

Date of birth

MM/DD/YYYY

Relationship to you

Months lived in your home

Full-time student (age 19-23)? Yes No

Permanently disabled? Yes No

Married and filing a joint return? Yes No

Did you provide over half of their support? Yes No

Dependent gross earned income (wages / work)
\$

Dependent gross unearned income (interest, dividends, gains, benefits)
\$

Total annual support cost for this person, if known
\$

Would you like us to review whether this dependent must file their own return? Yes No

Is there a divorce/custody agreement covering who claims this child? Yes No

Who claims them this year, and is there a signed Form 8332?

Does this dependent have an IRS IP PIN? Yes No

IP PIN

Born in 2025? (eligible for the \$1,000 pilot "Trump Account" contribution) Yes No

Would you like to elect to open the account and receive the \$1,000 with this return? Yes No

Dependent 2

First name	Last name		
SSN / ITIN / ATIN	###-##-####	Date of birth	MM/DD/YYYY
Relationship to you	Months lived in your home		
Full-time student (age 19-23)?	Yes	No	
Permanently disabled?	Yes	No	
Married and filing a joint return?	Yes	No	
Did you provide over half of their support?	Yes	No	
Dependent gross earned income (wages / work) \$	Dependent gross unearned income (interest, dividends, gains, benefits) \$		
Total annual support cost for this person, if known \$			
Would you like us to review whether this dependent must file their own return?	Yes	No	
Is there a divorce/custody agreement covering who claims this child?	Yes	No	
Who claims them this year, and is there a signed Form 8332?			
Does this dependent have an IRS IP PIN?	Yes	No	
IP PIN			
Born in 2025? (eligible for the \$1,000 pilot "Trump Account" contribution)	Yes	No	
Would you like to elect to open the account and receive the \$1,000 with this return?	Yes	No	

Dependent 3

First name	Last name		
SSN / ITIN / ATIN	###-##-####	Date of birth	MM/DD/YYYY

Relationship to you

Months lived in your home

Full-time student (age 19-23)?

Yes

No

Permanently disabled?

Yes

No

Married and filing a joint return?

Yes

No

Did you provide over half of their support?

Yes

No

Dependent gross earned income (wages / work)
\$

Dependent gross unearned income (interest, dividends, gains, benefits)
\$

Total annual support cost for this person, if known
\$

Would you like us to review whether this dependent must file their own return?

Yes

No

Is there a divorce/custody agreement covering who claims this child?

Yes

No

Who claims them this year, and is there a signed Form 8332?

Does this dependent have an IRS IP PIN?

Yes

No

IP PIN

Born in 2025? (eligible for the \$1,000 pilot "Trump Account" contribution)

Yes

No

Would you like to elect to open the account and receive the \$1,000 with this return?

Yes

No

Dependent 4

First name

Last name

SSN / ITIN / ATIN

###-##-####

Date of birth

MM/DD/YYYY

Relationship to you

Months lived in your home

Full-time student (age 19-23)?

Yes

No

Permanently disabled?

Yes

No

Married and filing a joint return?

Yes

No

Did you provide over half of their support?

Yes

No

Dependent gross earned income (wages / work)

\$

Dependent gross unearned income (interest, dividends, gains, benefits)

\$

Total annual support cost for this person, if known

\$

Would you like us to review whether this dependent must file their own return?

Yes

No

Is there a divorce/custody agreement covering who claims this child?

Yes

No

Who claims them this year, and is there a signed Form 8332?

Does this dependent have an IRS IP PIN?

Yes

No

IP PIN

Born in 2025? (eligible for the \$1,000 pilot "Trump Account" contribution)

Yes

No

Would you like to elect to open the account and receive the \$1,000 with this return?

Yes

No

Dependent 5

First name

Last name

SSN / ITIN / ATIN

###-##-####

Date of birth

MM/DD/YYYY

Relationship to you

Months lived in your home

Full-time student (age 19-23)?

Yes

No

Permanently disabled?

Yes

No

Married and filing a joint return?

Yes

No

Did you provide over half of their support?

Yes

No

Dependent gross earned income (wages / work)

\$

Dependent gross unearned income (interest, dividends, gains, benefits)

\$

Total annual support cost for this person, if known

\$

Would you like us to review whether this dependent must file their own return?

Yes

No

Is there a divorce/custody agreement covering who claims this child? Yes No

Who claims them this year, and is there a signed Form 8332?

Does this dependent have an IRS IP PIN? Yes No

IP PIN

Born in 2025? (eligible for the \$1,000 pilot "Trump Account" contribution) Yes No

Would you like to elect to open the account and receive the \$1,000 with this return? Yes No

Dependent 6

First name

Last name

SSN / ITIN / ATIN

###-##-####

Date of birth

MM/DD/YYYY

Relationship to you

Months lived in your home

Full-time student (age 19-23)? Yes No

Permanently disabled? Yes No

Married and filing a joint return? Yes No

Did you provide over half of their support? Yes No

Dependent gross earned income (wages / work)
\$

Dependent gross unearned income (interest, dividends, gains, benefits)
\$

Total annual support cost for this person, if known
\$

Would you like us to review whether this dependent must file their own return? Yes No

Is there a divorce/custody agreement covering who claims this child? Yes No

Who claims them this year, and is there a signed Form 8332?

Does this dependent have an IRS IP PIN? Yes No

IP PIN

Born in 2025? (eligible for the \$1,000 pilot "Trump Account" contribution)	Yes	No
---	-----	----

Would you like to elect to open the account and receive the \$1,000 with this return?	Yes	No
---	-----	----

Additional dependent rows 7-12

Enter one item per line and include: First name; Last name; SSN / ITIN / ATIN; Date of birth; Relationship to you; Months lived in your home; Full-time student (age 19-23)?; Permanently disabled?. Attach a statement if more room is needed.

Did you pay anyone (daycare, after-school, sitter, camp, or in-home care) so you could work or look for work?	Yes	No
---	-----	----

Care providers**Provider 1**

Provider name

Provider address

Provider EIN or SSN

Amount paid this year
\$

For which dependent(s)

Paid with a dependent-care FSA / cafeteria plan?	Yes	No
--	-----	----

Provider 2

Provider name

Provider address

Provider EIN or SSN

Amount paid this year
\$

For which dependent(s)

Paid with a dependent-care FSA / cafeteria plan?	Yes	No
--	-----	----

Provider 3

Provider name

Provider address

Provider EIN or SSN

Amount paid this year

\$

For which dependent(s)

Paid with a dependent-care FSA / cafeteria plan?

Yes

No

Provider 4

Provider name

Provider address

Provider EIN or SSN

Amount paid this year

\$

For which dependent(s)

Paid with a dependent-care FSA / cafeteria plan?

Yes

No

Additional provider rows 5-8

Enter one item per line and include: Provider name; Provider address; Provider EIN or SSN; Amount paid this year; For which dependent(s); Paid with a dependent-care FSA / cafeteria plan?. Attach a statement if more room is needed.

Did you adopt a child or pay adoption expenses this year?

Yes

No

Child's name/date, expenses paid, special-needs determination, employer adoption benefits

Your year at a glance

Quick yes/no. Each "yes" turns on the right questions later so you only see what applies.

Sold a home or other real estate?

Yes

No

Bought a home or refinanced a mortgage?

Yes

No

Sold stocks, bonds, mutual funds, or other investments?

Yes

No

Received, sold, exchanged, or otherwise disposed of any digital asset (crypto, NFT, stablecoin)?

Yes

No

The IRS asks this on every return - we must answer it either way

Took money out of a retirement account, IRA, or pension, or received Social Security?	Yes	No
Owned rental property or received royalties?	Yes	No
Own part of a partnership, LLC, S corporation, or are a beneficiary of a trust or estate (you get a Schedule K-1)?	Yes	No
Had any self-employment, gig, freelance, or 1099 income?	Yes	No
Farm income or expenses?	Yes	No
Received unemployment?	Yes	No
Gambling or lottery winnings?	Yes	No
Had debt cancelled or forgiven, a foreclosure, repossession, or bankruptcy?	Yes	No
Paid or received alimony?	Yes	No
Paid college or trade-school tuition, or student loan interest?	Yes	No
Had a Health Savings Account (HSA)?	Yes	No
Contributed to an IRA, Roth IRA, SEP or solo 401(k) (or plan to before the deadline)?	Yes	No
Bought an electric / plug-in vehicle, or made energy-efficient home improvements (solar, heat pump, windows, insulation)?	Yes	No
Took out a loan to buy a NEW car, truck, or SUV for personal use (2025 auto-loan interest deduction)?	Yes	No
Received tips or overtime pay at work?	Yes	No
Had a foreign bank account, foreign income, foreign assets, or paid foreign tax?	Yes	No
Did you pay any individual directly for household work (nanny, housekeeper, caregiver, yard work, or similar)?	Yes	No
Report the facts; your preparer will apply the tax-year wage threshold and worker-classification rules.		
Property loss from a federally declared disaster (fire, flood, hurricane)?	Yes	No
Did you make any significant gifts of money or property, or pay another person's tuition or medical costs?	Yes	No
Report the facts; your preparer will apply the tax-year exclusion and filing rules.		
Inherited money, property, or an IRA?	Yes	No
Exercised stock options or had restricted stock vest?	Yes	No
Received money from a lawsuit or legal settlement?	Yes	No
Bought health insurance through the Marketplace / healthcare.gov (Form 1095-A)?	Yes	No
Do you want us to check whether itemizing (mortgage interest, taxes, medical, charity) beats the standard deduction?	Yes	No
Say yes if you own a home, gave to charity, or had big medical bills		

Wages and salary (Forms W-2)

One entry per employer for you and your spouse. Attach every W-2 - we only need the highlights here.

Did you or your spouse receive any Forms W-2 this year? Yes No

Employers

Employer / W-2 1

Employer name	Whose job	
State on the W-2	Box 1 wages	
	\$	
Box 2 federal tax withheld	State tax withheld	
\$	\$	
Local tax withheld	Tips reported (Box 7 + 8)	
\$	\$	
Overtime premium pay (employer statement / Box 14)		
\$		
Box 13 "Retirement plan" checked?	Yes	No
Did you leave this job during the year?	Yes	No

Employer / W-2 2

Employer name	Whose job	
State on the W-2	Box 1 wages	
	\$	
Box 2 federal tax withheld	State tax withheld	
\$	\$	
Local tax withheld	Tips reported (Box 7 + 8)	
\$	\$	
Overtime premium pay (employer statement / Box 14)		
\$		
Box 13 "Retirement plan" checked?	Yes	No
Did you leave this job during the year?	Yes	No

Employer / W-2 3

Employer name	Whose job		
State on the W-2	Box 1 wages		
	\$		
Box 2 federal tax withheld	State tax withheld		
\$	\$		
Local tax withheld	Tips reported (Box 7 + 8)		
\$	\$		
Overtime premium pay (employer statement / Box 14)			
\$			
Box 13 "Retirement plan" checked?	Yes	No	
Did you leave this job during the year?	Yes	No	

Employer / W-2 4

Employer name	Whose job		
State on the W-2	Box 1 wages		
	\$		
Box 2 federal tax withheld	State tax withheld		
\$	\$		
Local tax withheld	Tips reported (Box 7 + 8)		
\$	\$		
Overtime premium pay (employer statement / Box 14)			
\$			
Box 13 "Retirement plan" checked?	Yes	No	
Did you leave this job during the year?	Yes	No	

Employer / W-2 5

Employer name	Whose job
State on the W-2	Box 1 wages
	\$

Box 2 federal tax withheld

\$

State tax withheld

\$

Local tax withheld

\$

Tips reported (Box 7 + 8)

\$

Overtime premium pay (employer statement / Box 14)

\$

Box 13 "Retirement plan" checked?

Yes

No

Did you leave this job during the year?

Yes

No

Employer / W-2 6

Employer name

Whose job

State on the W-2

Box 1 wages

\$

Box 2 federal tax withheld

\$

State tax withheld

\$

Local tax withheld

\$

Tips reported (Box 7 + 8)

\$

Overtime premium pay (employer statement / Box 14)

\$

Box 13 "Retirement plan" checked?

Yes

No

Did you leave this job during the year?

Yes

No

Additional employer / w-2 rows 7-12

Enter one item per line and include: Employer name; Whose job; State on the W-2; Box 1 wages; Box 2 federal tax withheld; State tax withheld; Local tax withheld; Tips reported (Box 7 + 8). Attach a statement if more room is needed.

Any tips you did NOT report to your employer?

Yes

No

Approximate amount

\$

Did any employer fail to give you a W-2 (or a 1099)?

Yes

No

We can file with Form 4852 or your IRS wage transcript

Employer, dates worked, approximate pay and withholding, last pay stub if you have it

Interest, dividends and investments

Any interest income (bank, credit union, CDs, bonds, Treasury, seller-financed loan)? Yes No

Payers (Forms 1099-INT / 1099-OID)

Payer 1

Bank / payer

Interest

\$

Tax-exempt (municipal)?

Yes

No

Payer 2

Bank / payer

Interest

\$

Tax-exempt (municipal)?

Yes

No

Payer 3

Bank / payer

Interest

\$

Tax-exempt (municipal)?

Yes

No

Payer 4

Bank / payer

Interest

\$

Tax-exempt (municipal)?

Yes

No

Payer 5

Bank / payer

Interest

\$

Tax-exempt (municipal)?

Yes

No

Payer 6

Bank / payer

Interest

\$

Tax-exempt (municipal)?	Yes	No
-------------------------	-----	----

Payer 7

Bank / payer	Interest
	\$

Tax-exempt (municipal)?	Yes	No
-------------------------	-----	----

Payer 8

Bank / payer	Interest
	\$

Tax-exempt (municipal)?	Yes	No
-------------------------	-----	----

Additional payer rows 9-15

Enter one item per line and include: Bank / payer; Interest; Tax-exempt (municipal)? . Attach a statement if more room is needed.

Early-withdrawal penalty on a CD (Box 2)

\$

Interest from a seller-financed mortgage (you sold property and carry the loan)?	Yes	No
Buyer name, SSN, address, interest received		

Cashed U.S. savings bonds, or used bond proceeds for education?	Yes	No
---	-----	----

Any dividends (stocks, mutual funds, brokerage)?	Yes	No
--	-----	----

Payers (Forms 1099-DIV)

Payer 1

Broker / fund	Ordinary dividends (Box 1a)
	\$
Qualified (Box 1b)	Capital gain distributions (Box 2a)
\$	\$
Foreign tax paid (Box 7)	
\$	

Payer 2

Broker / fund

Ordinary dividends (Box 1a)

\$

Qualified (Box 1b)

Capital gain distributions (Box 2a)

\$

\$

Foreign tax paid (Box 7)

\$

Payer 3

Broker / fund

Ordinary dividends (Box 1a)

\$

Qualified (Box 1b)

Capital gain distributions (Box 2a)

\$

\$

Foreign tax paid (Box 7)

\$

Payer 4

Broker / fund

Ordinary dividends (Box 1a)

\$

Qualified (Box 1b)

Capital gain distributions (Box 2a)

\$

\$

Foreign tax paid (Box 7)

\$

Payer 5

Broker / fund

Ordinary dividends (Box 1a)

\$

Qualified (Box 1b)

Capital gain distributions (Box 2a)

\$

\$

Foreign tax paid (Box 7)

\$

Payer 6

Broker / fund

Ordinary dividends (Box 1a)

\$

Qualified (Box 1b)

\$

Capital gain distributions (Box 2a)

\$

Foreign tax paid (Box 7)

\$

Payer 7

Broker / fund

Ordinary dividends (Box 1a)

\$

Qualified (Box 1b)

\$

Capital gain distributions (Box 2a)

\$

Foreign tax paid (Box 7)

\$

Payer 8

Broker / fund

Ordinary dividends (Box 1a)

\$

Qualified (Box 1b)

\$

Capital gain distributions (Box 2a)

\$

Foreign tax paid (Box 7)

\$

Additional payer rows 9-15

Enter one item per line and include: Broker / fund; Ordinary dividends (Box 1a); Qualified (Box 1b); Capital gain distributions (Box 2a); Foreign tax paid (Box 7). Attach a statement if more room is needed.

Complete this part only if you sold stocks, bonds, funds or other investments, or had stock options / RSUs.

INVESTMENT SALES (FORMS 1099-B)

Which brokerage accounts had sales?

Does every 1099-B show your cost basis?

Yes

No

Inherited or gifted shares, and old accounts, often show none

Which sales are missing basis? Tell us what you paid and when, or send purchase confirmations.

Do you have a capital loss carryover from a prior year? Yes No

Carryover amount (from last year's Schedule D)

\$

Any stock that became worthless, or a loan to someone that became uncollectible? Yes No

Details

Sold qualified small-business stock (held 5+ years)? Yes No

Exercised incentive or nonqualified stock options, or had RSUs vest? Yes No

Employer, dates, shares, and whether shares were sold

Received payments on something you sold in a prior year (installment sale)? Yes No

What was sold, when, payments received this year

Complete this part only if you received, sold or exchanged any digital asset (crypto, NFT, stablecoin).

DIGITAL ASSETS (CRYPTO, NFTS, STABLECOINS)

Exchanges / wallets used

Sold, swapped, or spent any digital asset? Yes No

Did you receive Forms 1099-DA? Yes No

How do you track cost basis?

Received crypto as pay, mining, staking, airdrops or rewards? Yes No

Approximate value when received

\$

Lost access to, or lost to theft/scam, any digital assets?

Yes

No

What happened, when, and value

Retirement income and Social Security

Complete this part only if you took money out of a retirement account, IRA or pension, received Social Security, or inherited an IRA.

Received any Forms 1099-R (IRA, 401(k), pension, annuity)?

Yes

No

Distributions

Form 1099-R 1

Payer

Whose

Type

Gross distribution (Box 1)

\$

Taxable amount (Box 2a)

Federal tax withheld (Box 4)

\$

\$

Distribution code (Box 7)

Rolled over (put back into an IRA/plan within 60 days)?

Yes

No

Converted to a Roth IRA?

Yes

No

Under age 59½ when withdrawn?

Yes

No

Reason (may avoid the 10% penalty)

Form 1099-R 2

Payer

Whose

Type

Gross distribution (Box 1)

\$

Taxable amount (Box 2a)

\$

Federal tax withheld (Box 4)

\$

Distribution code (Box 7)

Rolled over (put back into an IRA/plan within 60 days)?

Yes

No

Converted to a Roth IRA?

Yes

No

Under age 59½ when withdrawn?

Yes

No

Reason (may avoid the 10% penalty)

Form 1099-R 3

Payer

Whose

Type

Gross distribution (Box 1)

\$

Taxable amount (Box 2a)

\$

Federal tax withheld (Box 4)

\$

Distribution code (Box 7)

Rolled over (put back into an IRA/plan within 60 days)?

Yes

No

Converted to a Roth IRA?

Yes

No

Under age 59½ when withdrawn?

Yes

No

Reason (may avoid the 10% penalty)

Form 1099-R 4

Payer

Whose

Type

Gross distribution (Box 1)

\$

Taxable amount (Box 2a)

\$

Federal tax withheld (Box 4)

\$

Distribution code (Box 7)

Rolled over (put back into an IRA/plan within 60 days)?	Yes	No
Converted to a Roth IRA?	Yes	No
Under age 59½ when withdrawn?	Yes	No
Reason (may avoid the 10% penalty)		

Form 1099-R 5

Payer	Whose
Type	Gross distribution (Box 1) \$
Taxable amount (Box 2a) \$	Federal tax withheld (Box 4) \$
Distribution code (Box 7)	

Rolled over (put back into an IRA/plan within 60 days)?	Yes	No
Converted to a Roth IRA?	Yes	No
Under age 59½ when withdrawn?	Yes	No
Reason (may avoid the 10% penalty)		

Form 1099-R 6

Payer	Whose
Type	Gross distribution (Box 1) \$
Taxable amount (Box 2a) \$	Federal tax withheld (Box 4) \$
Distribution code (Box 7)	

Rolled over (put back into an IRA/plan within 60 days)?	Yes	No
Converted to a Roth IRA?	Yes	No
Under age 59½ when withdrawn?	Yes	No
Reason (may avoid the 10% penalty)		

Additional form 1099-r rows 7-12

Enter one item per line and include: Payer; Whose; Type; Gross distribution (Box 1); Taxable amount (Box 2a); Federal tax withheld (Box 4); Distribution code (Box 7); Rolled over (put back into an IRA/plan within 60 days)?. Attach a statement if more room is needed.

Were you (or your spouse) age 73+ and required to take a minimum distribution?	Yes	No
Was the full RMD taken?	Yes	No
Age 70½+ and gave IRA money directly to a charity (QCD)?	Yes	No
Charity and amount		

Have you ever made nondeductible (after-tax) IRA contributions?	Yes	No
Total basis from your last Form 8606		
\$		

Received Social Security or Railroad Retirement benefits (SSA-1099 / RRB-1099)?	Yes	No
Taxpayer - Box 5 net benefits	Spouse - Box 5 net benefits	
\$	\$	
Federal tax withheld (Box 6)		
\$		

Included a lump-sum payment for prior years?	Yes	No
Inherited an IRA, retirement plan, or property this year?	Yes	No
From whom, what, date of death, and whether you took a distribution		

Any distributions from an ABLE account?	Yes	No
---	-----	----

Rental property and royalties (Schedule E)

Complete this part only if you owned rental property or received royalties.

Properties

Property 1

Property address

Type

Ownership %

First year renting this property?

Yes

No

Date purchased or converted to rental

MM/DD/YYYY

Purchase price (plus closing costs)

\$

Portion for land (from the county assessment)

\$

Days rented at fair value

Days you / family used it

Average rental period 7 days or less, or you provided hotel-like services?

Yes

No

Rents received

\$

Royalties received

\$

Security deposits kept as income

\$

Advertising

\$

Auto and travel

\$

Cleaning and maintenance

\$

Commissions

\$

Insurance

\$

Legal and professional

\$

Management fees

\$

Mortgage interest (Form 1098)

\$

Other interest

\$

Repairs

\$

Supplies

\$

Property taxes

\$

Utilities

\$

HOA dues

\$

Other

\$

Any improvements or purchases over \$2,500 (roof, HVAC, appliances, remodel)?

Yes

No

Improvements

Improvement 1

What

Date

MM/DD/YYYY

Cost

\$

Improvement 2

What

Date

MM/DD/YYYY

Cost

\$

Improvement 3

What

Date

MM/DD/YYYY

Cost

\$

Improvement 4

What

Date

MM/DD/YYYY

Cost

\$

Improvement 5

What

Date

MM/DD/YYYY

Cost

\$

Improvement 6

What

Date

MM/DD/YYYY

Cost

\$

Additional improvement rows 7-15

Enter one item per line and include: What; Date; Cost. Attach a statement if more room is needed.

Sold this property this year?

Yes

No

Sale date, price, and selling costs (send the closing disclosure)

Paid any contractor \$600+ (and did you issue 1099s)?

Yes

No

Do you spend 750+ hours a year AND more than half your working time in real estate businesses (real estate professional)?

Yes

No

Do you make the management decisions (approve tenants, set rents, arrange repairs)?

Yes

No

Property 2

Property address

Type

Ownership %

First year renting this property?

Yes

No

Date purchased or converted to rental

MM/DD/YYYY

Purchase price (plus closing costs)

\$

Portion for land (from the county assessment)

\$

Days rented at fair value

Days you / family used it

Average rental period 7 days or less, or you provided hotel-like services?

Yes

No

Rents received

\$

Royalties received

\$

Security deposits kept as income

\$

Advertising

\$

Auto and travel

\$

Cleaning and maintenance

\$

Commissions

\$

Insurance

\$

Legal and professional

\$

Management fees

\$

Mortgage interest (Form 1098)

\$

Other interest

\$

Repairs

\$

Supplies

\$

Property taxes

\$

Utilities

\$

HOA dues

\$

Other

\$

Any improvements or purchases over \$2,500 (roof, HVAC, appliances, remodel)?

Yes

No

Improvements

Improvement 1

What

Date

MM/DD/YYYY

Cost

\$

Improvement 2

What

Date

MM/DD/YYYY

Cost

\$

Improvement 3

What	Date	MM/DD/YYYY
Cost		
\$		

Improvement 4

What	Date	MM/DD/YYYY
Cost		
\$		

Improvement 5

What	Date	MM/DD/YYYY
Cost		
\$		

Improvement 6

What	Date	MM/DD/YYYY
Cost		
\$		

Additional improvement rows 7-15

Enter one item per line and include: What; Date; Cost. Attach a statement if more room is needed.

Sold this property this year?	Yes	No
-------------------------------	-----	----

Sale date, price, and selling costs (send the closing disclosure)

Paid any contractor \$600+ (and did you issue 1099s)?	Yes	No
---	-----	----

Do you spend 750+ hours a year AND more than half your working time in real estate businesses (real estate professional)?	Yes	No
---	-----	----

Do you make the management decisions (approve tenants, set rents, arrange repairs)? Yes No

Property 3

Property address

Type

Ownership %

First year renting this property? Yes No

Date purchased or converted to rental

MM/DD/YYYY

Purchase price (plus closing costs)

\$

Portion for land (from the county assessment)

\$

Days rented at fair value

Days you / family used it

Average rental period 7 days or less, or you provided hotel-like services? Yes No

Rents received

\$

Royalties received

\$

Security deposits kept as income

\$

Advertising

\$

Auto and travel

\$

Cleaning and maintenance

\$

Commissions

\$

Insurance

\$

Legal and professional

\$

Management fees

\$

Mortgage interest (Form 1098)

\$

Other interest

\$

Repairs

\$

Supplies

\$

Property taxes

\$

Utilities

\$

HOA dues

\$

Other

\$

Any improvements or purchases over \$2,500 (roof, HVAC, appliances, remodel)?

Yes

No

Improvements

Improvement 1

What

Date

MM/DD/YYYY

Cost

\$

Improvement 2

What

Date

MM/DD/YYYY

Cost

\$

Improvement 3

What

Date

MM/DD/YYYY

Cost

\$

Improvement 4

What

Date

MM/DD/YYYY

Cost

\$

Improvement 5

What

Date

MM/DD/YYYY

Cost

\$

Improvement 6

What

Date

MM/DD/YYYY

Cost

\$

Additional improvement rows 7-15

Enter one item per line and include: What; Date; Cost. Attach a statement if more room is needed.

Sold this property this year?

Yes

No

Sale date, price, and selling costs (send the closing disclosure)

Paid any contractor \$600+ (and did you issue 1099s)?

Yes

No

Do you spend 750+ hours a year AND more than half your working time in real estate businesses (real estate professional)?

Yes

No

Do you make the management decisions (approve tenants, set rents, arrange repairs)?

Yes

No

Property 4

Property address

Type

Ownership %

First year renting this property?

Yes

No

Date purchased or converted to rental

MM/DD/YYYY

Purchase price (plus closing costs)

\$

Portion for land (from the county assessment)

\$

Days rented at fair value

Days you / family used it

Average rental period 7 days or less, or you provided hotel-like services?

Yes

No

Rents received

\$

Royalties received

\$

Security deposits kept as income

\$

Advertising

\$

Cleaning and maintenance

\$

Insurance

\$

Management fees

\$

Other interest

\$

Supplies

\$

Utilities

\$

Other

\$

Auto and travel

\$

Commissions

\$

Legal and professional

\$

Mortgage interest (Form 1098)

\$

Repairs

\$

Property taxes

\$

HOA dues

\$

Any improvements or purchases over \$2,500 (roof, HVAC, appliances, remodel)?

Yes

No

Improvements

Improvement 1

What

Date

MM/DD/YYYY

Cost

\$

Improvement 2

What

Date

MM/DD/YYYY

Cost

\$

Improvement 3

What

Date

MM/DD/YYYY

Cost

\$

Improvement 4

What

Date

MM/DD/YYYY

Cost

\$

Improvement 5

What

Date

MM/DD/YYYY

Cost

\$

Improvement 6

What

Date

MM/DD/YYYY

Cost

\$

Additional improvement rows 7-15

Enter one item per line and include: What; Date; Cost. Attach a statement if more room is needed.

Sold this property this year?

Yes

No

Sale date, price, and selling costs (send the closing disclosure)

Paid any contractor \$600+ (and did you issue 1099s)?

Yes

No

Do you spend 750+ hours a year AND more than half your working time in real estate businesses (real estate professional)?

Yes

No

Do you make the management decisions (approve tenants, set rents, arrange repairs)?

Yes

No

Additional property rows 5-10

Enter one item per line and include: Property address; Type; Ownership %; First year renting this property?; Days rented at fair value; Days you / family used it; Average rental period 7 days or less, or you provided hotel-like services?; Rents received. Attach a statement if more room is needed.

If Clarity did not prepare last year's return: can you send the prior depreciation schedule? Yes No

Other income

Complete this part only if you own part of a partnership, LLC or S corporation, or are a trust / estate beneficiary (Schedule K-1).

SCHEDULES K-1

Entities

K-1 1

Entity name Type

EIN Hours you worked in it this year

Have you received the K-1 yet? Yes No

When do you expect it?

Do you have a basis schedule / know your investment? Yes No

Bought into, sold, or gave up this interest this year? Yes No

K-1 2

Entity name Type

EIN Hours you worked in it this year

Have you received the K-1 yet? Yes No

When do you expect it?

Do you have a basis schedule / know your investment? Yes No

Bought into, sold, or gave up this interest this year? Yes No

K-1 3

Entity name	Type		
EIN	Hours you worked in it this year		
Have you received the K-1 yet?	Yes	No	
When do you expect it?			
Do you have a basis schedule / know your investment?	Yes	No	
Bought into, sold, or gave up this interest this year?	Yes	No	

K-1 4

Entity name	Type		
EIN	Hours you worked in it this year		
Have you received the K-1 yet?	Yes	No	
When do you expect it?			
Do you have a basis schedule / know your investment?	Yes	No	
Bought into, sold, or gave up this interest this year?	Yes	No	

K-1 5

Entity name	Type		
EIN	Hours you worked in it this year		
Have you received the K-1 yet?	Yes	No	
When do you expect it?			
Do you have a basis schedule / know your investment?	Yes	No	
Bought into, sold, or gave up this interest this year?	Yes	No	

K-1 6

Entity name	Type	
EIN	Hours you worked in it this year	
Have you received the K-1 yet?	Yes	No
When do you expect it?		
Do you have a basis schedule / know your investment?	Yes	No
Bought into, sold, or gave up this interest this year?	Yes	No

Additional k-1 rows 7-12

Enter one item per line and include: Entity name; Type; EIN; Hours you worked in it this year; Have you received the K-1 yet?; Do you have a basis schedule / know your investment?; Bought into, sold, or gave up this interest this year?. Attach a statement if more room is needed.

Complete this part only if you had farm income or expenses.

FARM (SCHEDULE F)

What you farm / raise

Sales of livestock, produce, grains, other	Co-op distributions, agricultural program payments, crop insurance
\$	\$

Custom hire and other farm income
\$

Farm expenses (feed, seed, fertilizer, chemicals, vet, fuel, labor, repairs, insurance, interest, rent, depreciation, utilities, supplies, taxes)

OTHER INCOME

Unemployment compensation (Form 1099-G)	Federal tax withheld on it
\$	\$

State income tax refund received (Form 1099-G)

\$

Complete this part only if you had gambling or lottery winnings.

Gambling / lottery winnings (all, not just W-2G)

\$

Federal tax withheld (W-2G Box 4)

\$

Documented gambling losses

\$

Complete this part only if you paid or received alimony.

Alimony

Amount this year

\$

Date of the divorce / separation agreement

MM/DD/YYYY

Other party's SSN (paid only)

###-##-####

Complete this part only if you had debt cancelled or forgiven, a foreclosure, repossession or bankruptcy.

Cancelled debt / foreclosure / bankruptcy: who, what, amount (Forms 1099-C / 1099-A), and whether you were insolvent or in bankruptcy at the time

Complete this part only if you received money from a lawsuit or legal settlement.

Legal settlement: what it was for (physical injury, lost wages, discrimination, other), amount, attorney fees

Complete this part only if you sold a home or other real estate.**SALE OF YOUR HOME OR OTHER REAL ESTATE**

Property sold

Date bought

MM/DD/YYYY

Date sold

MM/DD/YYYY

Sale price

\$

Original cost + improvements + selling costs

\$

Was it your main home for at least 2 of the last 5 years?

Yes

No

Ever rented or used for business?	Yes	No
Excluded gain on another home sale in the last 2 years?	Yes	No

Complete this part only if you paid an individual directly for household work.

For each household worker: name, work performed, dates, total cash wages, taxes withheld, W-2 status, and state unemployment filings

Complete this part only if you made significant gifts or paid another person's tuition or medical costs.

For each transfer: recipient and relationship, date, cash or property, fair market value, and whether tuition or medical costs were paid directly to the provider

Any other income we have not already covered?	Yes	No
---	-----	----

Jury pay, prizes, hobby income, anything unusual - or anything you are simply not sure about. If in doubt, say yes and describe it; that is what we are here for.

Jury duty pay
\$Prizes, awards, hobby income
\$Any other income not listed
\$

Describe any other income, or anything you're not sure is taxable

Savings, education and other adjustments

Complete this part only if you had a Health Savings Account (HSA).

HEALTH SAVINGS ACCOUNT

HDHP coverage type

Your contributions (not through payroll)
\$Employer / payroll contributions (W-2 Box 12 code W)
\$Distributions (Form 1099-SA)
\$

Were all distributions for medical expenses?	Yes	No
--	-----	----

Complete this part only if you contributed (or plan to contribute) to an IRA or Roth IRA.

IRA CONTRIBUTIONS

Traditional IRA - taxpayer

\$

Traditional IRA - spouse

\$

Roth IRA - taxpayer

\$

Roth IRA - spouse

\$

Want us to tell you the maximum you can still contribute (deadline April 15)?

Yes

No

Covered by a retirement plan at work (W-2 Box 13)?

Yes

No

Complete this part only if you paid college or trade-school tuition or student loan interest.

EDUCATION

Students (Forms 1098-T)

Student 1

Student

School

Year of study

Tuition and fees paid (Box 1)

\$

Scholarships / grants (Box 5)

Books and required supplies

\$

\$

Enrolled at least half-time?

Yes

No

Any felony drug conviction?

Yes

No

Paid with a 529 / education savings withdrawal (Form 1099-Q)?

Yes

No

Amount withdrawn

\$

Student 2

Student

School

Year of study

Tuition and fees paid (Box 1)

\$

Scholarships / grants (Box 5)

Books and required supplies

\$

\$

Enrolled at least half-time?

Yes

No

Any felony drug conviction?	Yes	No
Paid with a 529 / education savings withdrawal (Form 1099-Q)?	Yes	No
Amount withdrawn		
\$		

Student 3

Student	School		
Year of study	Tuition and fees paid (Box 1)		
	\$		
Scholarships / grants (Box 5)	Books and required supplies		
\$	\$		
Enrolled at least half-time?	Yes	No	
Any felony drug conviction?	Yes	No	
Paid with a 529 / education savings withdrawal (Form 1099-Q)?	Yes	No	
Amount withdrawn			
\$			

Student 4

Student	School		
Year of study	Tuition and fees paid (Box 1)		
	\$		
Scholarships / grants (Box 5)	Books and required supplies		
\$	\$		
Enrolled at least half-time?	Yes	No	
Any felony drug conviction?	Yes	No	
Paid with a 529 / education savings withdrawal (Form 1099-Q)?	Yes	No	
Amount withdrawn			
\$			

Additional student rows 5-6

Enter one item per line and include: Student; School; Year of study; Tuition and fees paid (Box 1); Scholarships / grants (Box 5); Books and required supplies; Enrolled at least half-time?; Any felony drug conviction?. Attach a statement if more room is needed.

Student loan interest paid (Form 1098-E)

\$

Complete this part only if you took out a loan in 2025 or later to buy a NEW car, truck or SUV for personal use.**NEW-VEHICLE LOAN INTEREST (2025-2028)**

Vehicle (year, make, model)

VIN

Loan date (must be after 12/31/2024)

MM/DD/YYYY

Bought new (you are the first owner)?

Yes

No

Final assembly in the U.S. (window sticker / dealer)?

Yes

No

For personal use (not business)?

Yes

No

Interest paid this year (lender statement)

\$

OTHER ADJUSTMENTS

Teacher / educator classroom expenses (K-12, 900+ hours)

\$

Moving expenses - active-duty military move only

\$

Were you or your spouse age 65 or older at year end? (2025+ extra \$6,000 deduction)

Yes

No

We confirm from dates of birth

Itemized deductions

We take the standard deduction unless these add up to more. Skip anything that doesn't apply.

Complete this part only if you own a home, gave to charity, had large medical bills, or want us to check whether itemizing beats the standard deduction.**MEDICAL AND DENTAL (ONLY WHAT INSURANCE DID NOT REIMBURSE)**

Health, dental, Medicare premiums (after-tax only)

\$

Long-term care premiums

\$

Doctors, dentists, hospitals, labs

\$

Prescriptions

\$

Glasses, contacts, hearing aids, equipment

\$

Nursing / in-home care

\$

Miles driven for medical care

Other medical (lodging, travel)

\$

TAXES YOU PAID

State/local income tax paid this year for a PRIOR year (balance due, estimates)

\$

Real estate tax - main home

\$

Real estate tax - other property (2nd home, land)

\$

Personal property / vehicle registration tax (value-based part)

\$

Sales tax on major purchases (car, boat, RV, home materials)

\$

Live in a no-income-tax state (TX, FL, WA, NV, TN, SD, WY, AK, NH)?

Yes

No

We'll use the sales-tax table instead

MORTGAGE AND OTHER INTEREST

Mortgages / home equity loans (Forms 1098)

Loan 1

Lender

Property

Interest paid (Box 1)

\$

Loan balance (Box 2)

\$

Points paid this year

\$

Mortgage insurance premiums

\$

Home equity loan / cash-out?

Yes

No

What the money was used for

Deductible only if used to buy, build or improve the home

New loan or refinance this year?

Yes

No

Loan 2

Lender

Property

Interest paid (Box 1)

\$

Loan balance (Box 2)

\$

Points paid this year

\$

Mortgage insurance premiums

\$

Home equity loan / cash-out?

Yes

No

What the money was used for

Deductible only if used to buy, build or improve the home

New loan or refinance this year?

Yes

No

Loan 3

Lender

Property

Interest paid (Box 1)

\$

Loan balance (Box 2)

\$

Points paid this year

\$

Mortgage insurance premiums

\$

Home equity loan / cash-out?

Yes

No

What the money was used for

Deductible only if used to buy, build or improve the home

New loan or refinance this year?

Yes

No

Loan 4

Lender

Property

Interest paid (Box 1)

\$

Loan balance (Box 2)

\$

Points paid this year

\$

Mortgage insurance premiums

\$

Home equity loan / cash-out?

Yes

No

What the money was used for

Deductible only if used to buy, build or improve the home

New loan or refinance this year?

Yes

No

Additional loan rows 5-6

Enter one item per line and include: Lender; Property; Interest paid (Box 1); Loan balance (Box 2); Points paid this year; Mortgage insurance premiums; Home equity loan / cash-out?; New loan or refinance this year?. Attach a statement if more room is needed.

Investment interest (margin interest)

\$

CHARITABLE GIVING

Cash / check / card donations (total)

\$

Any single cash gift of \$250 or more?

Yes

No

Do you have the written acknowledgment for each?

Yes

No

Miles driven for volunteer work

Donated clothing, household goods, a vehicle, stock, or other property?

Yes

No

Non-cash donations**Donation 1**

Charity

What

Date

MM/DD/YYYY

Fair market value

\$

What you paid for it

\$

How value was set

Donation 2

Charity

What

Date

MM/DD/YYYY

Fair market value

\$

What you paid for it

\$

How value was set

Donation 3

Charity		What
Date	MM/DD/YYYY	Fair market value \$
What you paid for it \$		How value was set

Donation 4

Charity		What
Date	MM/DD/YYYY	Fair market value \$
What you paid for it \$		How value was set

Donation 5

Charity		What
Date	MM/DD/YYYY	Fair market value \$
What you paid for it \$		How value was set

Donation 6

Charity		What
Date	MM/DD/YYYY	Fair market value \$
What you paid for it \$		How value was set

Additional donation rows 7-12

Enter one item per line and include: Charity; What; Date; Fair market value; What you paid for it; How value was set. Attach a statement if more room is needed.

Over \$500 total requires Form 8283; over \$5,000 for one item needs a qualified appraisal; vehicles need Form 1098-C.

Complete this part only if you had property loss from a federally declared disaster.

DISASTER LOSS

FEMA disaster declaration number	Date of loss	MM/DD/YYYY
Property damaged	Your cost / basis	
	\$	
Value before	Value after	
\$	\$	
Insurance / FEMA reimbursement		
\$		

OTHER

Tax preparation fees (state deduction only)	Investment advisory fees (state only)
\$	\$

Credits: energy, clean vehicle, health coverage

Complete this part only if you bought an electric / plug-in vehicle or made energy-efficient home improvements.

ENERGY-EFFICIENT HOME IMPROVEMENTS

Improvements

Improvement 1

Type	Date installed	MM/DD/YYYY
Cost		
\$		
Do you have the manufacturer certification / product ID?	Yes	No

Improvement 2

Type Date installed MM/DD/YYYY

Cost
\$

Do you have the manufacturer certification / product ID? Yes No

Improvement 3

Type Date installed MM/DD/YYYY

Cost
\$

Do you have the manufacturer certification / product ID? Yes No

Improvement 4

Type Date installed MM/DD/YYYY

Cost
\$

Do you have the manufacturer certification / product ID? Yes No

Additional improvement rows 5-10

Enter one item per line and include: Type; Date installed; Cost; Do you have the manufacturer certification / product ID?. Attach a statement if more room is needed.

CLEAN VEHICLE

Bought a new or used electric / plug-in vehicle? Yes No

Vehicle and VIN Purchase date MM/DD/YYYY

New or used

Did the dealer apply the credit at the sale (transferred credit)? Yes No

HEALTH COVERAGE

Did everyone on the return have health coverage all 12 months? Yes No

Who was uncovered, and which months?

Complete this part only if you bought health insurance through the Marketplace / healthcare.gov (Form 1095-A).

Do you have Form 1095-A from the Marketplace? Yes No

Was anyone on that policy NOT on your tax return (adult child, ex-spouse)? Yes No

Who, and how you agreed to split the policy

Were you offered coverage by an employer that you declined? Yes No

Was anyone eligible for Medicare or Medicaid but not enrolled? Yes No

OTHER CREDITS

Paid foreign tax (on dividends or foreign income)? Yes No

Contributed to a retirement plan at work or an IRA (saver's credit check)? Yes No

Foreign accounts and assets

Complete this part only if you had a foreign bank or investment account, foreign income or assets, or paid foreign tax.

Did you have signature authority over, or an interest in, any foreign financial account (bank, brokerage, pension, insurance with cash value)? Yes No

Did all your foreign accounts together exceed \$10,000 at ANY point in the year? Yes No

If yes an FBAR (FinCEN 114) is required - heavy penalties if missed

Foreign accounts

Account 1

Institution and country

Type

Account number

Highest value during the year (USD)

\$

Held

Account 2

Institution and country

Type

Account number

Highest value during the year (USD)

\$

Held

Account 3

Institution and country

Type

Account number

Highest value during the year (USD)

\$

Held

Account 4

Institution and country

Type

Account number

Highest value during the year (USD)

\$

Held

Account 5

Institution and country

Type

Account number

Highest value during the year (USD)

\$

Held

Account 6

Institution and country

Type

Account number

Highest value during the year (USD)

\$

Held

Additional account rows 7-12

Enter one item per line and include: Institution and country; Type; Account number; Highest value during the year (USD); Held. Attach a statement if more room is needed.

Did you own any foreign non-account financial assets (foreign stock, partnership interest, trust interest, or foreign-issued note)?

Yes

No

Report all facts; your preparer will apply Form 8938 thresholds for the tax year, filing status, and residence.

For each asset: country, type, owner, highest value, year-end value, and how it was held

Foreign wages, self-employment, pension, rental or investment income?

Yes

No

Country, type, amount, foreign tax paid, and days you lived abroad

Grantor or beneficiary of a foreign trust, or received gifts / inheritance from a foreign person over \$100,000?

Yes

No

Details

Estimated payments, refund and payment

Were estimated tax payments made for this tax year (federal or state)? Yes No

Quarter	Federal date paid	Federal amount	State date paid	State amount
1st quarter (Apr 15)		\$		\$
2nd quarter (Jun 15)		\$		\$
3rd quarter (Sep 15)		\$		\$
4th quarter (Jan 15)		\$		\$
State				
Prior-year overpayment applied to this year				
\$				

REFUND OR BALANCE DUE

Direct deposit any refund? (fastest and safest) Yes No

Re-enter both numbers and send a voided check or bank letter. Any change clears the readiness attestation until you review again.

Bank name	Routing number (9 digits)
Re-enter routing number	Account number
Re-enter account number	Account type

Want to set your refund and payment preferences now? Yes No

Most people skip this. We come back to you once we know whether you are getting a refund or owe.

Apply any overpayment to next year's estimated tax instead? Yes No

If you owe: withdraw the balance from that same account on the due date? Yes No

If you owe: will you be able to pay in full by the deadline? Yes No

If not, we'll set up the payment plan at the same time as the return

Do you expect a big change in income, deductions or withholding next year? Yes No

What is changing

Do you expect to need an extension?

Yes

No

An extension is time to file, not time to pay

Contribute to any state check-off funds on the state return?

Yes

No

Which fund(s) and amount

Review, sign and send

Anything else we should know? Questions, worries, things you are unsure about:

DOCUMENT CHECKLIST - tick what you are sending with this organizer

Government photo ID (front and back) - taxpayer and spouse
Social Security cards or ITIN letters for anyone new on the return
Last year's federal and state returns
IRS / state letters and notices
IP PIN letter (CP01A)
Every Form W-2
Employer statement of qualified overtime / tips (or final pay stub)
Final pay stub for any job with no W-2
Forms 1099-INT / 1099-OID
Forms 1099-DIV
Forms 1099-B and year-end brokerage statements (with cost basis)
Forms 1099-DA and crypto transaction history (CSV export)
Stock option / RSU statements (Form 3921 / 3922, vesting reports)
Forms 1099-R
Form SSA-1099 / RRB-1099
Form 5498 / 8606 history
Forms 1099-NEC, 1099-MISC, 1099-K
Business income and expense summary (or bookkeeping export) for each business
Mileage log and vehicle purchase / lease papers
Home office measurements and home expense totals
Payroll reports (941/940, W-3) if you had employees
Rental income and expense summary per property, Forms 1098, closing disclosure for new or sold property
Prior depreciation schedule for rentals / business assets
Schedules K-1 (federal and state)
Form 1099-G (unemployment / state refund)
Forms W-2G and gambling win/loss statements
Forms 1099-C / 1099-A, bankruptcy discharge papers
Divorce / separation agreement (alimony pages)
Closing disclosure(s) for home sold / bought / refinanced, plus improvement records
Settlement agreement and attorney fee statement
Forms 1098-T, tuition receipts, Form 1099-Q, Form 1098-E
Forms 1099-SA and 5498-SA
Auto loan statement showing interest, purchase contract with VIN, window sticker
Childcare provider statements with tax ID
Adoption decree and expense receipts

Forms 1098 (mortgage interest), property tax bills, DMV registration

Charity receipts and written acknowledgments (\$250+), Form 8283 / appraisal for large non-cash gifts, Form 1098-C for vehicles

Medical expense summary and insurance premium statements

Manufacturer certifications and invoices for energy improvements; clean-vehicle purchase agreement and dealer time-of-sale report

Form 1095-A

Forms 1095-B / 1095-C

Foreign account statements showing the highest balance, foreign tax paid

W-2 issued to your household employee, state unemployment filings

FEMA declaration number, insurance claim, photos, repair estimates

Records of significant gifts or tuition / medical payments for another person

Estate / inheritance paperwork, date-of-death values

Voided check or bank letter for direct deposit / debit

Estimated tax payment confirmations (IRS and state)

ATTESTATION

To the best of my knowledge the information in this organizer is complete and accurate. I understand Clarity Tax Relief will rely on it, together with my documents and IRS records, to prepare my return.

I agree to receive documents and communications about my return electronically. This communication consent does not authorize Clarity Tax Relief to file my return.

Signature (type or sign)

Date

Spouse signature

Date

You will review and sign the actual return separately before anything is filed. Thank you - this really does speed things up.