Self-Employed Tax Organizer

1099, gig, freelance and Schedule C businesses · 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.

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

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
Besides your main business, any other side income (gig, freelance)?	◯ 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)? Report the facts; your preparer will apply the tax-year wage threshold and worker-classification rules.	◯ Yes	◯ No
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? Report the facts; your preparer will apply the tax-year exclusion and filing rules.	◯ Yes	◯ No
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? Say yes if you own a home, gave to charity, or had big medical bills	◯ Yes	◯ No

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

Your business (Schedule C)

Every dollar in counts (cash, Venmo, Zelle, PayPal, 1099-K, 1099-NEC), and every ordinary and necessary expense counts against it. Estimates are fine - flag anything you're unsure of.

Your business(es) - one entry per business

Business 1

Business name (or your name if none)

What the business does

EIN (if you have one)

Whose business?

Date started MM/DD/YYYY

Accounting method

Still operating at year end? ○ Yes ○ No

First year of this business? ○ Yes ○ No

Did you actively run this business (materially participate)? ○ Yes ○ No

Is all of your money in the business at risk (no non-recourse financing)? ○ Yes ○ No

Did the business operate in more than one state? ○ Yes ○ No

Which states, and roughly what share of sales in each?

INCOME

Gross receipts / sales (everything received, including cash and app payments)

$

Of that, total shown on Forms 1099-K (payment apps / card processors)

$

Of that, total shown on Forms 1099-NEC / 1099-MISC

$

Returns and refunds given to customers

$

Qualified tips received in the business (2025+ tip deduction)

$

Other business income (interest, grants, prizes)

$

Do you sell products and keep inventory? ○ Yes ○ No

Inventory at start of year
$

Purchases (minus items taken for personal use)
$

Cost of labor (not your own pay)
$

Materials and supplies
$

Other costs of goods
$

Inventory at end of year
$

How inventory is valued

EXPENSES (ENTER WHAT YOU HAVE - ROUND NUMBERS ARE FINE, WE'LL FOLLOW UP ON ANYTHING UNUSUAL)

Advertising and marketing
$

Car and truck (fill in the vehicle section below)
$

Commissions and fees
$

Contract labor (people you paid, not employees)
$

Depletion
$

Depreciation / equipment purchases (list assets below)
$

Employee benefit programs
$

Insurance (other than health)
$

Interest - mortgage on business property
$

Interest - other business loans / credit cards
$

Legal and professional services
$

Office expense
$

Pension / profit-sharing for employees
$

Rent or lease - vehicles, machinery, equipment
$

Rent or lease - office / business property
$

Repairs and maintenance
$

Supplies
$

Taxes and licenses (not income tax)
$

Travel (lodging, airfare - not meals)
$

Business meals (total paid; we apply the 50% rule)
$

Utilities (business phone, internet, power)
$

Wages paid to employees (W-2)
$

Software and subscriptions
$

Bank and merchant / processing fees
$

Dues, memberships, licenses
$

Education and training
$

Business gifts (limited to $25 per person)
$

Other (describe in the notes below)
$

Notes on "other" expenses or anything unusual

ASSETS, VEHICLES AND HOME OFFICE

Did you buy equipment, computers, furniture, tools or other assets over $200 this year? ○ Yes ○ No

Assets purchased

Asset 1

Item

Date bought / placed in service MM/DD/YYYY

Cost
$

Asset 2

Item

Date bought / placed in service MM/DD/YYYY

Cost
$

Asset 3

Item

Date bought / placed in service MM/DD/YYYY

Cost
$

Asset 4

Item

Date bought / placed in service MM/DD/YYYY

Cost
$

Asset 5

Item

Date bought / placed in service MM/DD/YYYY

Cost
$

Asset 6

Item

Date bought / placed in service MM/DD/YYYY

Cost
$

Asset 7

Item

Date bought / placed in service MM/DD/YYYY

Cost
$

Asset 8

Item

Date bought / placed in service MM/DD/YYYY

Cost
$

Asset 9

Item

Date bought / placed in service MM/DD/YYYY

Cost
$

Asset 10

Item

Date bought / placed in service MM/DD/YYYY

Cost
$

Additional asset rows 11-30

Enter one item per line and include: Item; Date bought / placed in service; Cost. Attach a statement if more room is needed.

Did you sell, trade in, or stop using any business asset this year? ○ Yes ○ No

What, when, and what you received

Did you use a vehicle for this business? ○ Yes ○ No

Vehicles used for the business

Vehicle 1

Vehicle (year, make, model)

Date first used for business MM/DD/YYYY

Purchase price / value when first used $

Leased? ○ Yes ○ No

Total miles driven this year

Business miles

Commuting miles

Other personal miles

Do you keep a written or app mileage log? ○ Yes ○ No

Another vehicle available for personal use? ○ Yes ○ No

Want us to compare actual expenses to the mileage rate? ○ Yes ○ No

Gas and oil $

Repairs and tires $

Insurance $

Registration and taxes $

Lease payments $

Loan interest $

Parking and tolls
$

Other
$

Sold, traded, or stopped using this vehicle for business this year? ◯ Yes ◯ No

Date and amount received

Vehicle 2

Vehicle (year, make, model)

Date first used for business MM/DD/YYYY

Purchase price / value when first used
$

Leased? ◯ Yes ◯ No

Total miles driven this year

Business miles

Commuting miles

Other personal miles

Do you keep a written or app mileage log? ◯ Yes ◯ No

Another vehicle available for personal use? ◯ Yes ◯ No

Want us to compare actual expenses to the mileage rate? ◯ Yes ◯ No

Gas and oil
$

Repairs and tires
$

Insurance
$

Registration and taxes
$

Lease payments
$

Loan interest
$

Parking and tolls
$

Other
$

Sold, traded, or stopped using this vehicle for business this year? ◯ Yes ◯ No

Date and amount received

Vehicle 3

Vehicle (year, make, model)

Date first used for business MM/DD/YYYY

Purchase price / value when first used
$

Leased? ◯ Yes ◯ No

Total miles driven this year

Business miles

Commuting miles

Other personal miles

Do you keep a written or app mileage log? ◯ Yes ◯ No

Another vehicle available for personal use? ◯ Yes ◯ No

Want us to compare actual expenses to the mileage rate? ◯ Yes ◯ No

Gas and oil
$

Repairs and tires
$

Insurance
$

Registration and taxes
$

Lease payments
$

Loan interest
$

Parking and tolls
$

Other
$

Sold, traded, or stopped using this vehicle for business this year? ◯ Yes ◯ No

Date and amount received

Additional vehicle rows 4-6

Enter one item per line and include: Vehicle (year, make, model); Date first used for business; Purchase price / value when first used; Leased?; Total miles driven this year; Business miles; Commuting miles; Other personal miles. Attach a statement if more room is needed.

Do you use part of your home regularly and exclusively for this business? ◯ Yes ◯ No

Total home square feet

Office square feet

Own or rent?

Used since MM/DD/YYYY

We compare the simplified method ($5 per sq ft, up to 300 sq ft) with actual expenses and use whichever is better. Fill in actual costs if you have them.

Rent paid (whole home)
$

Utilities (whole home)
$

Homeowner / renter insurance
$

Repairs and maintenance (whole home)
$

Mortgage interest (Form 1098)
$

Real estate taxes
$

Expenses only for the office (paint, office repairs)
$

Home purchase price + improvements (if owned)
$

Is this a daycare business? ○ Yes ○ No

Hours the home was used for daycare this year

COMPLIANCE

Did you pay any individual or unincorporated business $600 or more for services? ○ Yes ○ No

Did you issue them Forms 1099-NEC? ○ Yes ○ No

Did you have W-2 employees? ○ Yes ○ No

Payroll provider (if any)

Were all 941/940 and W-2/W-3 filed? ○ Yes ○ No

Any unpaid payroll tax or IRS/state payroll notices? ○ Yes ○ No

Do you reimburse employee health costs or pay their premiums? ○ Yes ○ No

Did the business receive more than $10,000 in cash in one transaction (or related ones)? ○ Yes ○ No

Was Form 8300 filed? ○ Yes ○ No

Does the business collect sales tax? ○ Yes ○ No

Are the state sales tax returns filed and paid? ○ Yes ○ No

Any research or product-development spending? ○ Yes ○ No

Business 2

Business name (or your name if none)

What the business does

EIN (if you have one)

Whose business?

Date started MM/DD/YYYY

Accounting method

Still operating at year end? ○ Yes ○ No

First year of this business? ○ Yes ○ No

Did you actively run this business (materially participate)? ○ Yes ○ No

Is all of your money in the business at risk (no non-recourse financing)? ○ Yes ○ No

Did the business operate in more than one state? ○ Yes ○ No

Which states, and roughly what share of sales in each?

INCOME

Gross receipts / sales (everything received, including cash and app payments)

$

Of that, total shown on Forms 1099-K (payment apps / card processors)

$

Of that, total shown on Forms 1099-NEC / 1099-MISC

$

Returns and refunds given to customers

$

Qualified tips received in the business (2025+ tip deduction)

$

Other business income (interest, grants, prizes)

$

Do you sell products and keep inventory? ○ Yes ○ No

Inventory at start of year

$

Purchases (minus items taken for personal use)

$

Cost of labor (not your own pay)

$

Materials and supplies

$

Other costs of goods

$

Inventory at end of year

$

How inventory is valued

EXPENSES (ENTER WHAT YOU HAVE - ROUND NUMBERS ARE FINE, WE'LL FOLLOW UP ON ANYTHING UNUSUAL)

Advertising and marketing
$

Car and truck (fill in the vehicle section below)
$

Commissions and fees
$

Contract labor (people you paid, not employees)
$

Depletion
$

Depreciation / equipment purchases (list assets below)
$

Employee benefit programs
$

Insurance (other than health)
$

Interest - mortgage on business property
$

Interest - other business loans / credit cards
$

Legal and professional services
$

Office expense
$

Pension / profit-sharing for employees
$

Rent or lease - vehicles, machinery, equipment
$

Rent or lease - office / business property
$

Repairs and maintenance
$

Supplies
$

Taxes and licenses (not income tax)
$

Travel (lodging, airfare - not meals)
$

Business meals (total paid; we apply the 50% rule)
$

Utilities (business phone, internet, power)
$

Wages paid to employees (W-2)
$

Software and subscriptions
$

Bank and merchant / processing fees
$

Dues, memberships, licenses
$

Education and training
$

Business gifts (limited to $25 per person)
$

Other (describe in the notes below)
$

Notes on "other" expenses or anything unusual

ASSETS, VEHICLES AND HOME OFFICE

Did you buy equipment, computers, furniture, tools or other assets over $200 this year? ◯ Yes ◯ No

Assets purchased

Asset 1

Item

Date bought / placed in service MM/DD/YYYY

Cost

$

Asset 2

Item

Date bought / placed in service MM/DD/YYYY

Cost

$

Asset 3

Item

Date bought / placed in service MM/DD/YYYY

Cost

$

Asset 4

Item

Date bought / placed in service MM/DD/YYYY

Cost

$

Asset 5

Item

Date bought / placed in service MM/DD/YYYY

Cost

$

Asset 6

Item

Date bought / placed in service MM/DD/YYYY

Cost
$

Asset 7

Item

Date bought / placed in service MM/DD/YYYY

Cost
$

Asset 8

Item

Date bought / placed in service MM/DD/YYYY

Cost
$

Asset 9

Item

Date bought / placed in service MM/DD/YYYY

Cost
$

Asset 10

Item

Date bought / placed in service MM/DD/YYYY

Cost
$

Additional asset rows 11-30

Enter one item per line and include: Item; Date bought / placed in service; Cost. Attach a statement if more room is needed.

Did you sell, trade in, or stop using any business asset this year? ○ Yes ○ No

What, when, and what you received

Did you use a vehicle for this business? ◯ Yes ◯ No

Vehicles used for the business

Vehicle 1

Vehicle (year, make, model)

Date first used for business MM/DD/YYYY

Purchase price / value when first used $

Leased? ◯ Yes ◯ No

Total miles driven this year

Business miles

Commuting miles

Other personal miles

Do you keep a written or app mileage log? ◯ Yes ◯ No

Another vehicle available for personal use? ◯ Yes ◯ No

Want us to compare actual expenses to the mileage rate? ◯ Yes ◯ No

Gas and oil $

Repairs and tires $

Insurance $

Registration and taxes $

Lease payments $

Loan interest $

Parking and tolls $

Other $

Sold, traded, or stopped using this vehicle for business this year? ◯ Yes ◯ No

Date and amount received

Vehicle 2

Vehicle (year, make, model)

Date first used for business MM/DD/YYYY

Purchase price / value when first used $

Leased? ◯ Yes ◯ No

Total miles driven this year

Business miles

Commuting miles

Other personal miles

Do you keep a written or app mileage log? ◯ Yes ◯ No

Another vehicle available for personal use? ◯ Yes ◯ No

Want us to compare actual expenses to the mileage rate? ◯ Yes ◯ No

Gas and oil $

Repairs and tires $

Insurance $

Registration and taxes $

Lease payments $

Loan interest $

Parking and tolls $

Other $

Sold, traded, or stopped using this vehicle for business this year? ◯ Yes ◯ No

Date and amount received

Vehicle 3

Vehicle (year, make, model)

Date first used for business MM/DD/YYYY

Purchase price / value when first used $

Leased? ◯ Yes ◯ No

Total miles driven this year

Business miles

Commuting miles

Other personal miles

Do you keep a written or app mileage log? ○ Yes ○ No

Another vehicle available for personal use? ○ Yes ○ No

Want us to compare actual expenses to the mileage rate? ○ Yes ○ No

Gas and oil
$

Repairs and tires
$

Insurance
$

Registration and taxes
$

Lease payments
$

Loan interest
$

Parking and tolls
$

Other
$

Sold, traded, or stopped using this vehicle for business this year? ○ Yes ○ No

Date and amount received

Additional vehicle rows 4-6

Enter one item per line and include: Vehicle (year, make, model); Date first used for business; Purchase price / value when first used; Leased?; Total miles driven this year; Business miles; Commuting miles; Other personal miles. Attach a statement if more room is needed.

Do you use part of your home regularly and exclusively for this business? ○ Yes ○ No

Total home square feet

Office square feet

Own or rent?

Used since MM/DD/YYYY

We compare the simplified method ($5 per sq ft, up to 300 sq ft) with actual expenses and use whichever is better. Fill in actual costs if you have them.

Rent paid (whole home)
$

Utilities (whole home)
$

Homeowner / renter insurance
$

Repairs and maintenance (whole home)
$

Mortgage interest (Form 1098)
$

Real estate taxes
$

Expenses only for the office (paint, office repairs)
$

Home purchase price + improvements (if owned)
$

Is this a daycare business? ○ Yes ○ No

Hours the home was used for daycare this year

COMPLIANCE

Did you pay any individual or unincorporated business $600 or more for services? ○ Yes ○ No

Did you issue them Forms 1099-NEC? ○ Yes ○ No

Did you have W-2 employees? ○ Yes ○ No

Payroll provider (if any)

Were all 941/940 and W-2/W-3 filed? ○ Yes ○ No

Any unpaid payroll tax or IRS/state payroll notices? ○ Yes ○ No

Do you reimburse employee health costs or pay their premiums? ○ Yes ○ No

Did the business receive more than $10,000 in cash in one transaction (or related ones)? ○ Yes ○ No

Was Form 8300 filed? ○ Yes ○ No

Does the business collect sales tax? ○ Yes ○ No

Are the state sales tax returns filed and paid? ○ Yes ○ No

Any research or product-development spending? ○ Yes ○ No

Additional business rows 3-6

Enter one item per line and include: Business name (or your name if none); What the business does; EIN (if you have one); Whose business?; Date started; Accounting method; Still operating at year end?; First year of this business?. Attach a statement if more room is needed.

OWNER BENEFITS AND TAXES

Health insurance premiums you paid for yourself / family (not through an employer plan)
$

Long-term care premiums
$

Made or want to make a SEP-IRA, SIMPLE, or solo 401(k) contribution for this year? ◯ Yes ◯ No

Amount contributed (or "max")
$

Did you make estimated tax payments this year? ◯ Yes ◯ No
You'll enter dates and amounts in the Payments section

Did you receive Forms 1099-NEC, 1099-MISC or 1099-K? ◯ Yes ◯ No

From whom (list payers)

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
$

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

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 standa

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.