

<b>2025</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
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**BROWN FINANCIAL LLC**

PO BOX 390

HOPE NJ 07844

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**Tax Return Appointment**

Date:

Time:

Location:

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

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

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

**CLIENT INFORMATION****Taxpayer****Spouse**

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

Address

In care of . . . . .

Street address . . . . .

Apartment number . . . . .

City . . . . .

State . . . . .

ZIP code . . . . .

**DEPENDENTS****Dependent No. 1****Dependent No. 2**

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . .		
Date of death (m/d/y) . . . .		
Date of adoption (m/d/y) . . .		
Social security number . . . .		
Relationship . . . . .		
Months lived at home . . . .		

**Dependent No. 3****Dependent No. 4**

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . .		
Date of death (m/d/y) . . . .		
Date of adoption (m/d/y) . . .		
Social security number . . . .		
Relationship . . . . .		
Months lived at home . . . .		

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

**WAGES, SALARIES AND TIPS**

Employer name:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

**2025****Provide Forms W-2****INTEREST INCOME**

Payer name:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

**Provide Forms 1099-INT****DIVIDEND INCOME**

Payer name:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

**Provide Forms 1099-DIV****PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

**Provide Forms  
1099-R & W-2G**

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

Total gambling losses.....

**OTHER GOVERNMENT FORMS - INCOME**

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history) .....
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income .....
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments .....
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements) .....

**Provide Forms 1099**

<input type="checkbox"/>	Form 1099-G - State tax refunds .....
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**Provide Forms 1099**

Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits .....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation .....
<input type="checkbox"/>	Form 1099-Q (529 Plan) .....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts) .....

**Provide Forms 1099**

Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits .....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation .....
<input type="checkbox"/>	Form 1099-Q (529 Plan) .....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts) .....

**Provide Forms 1099**

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Taxpayer: Alimony received .....

Spouse: Alimony received .....

Other: .....


**RETIREMENT PLAN CONTRIBUTIONS****2025 Amount**

Taxpayer: Traditional IRA contributions (1=maximum) .....

Roth IRA contributions (1=maximum) .....

Self-employed, SEP, SIMPLE, &amp; qualified plan contributions (1=maximum) .....

Spouse: Traditional IRA contributions (1=maximum) .....

Roth IRA contributions (1=maximum) .....

Self-employed, SEP, SIMPLE, &amp; qualified plan contributions (1=maximum) .....


**OTHER GOVERNMENT FORMS - DEDUCTIONS**☐ Form 1098-E - Student loan interest .....☐ Form 1098-T - Tuition and related expenses .....**Provide Forms 1098****AFFORDABLE CARE ACT**☐ Form 1095-A - Health Insurance Marketplace Statement .....☐ Form 1095-B - Health Coverage .....☐ Form 1095-C - Employer-Provided Health Insurance Offer and Coverage .....**Provide Forms 1095****ADJUSTMENTS TO INCOME**

Taxpayer:

Self-employed health insurance premiums .....

Educator expenses .....

Other adjustments to income:

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Alimony paid - Recipient name &amp; SSN .....

.....


Spouse:

Self-employed health insurance premiums .....

Educator expenses .....

Other adjustments to income:

.....

Alimony paid - Recipient name &amp; SSN .....

.....


**MEDICAL AND DENTAL EXPENSES**

Prescription medicines and drugs .....

Doctors, dentists and nurses .....

Hospitals and nursing homes .....

Insurance premiums .....

Long-term care premiums - taxpayer .....

Long-term care premiums - spouse .....

Insurance reimbursement .....

Out-of-pocket lodging and transportation expenses .....

Number of medical miles .....

Other: .....

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**TAXES PAID**

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

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