# 2025 Individual Taxpayer Organizer Sole Proprietorship and Rental

*(See next page for Organizer)*

Associated Income Tax Services

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AITS

EST. 1986

# 2025 Individual Taxpayer Organizer

| **Taxpayer** | | | Tax ID # * | |
|---|---|---|---|---|
| *First Name* *M.I.* *Last Name* | Email | | IP PIN | |
| Occupation | Date of birth | | Are you new to our firm? Yes No | |
| Address | City | | State | Zip |
| County | Primary phone | | Secondary phone | |
| Driver's License *No.* | *State* | *Issue Date* | *Exp. Date* | |

| **Spouse** | | | Tax ID # * | |
|---|---|---|---|---|
| *First Name* *M.I.* *Last Name* | Email | | IP PIN | |
| Occupation | Date of birth | | Are you new to our firm? Yes No | |
| Address *(If different from Taxpayer)* | City | | State | Zip |
| County | Primary phone | | Secondary phone | |
| Driver's License *No.* | *State* | *Issue Date* | *Exp. Date* | |

| If you moved during 2025, enter your previous address. | Date of move |
|---|---|

Marital status on 12/31/25: Single Married Separated Surviving Spouse Registered Domestic Partnership (RDP)

Were you divorced or separated during the year? Yes No Were there any deaths in the family? Yes No

***Note:*** Individuals in registered domestic partnerships (RDPs) and civil unions are not considered married for federal tax purposes.

| **Names of dependent children** *Child's full name* | *Tax ID # ** | *IP PIN* | *Date of birth* | *Months lived in home in 2025* | *Relationship* | *College student?* |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Did any of the children have unearned income of $1,350 or more? Yes No Do any of the children have a disability? Yes No

Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent for tax year 2025? Yes No

**Other dependents or people who lived with you**

| *Name* | *Tax ID # ** | *IP PIN* | *Date of birth* | *Months lived in home in 2025* | *Relationship* | *Income* |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |

Bank information: Use for Direct deposit of refund Direct debit of balance due *Name of bank*

| *Checking* *Savings* | *Routing transit number* | *Account number* |
|---|---|---|

Ask your tax preparer for information about depositing a refund into an IRA account or splitting the deposit into more than one account.

*A Tax ID # is a Social Security Number (SSN), adoption taxpayer identification number (ATIN), or an individual taxpayer identification number (ITIN).

## Questions — All Taxpayers

*(Provide related statements or other documentation.)*

"You" refers to both taxpayer and spouse—ask your preparer if you are unsure about a question.

| | | | | | |
|---|---|---|---|---|---|
| LIFESTYLE & TAXES | Yes No | Are either you or your spouse legally blind? | | | |
| | Yes No | Have you received any notice from the IRS or state revenue department within the past year? If yes, provide a copy. | | | |
| | Yes No | Did you pay or receive alimony in 2025? *Paid* *Received* $ | *Recipient's SSN* | *Date of divorce or separation* | |
| | Yes No | Did you purchase health insurance through a public exchange/marketplace? (Provide Form 1095-A.) | | | |
| | Yes No | Will there be any significant changes in income or deductions next year, such as retirement? | | | |
| | Yes No | Did you pay anyone for domestic services (e.g., nanny, housekeeper, cook, caretaker) in your home? | | | |
| | Yes No | Did you purchase an energy-efficient, hybrid, or electric vehicle? | | | |
| | Yes No | Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled? | | | |
| | Yes No | Are you a member of the military? | State of residency | | |
| | Yes No | Were you a citizen of or did you live in a foreign country? | Foreign country | | |
| | Yes No | Do you own or have financial interest in a foreign bank or financial account? *Maximum value in 2025* $ | | | |
| | Yes No | Would you like to allow your tax preparer or another person to discuss your return with the IRS? *Designee's name* *Phone number* *PIN (any five digits)* | | | |
| CHILDREN & EDUCATION | Yes No | Were any children born or adopted in 2025? *(Provide statement for other expenses.)* | | | |
| | Yes No | Were any children attending college? *(Provide Form 1098-T and Form 1098-E.)* | | | |
| | | *Year in college* | Paid by you: *Tuition* $ | *Books* $ | *Student loan interest* $ |
| | | | Paid by student: *Tuition* $ | *Books* $ | *Student loan interest* $ |
| | Yes No | Did you pay for child or dependent care so you could work or go to school? *(Provide statement if applicable)* | | | |
| | | *Name of provider* | | | *EIN or SSN* |
| | | *Address* | | | *Amount paid* $ |
| | Yes No | Did you contribute to or take money from a 529 plan in 2025? If yes, provide details. | | | |
| INVESTMENTS | Yes No | Did you, or will you, contribute any money to an IRA for 2025? | | | Traditional IRA Roth IRA |
| | Yes No | Did you roll over any amounts from a retirement account in 2025? | | | |
| | Yes No | Did you sell or transfer any stock or sell rental or investment property? | | | |
| | Yes No | Did you receive any income from an installment sale? | | | |
| | Yes No | Did you have any investments become worthless or were you a victim of investment theft in 2025? | | | |
| | Yes No | Were you granted, or did you exercise, any employee stock options during 2025? | | | |
| | Yes No | Did you (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? *(Digital assets include cryptocurrencies, NFTs, and stablecoins)* | | | |
| DEDUCTIONS | Yes No | Did you, or do you plan to, contribute money by April 15, 2026 to an HSA for 2025? If yes, provide details. | | | |
| | Yes No | Did you pay any interest on a loan for a boat or RV that has living quarters? If yes, provide details. | | | |
| | Yes No | Did you pay sales taxes on a major purchase in 2025, such as a vehicle, boat, or home? | | | |
| | Yes No | Did you make any charitable contributions in 2025? If yes, provide details. | | | |
| | Yes No | Did you pay interest on a loan for a new vehicle purchased after 2024? If yes, provide details. | | | |
| | Yes No | Did you receive tip income? If yes, provide details. | | | |
| | Yes No | Did you receive overtime pay? If yes, provide earnings records and/or paystubs. | | | |
| BUSINESS | Yes No | Did you work from a home office or use your car for your business? | | | |
| | Yes No | Did you receive income from a sharing/gig economy activity (e.g. Airbnb, Uber, etc.)? | | | |
| | Yes No | Do you own a business or an interest in a partnership, corporation, LLC, farming activities, or other venture? | | | |
| HOME | Yes No | Did you purchase or sell a main home during the year? If yes, provide closing statement. | | | |
| | Yes No | Did you refinance a mortgage or take a home equity loan? If yes, provide closing statement. | | | |
| | Yes No | Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home? | | | |
| | Yes No | Did you make any new energy-efficient improvements to your home? If yes, provide details. | | | |

| | | | | |
|---|---|---|---|---|
| **State information** | Full-year resident | Part-year resident | Nonresident | School district |
| States of residence during 2025 and dates | | | | Do you rent or own your home? Rent Own |
| | | | | *Total rent paid* $ Includes heat? Yes No |

# Income Worksheet

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, 1099-NEC, 1099-K, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

Indicate "T" for taxpayer, "S" for spouse, "J" for joint — Provide additional statements if more room is needed

**Forms W-2—*Wage and Tax Statement***

| T/S | Employer name | T/S | Employer name |
|---|---|---|---|
| | 1) | | 4) |
| | 2) | | 5) |
| | 3) | | 6) |

**Forms 1099-INT—*Interest Income***

| T/S/J | Name of issuer | T/S/J | Name of issuer |
|---|---|---|---|
| | 1) | | 4) |
| | 2) | | 5) |
| | 3) | | 6) |

**Forms 1099-DIV—*Dividends and Distributions***

| T/S/J | Name of issuer | T/S/J | Name of issuer |
|---|---|---|---|
| | 1) | | 4) |
| | 2) | | 5) |
| | 3) | | 6) |

**Forms 1099-R—*Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, Etc.***

| T/S | Name of issuer | T/S | Name of issuer |
|---|---|---|---|
| | 1) | | 4) |
| | 2) | | 5) |
| | 3) | | 6) |

If the distribution is before age 59½, give a reason to determine if an exception to penalty applies.

**Tax-Exempt Interest** (such as municipal bonds—include statement)

| Payer | $ | Payer | $ |
|---|---|---|---|

**Other Income**

| | | | |
|---|---|---|---|
| State tax refund | $ | Unreported tips | $ |
| Unemployment compensation | $ | Other | $ |
| Social Security (taxpayer)—provide SSA-1099 or RRB-1099 | $ | | $ |
| Social Security (spouse)—provide SSA-1099 or RRB-1099 | $ | | $ |
| Gambling income—provide Form W-2G | $ | | $ |
| Business income (see *Sole Proprietorship Tax Organizer)* | | Stock sales | See *Sales and Exchanges Worksheet,* below. |
| Rental income (see *Rental Property Tax Organizer)* | | Sale of other property | |

# Sales and Exchanges Worksheet

Provide information about sales of stock or other property, along with Forms 1099-B, 1099-DA, 1099-S, or other supporting statements.

| *Description of property* | *Purchase date* | *Cost/basis* | *Sale date* | *Sale price* |
|---|---|---|---|---|
| | | $ | | $ |
| | | $ | | $ |
| | | $ | | $ |

**Notes:**

- When stock is sold, you will usually receive Form 1099-B, *Proceeds From Broker and Barter Exchange Transactions,* reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.
- Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.
- If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.
- If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

# Itemized Deductions Worksheet

Deductions must exceed $15,750 Single/MFS, $31,500 MFJ/QSS, or $23,625 HOH to be a tax benefit.

**Medical Expenses.** Must exceed 7.5% of income to be a benefit—include cost for dependents—do not include any expenses that were reimbursed by insurance or paid with funds from an FSA, HSA, or HRA.

| | | | |
|---|---|---|---|
| Dentists | $ | Hospitals | $ |
| Doctors | $ | Insurance | $ |
| Equipment | $ | Prescriptions | $ |
| Eyeglasses | $ | Other | $ |

Medical miles: _____ @ 21¢

**Taxes Paid.** Do not include taxes paid for full or partial business or rental-use property, including business use of the home.

| | |
|---|---|
| State withholding | *Reported on W-2* |
| State estimated taxes—paid in 2025 | $ |
| Real estate tax—residence | $ |
| Real estate tax—other | $ |
| Personal property taxes | $ |
| Property tax refund—received in 2025 | $ |
| Foreign tax paid (except real estate) | $ |
| Other | $ |
| Other | $ |
| Balance paid in 2025 from prior year state returns (do not include interest or penalties) | $ |

Did you keep receipts for sales tax paid during 2025? Yes No
Did you purchase a car, plane, boat, or home in 2025? Yes No
*Sales tax paid* $ *Purchase paid* $ *Date*

**Interest Paid.** Do not include interest paid for full or partial business-use or rental-use property, including business use of the home. Provide all Forms 1098 or lender information and ID numbers.

| | | | |
|---|---|---|---|
| Main home | $ | Equity loan | $ |
| Second home | $ | Equity loan | $ |
| Points | $ | Investment interest | $ |

**Charitable Contributions.** If over $500 in noncash charitable contributions, provide details of contributions. Rules require that the taxpayer retain documentation for all contributions.

| | |
|---|---|
| Monetary (cash, check, credit card) | $ |
| Noncash contributions (FMV). Clothing or household items must be in good used condition or better. | $ |
| Did you transfer funds from an IRA directly to a charity? Yes No | $ |

Charitable mileage _____ @ 14¢

**Casualty and Theft Losses**

Did you suffer any sudden, unexpected damage or loss of property, or a theft in a federally-declared disaster area? If yes, provide details.
Yes No

**Other Deductions**

| | | | |
|---|---|---|---|
| Gambling losses[1] | $ | Federal estate tax on IRD | $ |
| Impairment-related expenses[2] | $ | Repayments over $3,000[3] | $ |

**Miscellaneous Itemized Deductions.** The following miscellaneous itemized deductions are not deductible on the federal return. However, these expenses may be deductible on your state return. For use of home, auto mileage, or other job-related expenses, provide information on a separate sheet. Were any expenses reimbursed by your employer?
Yes No

| | | | |
|---|---|---|---|
| Dues | $ | Subscriptions | $ |
| Investment expenses | $ | Supplies | $ |
| Job education | $ | Tax prep fees | $ |
| Job seeking | $ | Tools | $ |
| Legal fees | $ | Uniforms | $ |
| Licenses | $ | Union dues | $ |
| Safety equipment | $ | Other | $ |

**Notes:**
1. Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.
2. Expenses to enable individuals who are physically or mentally impaired to work are generally deductible.
3. The repayment must have been included in income in an earlier year and total more than $3,000.

# Other Deductions or Questions

# Adjustments Worksheet

| | |
|---|---|
| *Educator expenses.* Classroom expenses of teachers, counselors, and principals up to $300 each. | $ |
| *Health savings account (HSA).* Contributions for 2025 may be made through April 15, 2026. *(Only include contributions you made out-of-pocket).* | $ |
| *Self-employed SEP, SIMPLE, and qualified plans.* Contributions for 2025 may be made through April 15, 2026. | $ |
| *Self-employed health insurance.* Sole proprietors, partners, and 2% S corporation shareholders if not eligible for employer coverage. | $ |
| *Penalty on early withdrawal of savings.* | $ |
| *IRA deduction.* For traditional IRAs. Roth IRAs are not deductible. Contributions for 2025 may be made through April 15, 2026. | $ |
| *Student loan interest.* Paid for taxpayers and dependents. | $ |
| *Moving expenses.* Available only to members of the Armed Forces (or their spouses or dependents) on active duty that move pursuant to a military order and incident to a permanent change of station. | Ask preparer |
| *Business expenses of reservists, performing artists, and fee-based government officials.* | Ask preparer |
| *Other adjustments.* Include description. | $ |

## Estimated Tax Payments — Tax Year 2025

| *Installment* | *Date paid* | *Federal* | *Date paid* | *State* |
|---|---|---|---|---|
| First | | $ | | $ |
| Second | | $ | | $ |
| Third | | $ | | $ |
| Fourth | | $ | | $ |
| Amount applied from 2024 overpayment | | $ | | $ |
| Total | | $ | | $ |

## Tax Preparation Checklist

Please provide the following documentation:

All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-DA (digital assets), 1099-R (pensions and IRA distributions), 1099-SA (HSA), SSA-1099 (Social Security), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.

Form 1095-A (for health insurance purchased through a public exchange/marketplace).

If you are a new client, provide copies of last year's tax returns.

The completed Individual Income Tax Organizer. ***Note:*** If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."

Copy of the closing statement if you bought, sold, or refinanced real estate.

Mileage amounts for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage.

Detail of estimated tax payments made, if any.

Income and deductions categorized on a separate sheet for business or rental activities.

List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and other deductions.

Copy of all acknowledgement letters received from charitable organizations for contributions made in 2025.

## Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the returns carefully before signing to make sure the information is correct.
- Fees must be paid before your tax returns are delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer may be required for preparation of returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a duplicate copy in the future.

**Signatures.** By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

*Taxpayer* *Spouse* *Date*

## Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your express written permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

# Sole Proprietorship Tax Organizer

*Use a separate organizer for each business*

## Sole Proprietor General Information

| | | | |
|---|---|---|---|
| Name of sole proprietor | | | |
| Business name *(if different)* | | | EIN *(if applicable)* |
| Business address *(if different from home address)* | | | |
| Principal business activity | | Date business started | Date business closed |
| Principal product or service | | | |
| Yes No | Was the primary purpose of the business activity to realize a profit? | | |
| Yes No | Did you materially participate (involved in a regular, continuous, and substantial basis) in the operation of this business? | | |
| Yes No | Has the business reported any losses in prior years? If yes, provide details. | | |
| Accounting method: Cash Accrual Other *(specify)* | | | |
| Yes No | Does the business file under a calendar year? *(If no, list the fiscal year.)* | | |

## Sole Proprietor Specific Questions

| | | |
|---|---|---|
| Yes No | Did you pay any family members for business services? | |
| Yes No | Did you make any payments of $600 or more to subcontractors, attorneys, accountants, directors, etc.? | |
| | If Yes, did you issue Form 1099-NEC? *Provide name, address, and Social Security Number (SSN) for each person to whom you paid $600 or more.* | |
| Yes No | Did you make, or do you plan to make, any contributions to a self-employed retirement plan? | |
| | Type of plan | Amount contributed $ |
| Yes No | Did you pay for your own health/dental insurance? *If Yes, provide amount of premiums paid during the year.* | $ |
| Yes No | Did you have any employees? | |
| Yes No | Did you have any bartering transactions in 2025? | |
| Yes No | Did you have a Paycheck Protection Program (PPP) loan that was forgiven in 2025? | |

## Sole Proprietor Business Income

| | | | | |
|---|---|---|---|---|
| Gross receipts or sales *(if you received Forms 1099-NEC or 1099-K, list name of payer and amount separately from gross receipts or sales)* | | | | $ |
| Form 1099-NEC | $ | Form 1099-K | $ | |
| Total of all Forms 1099-NEC and 1099-K received | | | | $ |
| Returns (cash or credit refunds) and allowances (discounts or reductions in selling price) | | | | $ ( ) |
| Other income *(not included in gross receipts above)* | | | | $ |
| Yes No | Does your income listed above include any tips? If yes, provide details. | | | |

**Form 1099-NEC.** You may receive Form 1099-NEC (instead of Form W-2) if you are not classified as an employee. If you receive Form 1099-NEC, you are generally required to file Schedule C, *Profit or Loss From Business,* claim any expenses associated with the income received, and must pay self-employment (SE) tax on the net income.

## Sole Proprietor Cost of Goods Sold *(for manufacturers, wholesalers, and businesses that make, buy, or sell goods)*

| | |
|---|---|
| Inventory at the beginning of the year | $ |
| Purchases less costs of items withdrawn for personal use | $ |
| Cost of labor | $ |
| Materials and supplies | $ |
| Inventory at the end of the year | $ |

## Sole Proprietor Business Expenses

| | | | | | |
|---|---|---|---|---|---|
| Advertising | $ | Management fees | $ | Wages* | $ |
| Bad debts | $ | Meals – business | $ | Other | $ |
| Bank charges | $ | Office supplies | $ | | $ |
| Business licenses | $ | Start-up costs *(first year of business)* | $ | | $ |
| Commissions and fees | $ | Pension and profit-sharing plans | $ | | $ |
| Contract labor* | $ | Rent or lease – car, machinery, equipment | $ | | $ |
| Employee benefit programs | $ | Rent or lease – other business property | $ | | $ |
| Employee health care plans | $ | Repairs and maintenance | $ | | $ |
| Entertainment (not deductible) | $ | Supplies *(not included in inventory cost)* | $ | | $ |
| Gifts | $ | Taxes – payroll* | $ | | $ |
| Insurance *(other than health insurance)* | $ | Taxes – property | $ | | $ |
| Interest – mortgage | $ | Taxes – sales | $ | | $ |
| Interest – other | $ | Taxes – state | $ | | $ |
| Internet service | $ | Telephone | $ | | $ |
| Legal and professional services | $ | Utilities | $ | | $ |

* Provide copies of Form W-3, Form 940, Form 941, Form 1096, Form 1099-NEC, Form 1099-MISC, and any state tax forms filed.

## Other Business Expenses – *List type and amount*

| | | | |
|---|---|---|---|
| | $ | | $ |
| | $ | | $ |
| | $ | | $ |
| | $ | | $ |
| | $ | | $ |
| | $ | | $ |
| | $ | | $ |
| | $ | | $ |
| | $ | | $ |
| | $ | | $ |

## Car Expenses *(use a separate form for each vehicle)*

| | | | | |
|---|---|---|---|---|
| Make/Model | | | Date car placed in service | |
| Yes | No | Car available for personal use during off-duty hours? | | |
| Yes | No | Do you (or your spouse) have any other cars for personal use? | Did you trade in your car this year? Yes No | |
| Yes | No | Do you have evidence? | Cost of trade-in | Trade-in value |
| Yes | No | Is your evidence written? | $ | $ |

| *Mileage* | | *Actual Expenses* | |
|---|---|---|---|
| Beginning of year odometer | | Gas/oil | $ |
| End of year odometer | | Insurance | $ |
| Business mileage | | Parking fees/tolls | $ |
| Commuting mileage | | Registration/fees | $ |
| Other mileage | | Repairs | $ |

Generally, you can use either the standard mileage rate or actual expenses to calculate the deductible costs of operating your car for business purposes. However, to use the standard mileage rate, it must be used in the first year the car is available for business. In later years, you can then choose between either the standard mileage rate method or actual expenses.

## Travel Expenses

- **Meals.** You can deduct the cost of meals while traveling away from home on business. You can use the actual cost of your meals or the standard meal allowance per diem, which can vary by location.
- **Travel/Lodging.** You can deduct the ordinary and necessary expenses of traveling away from your home for business purposes. Included expenses are transportation, airfare, taxi, lodging, etc.

| *City visited (for per diem)* | *# of days in city* | *City visited (for per diem)* | *# of days in city* |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| *Travel expenses* | | | |
|---|---|---|---|
| Airfare | $ | Other travel expenses *(describe below)* | |
| Bus, train, taxi | $ | | $ |
| Entertainment (not deductible) | $ | | $ |
| Lodging | $ | | $ |
| Parking and tolls | $ | | $ |
| Meals *(actual receipts)* | $ | | $ |

## Equipment Purchases – *Enter the following information for depreciable assets purchased that have a useful life greater than one year*

| *Asset* | *Date purchased* | *Cost* | *Date placed in service* | *New or used?* |
|---|---|---|---|---|
| | | $ | | |
| | | $ | | |
| | | $ | | |
| | | $ | | |
| | | $ | | |
| | | $ | | |
| | | $ | | |
| | | $ | | |
| | | $ | | |
| | | $ | | |

**Depreciation.** Depreciation is the annual deduction that allows you to recover the cost or other basis of your business property over a certain number of years. Depreciation starts when you first use the property in your business. It ends when you either take the property out of service, deduct all your depreciable cost or basis, or no longer use the property in your business. The IRS has outlined a useful life (a set number of years) for most assets.

## Equipment Sold or Disposed of During Year

| *Asset* | *Date out of service* | *Date sold* | *Selling price/FMV* | *Trade-in?* |
|---|---|---|---|---|
| | | | $ | |
| | | | $ | |
| | | | $ | |
| | | | $ | |

**Disposition of Property.** A disposition of property occurs when you sell property for cash or other property, you exchange property for other property, you transfer property to satisfy a debt, you abandon property, your bank forecloses or repossesses your property, or your property is damaged, destroyed, or stolen and you receive property or money in payment.

## Business Use of the Home

Area of home must be used regularly and exclusively for business. Exceptions apply for storage of inventory and daycare.
***Note:*** Managing rental activities or investments does not qualify for business use of the home.

| ***All Taxpayers*** | | ***For Daycare Only*** | |
|---|---|---|---|
| A) Business use area (square footage) | | 1) Hours used for daycare | |
| B) Total area of home (square footage) | | 2) Total hours in year | 8,760 hrs. |

Enter below only the expenses paid during the period the home was used for business.
***Direct expenses*** *benefit only the business use portion of the home. This includes painting or repairs exclusively for the business area.*
***Indirect expenses*** *are for keeping up and running the entire home, such as mortgage interest and property taxes.*
If you bought or sold your home during 2025, copy this worksheet and fill out one for each home.

| | *Direct* | *Indirect* | | *Direct* | *Indirect* |
|---|---|---|---|---|---|
| Mortgage interest | $ | $ | Repairs and maintenance | $ | $ |
| Property taxes | $ | $ | Utilities | $ | $ |
| Insurance | $ | $ | Other | $ | $ |
| Rent | $ | $ | Other | $ | $ |
| ***Depreciation of the Home*** | | | | | |
| Lower of cost or fair market value of home | | $ | Improvements? | Yes No | |
| Value of land | | $ | Casualty losses in 2025? | Yes No | |

## 1) Exclusive Use Test—Business Use of Home

The exclusive use test is met if an area of the home is used only for business. The area can be a room or other separately identifiable space. The space does not need to be marked off by a permanent partition. This test is not met if you use the area both for business and for personal purposes, such as a den used for business during the day and TV viewing during the evening.

The exclusive use test is not required for:
- An area used on a regular basis for storage of inventory or product samples.
- A home used as a daycare facility.

**Storage of inventory or product samples.** If you use part of a home for business to store inventory or product samples, you are not required to meet the exclusive use test. However, you must meet all the following tests.
- You are in the business of selling products at wholesale or retail.
- The inventory or product samples are kept in the home for use in the business.
- Your home is the only fixed location of the business.
- The storage space is used on a regular basis.
- The storage space is a separately identifiable space suitable for storage.

## 2) Regular Use Test—Business Use of Home

The regular use test means you must use a specific area of the home for business on a regular basis. Incidental or occasional business use is not regular use. All facts and circumstances are considered in determining whether the business use is regular.

## 3) Trade or Business Use Test—Business Use of Home

To satisfy the trade or business use test, the portion of the home used for business must be used in connection with a trade or business. If the business use is for a profit-seeking activity that is not a trade or business, the deduction is not allowed.

## 4) Principal Place of Business Test—Business Use of Home

A trade or business can have more than one location. To qualify for a business use of home deduction, the home must be the principal place of business for that trade or business. To make this determination, the following are considered.
- The relative importance of the activities performed at each place where business is conducted, and
- The amount of time spent at each place where business is conducted.

A home office qualifies under this test if:
- The home office is used exclusively and regularly for administrative or management activities of the trade or business.
- There is no other fixed location where substantial administrative or management activities are conducted.

## Self-Employment (SE) Tax

- SE tax is a Social Security and Medicare tax primarily for individuals who are self-employed. It is similar to the Social Security and Medicare tax withheld from the pay of most wage earners. Your payments of SE tax contribute to your coverage under the Social Security system. Social Security coverage provides you with retirement benefits, disability benefits, survivor benefits, and hospital insurance (Medicare) benefits.
- You must pay SE tax if your net earnings from self-employment were $400 or more, or you had church employee income of $108.28 or more. The SE tax rules apply no matter how old you are and even if you are already receiving Social Security or Medicare benefits.
- The SE tax rate on net earnings is 15.3% (12.4% for Social Security plus 2.9% for Medicare). Only the first $176,100 (2025) of combined wages, tips, and net earnings is subject to the 12.4% Social Security part of SE tax.

# Rental Property Tax Organizer

## Rental Income and Expenses

Indicate type of property as 1-Single Family Residence, 2-Multi-Family Residence, 3-Vacation/Short-Term Rental, 4-Commercial, 5-Land, 6-Self-Rental, or 7-Other (describe).

| | *Property A* | | *Property B* | | *Property C* | |
|---|---|---|---|---|---|---|
| | Address of property: | | Address of property: | | Address of property: | |
| | | | | | | |
| | | | | | | |
| | Type | | Type | | Type | |
| | Any personal use? Yes No | | Any personal use? Yes No | | Any personal use? Yes No | |
| | *Fair Rental Days* | *Personal Use Days* | *Fair Rental Days* | *Personal Use Days* | *Fair Rental Days* | *Personal Use Days* |
| | | | | | | |
| Date placed in service | | | | | | |
| Rents received | $ | | $ | | $ | |

**Security deposits.** A security deposit is not included in rental income if you plan to return it to the tenant at the end of the lease. If any amount is forfeited by the renter during the year, include that amount as rental income.

| **Expenses** | | | |
|---|---|---|---|
| Advertising | $ | $ | $ |
| Auto and travel | $ | $ | $ |
| Cleaning and maintenance | $ | $ | $ |
| Commissions | $ | $ | $ |
| Insurance | $ | $ | $ |
| Legal and professional fees | $ | $ | $ |
| Management fees | $ | $ | $ |
| Mortgage interest paid to banks | $ | $ | $ |
| Other interest | $ | $ | $ |
| Repairs | $ | $ | $ |
| Supplies | $ | $ | $ |
| Taxes | $ | $ | $ |
| Utilities | $ | $ | $ |
| Other (list) | $ | $ | $ |
| | $ | $ | $ |
| | $ | $ | $ |

# Large Purchases (Improvements/Equipment)

If this is your first year with our firm, please provide a depreciation schedule for all property placed in service before 2025.

**Property Purchased.** Treat the cost of improvements made to real property as the purchase of a new asset.

| *Asset* | *Date purchased* | *Cost* | *Date placed in service* |
|---|---|---|---|
| | | $ | |
| | | $ | |
| | | $ | |
| | | $ | |
| | | $ | |

**Property Sold or Taken Out of Service**

| *Asset* | *Date sold or taken out of service* | *Selling price* | *Trade in?* |
|---|---|---|---|
| | | $ | |
| | | $ | |
| | | $ | |
| | | $ | |
| | | $ | |