

2025

Tax Organizer



Lawson & Company CPAs LLC

1507 Airport Rd & 2435 N. Central Expy, Ste 880
Rockwall, TX 75087 & Richardson, TX 75080

(972) 475-0644

LawsonCPAs.com

info@LawsonCPAs.com

TAXPAYER INFORMATION

Full Legal Name _____

Social Security # _____ - _____ - _____ Date Of Birth _____ Occupation _____

Spouse Legal Name _____

Social Security # _____ - _____ - _____ Date Of Birth _____ Occupation _____

Street Address _____

Phone 1 (_____) _____ - _____

City _____ State _____ Zip _____

Phone 2 (_____) _____ - _____

Contact preference? _____

Tax return delivery preference?
Paper or Electronic

E-Mail Address _____

SALARIES AND WAGES (enclose all W-2 forms)

W-2	Gross Income	Federal Withheld	FICA	Medicare	State Withheld	SDI
1						
2						
3						

FILING STATUS

Single Married Head of Household Married Filing Separate

REFUND

Automatic deposit? Yes (attach a VOID check) No

DEPENDENTS

Dependent 1 Name	
Birth Date	
SSN	
Relationship	
Months at Home	
Dependent 2 Name	
Birth Date	
SSN	
Relationship	
Months at Home	

ADJUSTMENTS TO INCOME

RETIREMENT PLAN CONTRIBUTIONS

IRA \$ _____

SEP Plan \$ _____

Other Plan \$ _____

Do you have an LLC or Corporation?

Yes No

Entity Name? _____

ESTIMATED TAX PAYMENTS

FEDERAL

Estimated Tax Payment	Date Paid	Amount
1 st Quarter		
2 nd Quarter		
3 rd Quarter		
4 th Quarter		

ITEMIZED DEDUCTIONS

MEDICAL & DENTAL EXPENSES

Attach detailed schedule

Insurance Premiums _____

Doctors, Dentists, etc. _____

TAXES PAID

State & Local Income Tax _____

State Sales Tax _____

Real Estate Taxes – Residence _____

Real Estate Taxes – Other Property _____

Personal Property Taxes _____

Other Taxes _____

INTEREST PAID – Attach Forms 1098

Home Mortgage (1st) _____

Home Mortgage (2nd) _____

Home Mortgage (Equity Line) _____

Student Loan Interest _____

CONTRIBUTIONS – Attach Detailed Info

Contributions by Cash or Check _____

Contributions Other than Cash _____

OTHER INFORMATION

INCOME FROM BUSINESS OR PROFESSION

GENERAL INFORMATION

Cash Basis

Accrual Basis

First Year

Taxpayer

Spouse

Principal Business/Profession _____

Business Name _____

Business Address _____

City, State, Zip _____

INCOME

Gross Receipts or Sales _____

Returns and Allowances _____

Other Income _____

COST OF GOODS SOLD – If Applicable

Inventory at Beginning of the Year _____

Purchases _____

Cost of Labor _____

Materials & Supplies _____

Other Costs _____

Inventory at End of the Year _____

EXPENSES

Advertising _____

Car & Truck Expenses* _____

Commissions _____

Insurance (other than health) _____

Health Insurance Premiums for Self* _____

Interest _____

Legal & Professional _____

Office Expense _____

Pension & Profit Sharing Plans _____

Rent – Vehicles, Machinery & Equipment _____

Rent – Business Property _____

Repairs & Maintenance _____

Supplies _____

Taxes – Property _____

Taxes – Other _____

Telephone _____

Travel _____

Total Meals & Entertainment* _____

Utilities _____

Wages _____

Other* _____

*Attach detailed schedules

HOME OFFICE

Did you have a home office during the year?

Yes No

Office Square Footage: _____ Home Square Footage: _____

If yes, attach detailed schedule of expenses including mortgage interest (or rent), real estate taxes, utilities, property insurance, maintenance & cleaning

MISCELLANEOUS QUESTIONS

If any of the following items pertain to you or your spouse for the year 2025, please check the appropriate box and include all pertinent details.

Yes No

1. Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country?
2. Did you have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? Provide details.
3. Do have Health Insurance for you and/or your family? If yes, how much did you pay in premiums? \$_____
4. Do you have Health Insurance through an exchange or your employer?
5. Do you have a Health Savings Account (HSA) or Medical Savings Account (MSA)?
6. Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?
7. Are any of your unmarried children, who may be claimed as dependents, 19 years of age or older at the end of the year?
8. Did any of your children under age 19 or students under age 24 receive investment income of \$2,700 or more?
9. Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old in order to enable you to work or attend school on a full-time basis? (Please provide details)
10. Did you have any debts cancelled or forgiven?
11. Did you acquire or dispose of any business assets (including real estate) during the year?
12. Did you purchase, sell or refinance your principal home or your second home, or obtain a home equity loan during the year? If yes, please provide escrow papers and other relevant information.
13. Did you make any energy-efficient improvements or purchases for your home?
14. Did you incur a loss because of damaged or stolen property?
15. Did you make any gifts over \$19,000 during the year?
16. Did you receive any distribution from an IRA or other qualified plan? (Form 1099R)
17. If yes, was this rolled over? (Form 1099R)
18. Did you open a Roth IRA account or convert an IRA into a Roth IRA?
19. Were you granted or did you exercise any stock options?
20. Please provide us with a copy of your 2024 Tax return (*only if we didn't prepare your return last year*)

Signature: _____
Taxpayer

Spouse