

# 2025 Tax Organizer



## Lawson & Company CPAs LLC

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### TAXPAYER INFORMATION

Full Legal Name \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse Legal Name \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact preference? \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone 1 ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Phone 2 ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Tax return delivery preference?**  
**Paper or Electronic**

### 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 <sup>st</sup> Quarter		
2 <sup>nd</sup> Quarter		
3 <sup>rd</sup> Quarter		
4 <sup>th</sup> Quarter		

## OTHER INCOME

**INTEREST** — *Attach Forms 1099INT*

Payor

Amount

**DIVIDENDS** — *Attach Forms 1099DIV*

Payor

Amount

**HEALTH INSURANCE** — *Attach Forms 1095(A) (B) or (C)*

Number of months covered:

Did you have health Insurance in the Exchange?    Y   or   N

**CAPITAL GAINS** — *Attach Forms 1099B and 1099S*

Description	Date Acquired	Date Sold	Sales Price	Cost or Basis
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**PENSIONS/IRA/ANNUITY INCOME** — *Attach Forms 1099R*

Payor

Amount

**ALIMONY RECEIVED / PAID**

Payor/Payee

Payor/Payee SSN	Amount
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**UNEMPLOYMENT BENEFITS RECEIVED** — *Attach 1099G*

Taxpayer Amount \_\_\_\_\_

Spouse Amount \_\_\_\_\_

**SOCIAL SECURITY BENEFITS RECEIVED** — *Attach Stmt*  
(SSA-1099)

Taxpayer Amount \_\_\_\_\_

Spouse Amount \_\_\_\_\_

### OTHER INCOME (CONTINUED)

## INCOME FROM PARTNERSHIPS, ESTATES, LLCs, TRUSTS, AND S CORPORATIONS

*Attach Forms K-1 and list any not received yet*

## OTHER INCOME

Including jury duty fees, finder's fees, director's fees, prizes, gambling winnings, disability payments, unreported tip income and any other income (whether taxable or non-taxable)  
*Attach detailed schedule*

## RENTAL INCOME & EXPENSES

## Property

# 1

# 2

## INCOME

Rents Received

## EXPENSES

- Advertising
- Association Dues
- Auto & Travel
- Cleaning/Maintenance
- Insurance
- Labor
- Professional Fees
- Miscellaneous
- Mortgage Interest
- Other Interest
- Repairs & Maintenance
- Supplies
- Taxes
- Telephone
- Utilities
- Improvements
- Other: (list)

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**ITEMIZED DEDUCTIONS****MEDICAL & DENTAL EXPENSES***Attach detailed schedule*

Insurance Premiums \_\_\_\_\_

Doctors, Dentists, etc. \_\_\_\_\_

**TAXES PAID**

State &amp; 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 (1<sup>st</sup>) \_\_\_\_\_Home Mortgage (2<sup>nd</sup>) \_\_\_\_\_

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 &amp; Supplies \_\_\_\_\_

Other Costs \_\_\_\_\_

Inventory at End of the Year \_\_\_\_\_

**EXPENSES**

Advertising \_\_\_\_\_

Car &amp; Truck Expenses\* \_\_\_\_\_

Commissions \_\_\_\_\_

Insurance (other than health) \_\_\_\_\_

Health Insurance Premiums for Self\* \_\_\_\_\_

Interest \_\_\_\_\_

Legal &amp; Professional \_\_\_\_\_

Office Expense \_\_\_\_\_

Pension &amp; Profit Sharing Plans \_\_\_\_\_

Rent – Vehicles, Machinery &amp; Equipment \_\_\_\_\_

Rent – Business Property \_\_\_\_\_

Repairs &amp; Maintenance \_\_\_\_\_

Supplies \_\_\_\_\_

Taxes – Property \_\_\_\_\_

Taxes – Other \_\_\_\_\_

Telephone \_\_\_\_\_

Travel \_\_\_\_\_

Total Meals &amp; 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 &amp; 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.  | <input type="checkbox"/> | <input type="checkbox"/> | Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country?   |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/> | Did you have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? Provide details.  |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/> | Do have Health Insurance for you and/or your family? If yes, how much did you pay in premiums? \$_____   |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | Do you have Health Insurance through an exchange or your employer?   |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a Health Savings Account (HSA) or Medical Savings Account (MSA)?   |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?   |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | 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.  | <input type="checkbox"/> | <input type="checkbox"/> | Did any of your children under age 19 or students under age 24 receive investment income of \$2,700 or more?   |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | 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. | <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts cancelled or forgiven?  |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Did you acquire or dispose of any business assets (including real estate) during the year?   |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | 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. | <input type="checkbox"/> | <input type="checkbox"/> | Did you make any energy-efficient improvements or purchases for your home?   |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property?  |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Did you make any gifts over \$19,000 during the year?  |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any distribution from an IRA or other qualified plan? (Form 1099R)   |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | If yes, was this rolled over? (Form 1099R)   |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | Did you open a Roth IRA account or convert an IRA into a Roth IRA?   |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | Were you granted or did you exercise any stock options?  |
| 20. |                          |                          | Please provide us with a copy of your 2024 Tax return ( <i>only if we didn't prepare your return last year</i> )   |

Signature: \_\_\_\_\_  
Taxpayer

\_\_\_\_\_  
Spouse