

**TURNER'S TAX SERVICE**  
PO Box 349  
Placerville, CA 95667

**2025 TAX ORGANIZER**  
530-626-8551  
turnerstaxservice56@gmail.com

**SECTION 1 – General Information**

<b>Taxpayer</b>	<b>Spouse</b>																						
Name _____	Name _____																						
Please let us know of any changes to the below information. If none, please leave blank.																							
Occupation _____	Occupation _____																						
Home Phone _____	Home Phone _____																						
Cell Phone _____	Cell Phone _____																						
E-Mail Address _____	E-Mail Address _____																						
Present Address _____																							
Address on last year's tax return (if changed) _____																							
Dependents – Are you adding or removing dependents?      No      Yes																							
If no changes, you do not need to list. If adding, please list information here:																							
<table border="1" style="width:100%"><thead><tr><th style="width:35%"><u>Name</u></th><th style="width:20%"><u>SSN</u></th><th style="width:20%"><u>DOB</u></th><th style="width:25%"><u># Months in home</u></th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				<u>Name</u>	<u>SSN</u>	<u>DOB</u>	<u># Months in home</u>																
<u>Name</u>	<u>SSN</u>	<u>DOB</u>	<u># Months in home</u>																				
If you are removing a dependent from last year's list, please indicate name here and the reason for removing.																							
_____																							

<b>Direct Deposit Information</b>			
Name of financial Institution _____			
Routing Number _____			
Account Number _____			
Type of Account	Checking	Savings	
Ownership of Account	Self	Spouse	Both
<i>Verification of the routing and account numbers is required. Please bring checkbook to appointment or send voided check.</i>			

## SECTION 2 – INFORMATION THAT MAY AFFECT YOUR TAX SITUATION

YES NO

Were you a resident of the same state for the entire year?

Have you received any correspondence from the IRS or a state tax agency?

Any births, adoptions, marriages, divorces or deaths in your immediate family in 2025?

Did you contribute to an IRA, Roth IRA or self-employed retirement plan?

Did you inherit any assets (stocks, bond, IRA, real property)?

Did you sell, purchase or refinance a personal residence during 2025?

Did you make any energy efficient modifications to your home (solar, electrical panel, heat pump, biomass stove)? If yes, please provide receipts.

Did you purchase a new or used electric vehicle in 2025? If yes, provide Form 15400.

Did you, your spouse or any dependent take any college or job skill courses?

Did you pay any interest on student loans?

Did you buy or sell any stocks, bonds, or investment property?

Are you making payments on an RV or boat that has basic living accommodations?

Did you make gifts of more than \$19,000 to any one person or organization?

Do you rent out property through an online exchange such as Airbnb or VRBO?

Did you take payments for products or services you provided through a third-party service such as Venmo, PayPal or Zelle? If yes, please complete the Business Expense form.

Did you sell items through online sites such as eBay, Etsy, Facebook Marketplace or Poshmark? If yes, please complete the Business Expense form.

Did you purchase, receive, sell or dispose of a digital asset such as crypto currency?

Do you have a foreign bank account, foreign brokerage account or own property in a foreign country?

Did you pay wages of \$2800 or more to a household employee (nanny, maid, health care worker)?

Did you pay child or dependent care expenses? If yes, please provide the amounts paid and the name, address, telephone number and Social Security number or tax ID number of the provider.

Did you purchase any items out-of-state, have them shipped to California and didn't pay sales tax?

Did you pay or receive alimony in 2025? If yes, please list the name and Social Security number of recipient of alimony.

---

Did you use your car for medical or charitable travel?

May the IRS discuss your return with me?

If you receive a refund, do you want to have it deposited directly into your bank account? If so, please complete the Direct Deposit Information section on page 1.

Do you want my fee to be deducted from your refund? There is a \$50 fee for that service. Do you want to pay my fee by credit card?

## SECTION 3 – HEALTH INSURANCE AND THIRD-PARTY INCOME

### HEALTH INSURANCE

Did you and all of the dependents have health insurance for all 12 months of 2025?

Yes \_\_\_\_\_ No \_\_\_\_\_ Some \_\_\_\_\_

If you answered "Yes", please provide proof of health insurance.

- If insured by a health exchange such as Covered California or HealthCare.gov, send the 1095A
- If insured by a governmental agency, a private insurance company or your employer, send the 1095B or 1095C, if you have received it. If you have not received a 1095B or 1095C, then please provide alternative proof of health insurance.

If you answered "No" or "Some," please list those who did not have insurance and the months they were uninsured.

---

### THIRD-PARTY INCOME

In 2025, did you receive money through an online or app based payment system such as Venmo, PayPal, or Cashapp?

YES \_\_\_\_\_ (Business Expense form required) NO \_\_\_\_\_ (skip rest of the section)

If yes, what was the total amount of money received? \$ \_\_\_\_\_

Did you receive a 1099K? YES \_\_\_\_\_ NO \_\_\_\_\_

Were any of the funds above earned through business activity, such as babysitting, dog walking, junk hauling or other for profit activities?

YES \_\_\_\_\_ (Business Expense form required) NO \_\_\_\_\_

Were any of the funds above earned through re-sale of items for more than you originally paid?

YES \_\_\_\_\_ (Business Expense form required) NO \_\_\_\_\_

Have you received an IRS form with the title 1099-K for 2025?

YES \_\_\_\_\_ (Business Expense form required) NO \_\_\_\_\_

### ESTIMATED TAX PAYMENTS

Paid to the IRS

	Date	Amount
1st Quarter		
2nd Quarter		
3rd Quarter		
4th Quarter		

Paid to the state of \_\_\_\_\_

	Date	Amount
1st Quarter		
2nd Quarter		
3rd Quarter		
4th Quarter		

**We will email your draft return to you.**

**Check here if you want it mailed instead. There will be a \$20 fee to mail the draft.**

## SECTION 4 – THINGS TO BRING (OR SEND) TO YOUR TAX PREPARER

**PLEASE be as organized as possible. If you bring a shoebox or brown paper bag of material that you haven't sorted through, it will take extra time to prepare your return and that will increase the fee you are charged.**

Completed tax organizer  
All copies of wage statements (W-2's)  
Final Paystubs  
Interest and dividend income information (1099-INT, 1099-DIV, brokerage statements)  
Partnership, Estate, and/or Trust income (K-1's)  
State refund amount (1099-G)  
Alimony paid or received  
Self-employed business income and expenses (Provide P&L and 1099K or complete additional form)  
Sale of property information (stocks, bonds, real estate). For stock sales, please provide the date of purchase and the purchase price. For real estate sales, please provide the final settlement statement from the original purchase as well as the sale.  
Retirement and Social Security benefits (1099R)  
IRA distributions (1099R)  
Rental property income and expenses (Provide a P&L or complete additional form)  
Unemployment compensation (1099G)  
Lottery or gambling winnings (W2G)  
Other income such as tips, prizes, bonuses, jury duty, gambling winnings (W2G)  
IRA contributions  
Interest paid on student loans  
Tuition and fees expenses (1098T) as well as receipts for books and course materials  
Contributions to a Health Savings Account or payments from a Health Savings Account  
Child care expenses (name, address, phone, SS or tax ID and amount paid)  
1095A from Covered California or Healthcare.gov.  
Receipt for any residential energy improvements.  
Receipt for purchase of an electric vehicle.

If you itemize deductions, please also provide this information:

Medical expenses (if greater than 7.5% of gross). Please separate into the following categories – prescriptions, fees for doctors and dentists, fees for hospitals, lab and x-ray fees, medical aids such as glasses, medical equipment and supplies, medical mileage (including parking), lodging related to medical care and health insurance premiums – and provide totals  
Sales tax paid on big ticket items (cars, boats, RV, etc)  
DMV registration (only the vehicle license portion is deductible)  
Home mortgage and home equity loan interest for primary and second home  
Property taxes  
Final settlement statement for the purchase, sale or refinance of a home  
Charitable contributions in cash  
Charitable contributions in kind – name and address of charity, date of donation, list of donated items, purchase price of donated items, current value of donated items  
Work-related expenses not reimbursed by your employer (state return only)  
Safe deposit box rental

**Thank you for choosing Turner's Tax Service to prepare your 2025 tax return!**