



Donahue Income Tax Services LLC

122 Baltimore Street Ste # 1

Gettysburg, PA 17325

P: (717)420-5557 Andrew@donahuetax.com F: (717)420-5657

2025 Client Tax Organizer

ENGAGEMENT LETTER MUST BE SIGNED BEFORE TAX RETURNS WILL BE PREPARED!

Please provide a voided check for our records. As the IRS is not issuing physical checks this year, this information is required to process your refund.

(SSN and DOB First Year Clients Only)

Name: _____ SSN: _____ DOB: _____

Email: _____ Phone 1: _____

Occupation: _____ IRS IP Pin (if issued): _____

Spouse: _____ SSN: _____ DOB: _____

Spouse Email: _____ Phone 2: _____

Spouse's Occupation _____ IRS IP Pin (if issued): _____

Home Street Address: _____

City: _____ State: _____ ZIP: _____

Dependent Name: _____ SSN: _____ DOB: _____

Lives with you: Yes No Day Care Expense: Yes No U.S. Citizen: Yes No

Relationship: _____ IRS IP Pin (if issued): _____ Months lived with you: _____

Dependent Name: _____ SSN: _____ DOB: _____

Lives with you: Yes No Day Care Expense: Yes No U.S. Citizen: Yes No

Relationship: _____ IRS IP Pin (if issued): _____ Months lived with you: _____

Please fill in the Number of each form(s) enclosed on the blank line next to it.

<u>Number</u>	<u>Form #</u>	<u>Form Description</u>
_____	W-2	Wage and Tax Statement.
_____	W-2G	Certain Gambling Winnings.
_____	1099-INT	Interest Income.
_____	1099-DIV	Dividends and Distributions.
_____	1099-B	Brokerage Statements (Provide all pages front and back)
_____	1099-R	Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
_____	1099-SSA	Social Security
_____	1099-C	Cancellation of Debt
_____	1099-G	State Income Tax Refund and Unemployment Compensation
_____	1099-S	Proceeds from Real Estate Transactions.
_____	1099-K	Merchant Card and Third-Party
_____	K-1	Partnership, LLC, Estate, Trust, and S Corporation
_____	1098	Income Home Mortgage Interest Paid
_____	1098-E	Student Loan Interest Statement.
_____	1098-T	Tuition Paid Education costs for books, supplies etc. Total \$_____
_____	1095-A	Health Insurance Through Market Place
_____	Real Estate Taxes	(Enclose statements or bills) Total \$_____
_____	Child and Dependent Care Expenses: Amounts Paid \$_____	Attach Statement with name address and tax id of this provider:
Gifts to Charity (CASH or Check): Do Not Submit Receipts, please attach list. Total \$_____		
Gifts to Charity directly from your IRA Required Minimal Distribution (QCD): Total \$_____ please attach statement from your IRA financial institution or broker.		
Gifts by OTHER THAN CASH OR CHECK if this total is over \$500, please attach receipt with name and address of organization with value of each. Total \$_____		
Teacher's Classroom Expenses: (Limit \$300.00 per eligible educator) Total \$_____		



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Deductions

Medical and Dental Expenses You Paid: (Please do not submit receipts just totals)

1. Prescription medications		\$
2. Health insurance premiums: a. Medical, dental and vision insurance:		\$
b. Long-term care premiums for whom?	H W	\$
c. Medicare Premiums:		\$
3. Fees for doctors, dentists, hospitals, clinics etc.		\$
7. Eyeglasses and contact lenses		\$
8. Medical equipment and supplies		\$
9. Miles driven for medical purposes \$0.21 per mile	miles	

Federal Estimated Taxes You Paid: Please attach copies of cancelled checks if possible.	Date Paid	Amount
2025 Estimated Payment – Voucher #1 (due 4/15/25)		\$
2025 Estimated Payment – Voucher #2 (due 6/16/25)		\$
2025 Estimated Payment – Voucher #3 (due 9/15/25)		\$
2025 Estimated Payment – Voucher #4 (due 1/15/26)		\$

Federal Refund from 2024 Tax Return Applied to 2025 \$_____

State Estimated Taxes You Paid: Please attach copies of cancelled checks if possible.	Date Paid	Amount
2025 Estimated Payment – Voucher #1 (due 4/15/25)		\$
2025 Estimated Payment – Voucher #2 (due 6/16/25)		\$
2025 Estimated Payment – Voucher #3 (due 9/15/25)		\$
2025 Estimated Payment – Voucher #4 (due 1/15/26)		\$

State Refund from 2024 Tax Return Applied to 2025 \$_____

Local Estimated Taxes You Paid: Please attach copies of cancelled checks if possible.	Date Paid	Amount
2025 Estimated Payment – Voucher #1 (due 4/15/25)		\$
2025 Estimated Payment – Voucher #2 (due 6/16/25)		\$
2025 Estimated Payment – Voucher #3 (due 9/15/25)		\$
2025 Estimated Payment – Voucher #4 (due 1/15/26)		\$

Local Refund from 2024 Tax Return Applied to 2025 \$_____



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IMPORTANT QUESTIONS - PLEASE ANSWER.

Additional information is required if you answer yes to these questions - Please attach Documentation.

Yes No Can you, or your spouse be claimed as a dependent by another taxpayer?

Yes No Can any dependent be claimed as a dependent by another taxpayer?

Yes No Did you sell a personal residence, vacation home, land, or other real estate this year?

Yes No Did you purchase /refinance your home this year? If yes, please enclose the Settlement Sheet(s).

Yes No Did you receive unreported tip income of \$20 or more in any month?

Yes No Please indicate whether you, your spouse, or any employees received qualified tips from occupations the IRS identifies as customarily and regularly receiving tips. This includes tips reported on Form W-2, Form 1099, or any other formal statement, as well as those reported directly on Form 4137.

Yes No Did you or your spouse received qualified overtime pay that exceeded your regular rate of pay. If yes, please provide a report from your employer detailing the total number of overtime hours worked and the specific rate of pay for those hours. If an official report is not available, please provide your final paystub of the year.

Yes No Do you have any foreign accounts (bank, securities, trusts, business, etc.)?

Yes No Were there any births, deaths, marriages, divorces, or adoptions in your immediate family?

Yes No At any time during 2025 did you receive (as a reward, award, or payment for property or services); or sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? Examples of digital assets: Convertible virtual currencies and cryptocurrencies such as Bitcoin; Stablecoins; Non fungible tokens (NFTs)

Yes No Did you or your spouse primarily work from home in 2025. If so, please measure your office size and provide your total utility cost (water, sewer, trash, electricity, heat, internet etc.)

Yes No Did you make any qualified home improvements to your primary residence in 2025. Items that qualify are Exterior Doors Exterior Windows and Skylights, Insulation and air sealing materials or system, Home Energy Audit costs, Central air conditioners, water heaters, and water boilers. Please verify that the Item qualifies at:
https://www.energystar.gov/about/federal_tax_credits/non_business_energy_property_tax_credits

Yes No Did you or your spouse get an updated driver's license in 2025. If you answer Yes, Please provide the updated issue and expiration dates.

License Number: _____ Issue Date: _____ Expiration Date: _____

License Number: _____ Issue Date: _____ Expiration Date: _____