



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 you 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: _____