

PERSONAL INFORMATION ORGANIZER
Please complete this Organizer before your appointment.

1. PERSONAL INFORMATION

Name		SSN or ITIN		Date of Birth	Date of Death	Occupation	Blind	Disabled
Taxpayer							<input type="checkbox"/>	<input type="checkbox"/>
Spouse							<input type="checkbox"/>	<input type="checkbox"/>
Street Address		Apt.	City or town		State	Zip Code	County	
Foreign country		Foreign province/state				Foreign postal code		
E-mail Address(es)				Home Phone		Mobile Phone		
Spouse's E-mail Address(es)				Spouse's Mobile Phone				

2. FILING STATUS

<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Check if parent (or someone else) can claim you as a dependent on their return.
<input type="checkbox"/> Married Filing Joint	
<input type="checkbox"/> Married Filing Separate	<input type="checkbox"/> Check if you lived apart from your spouse for all of 2025.
<input type="checkbox"/> Head of Household	
<input type="checkbox"/> Qualifying surviving spouse (QSS)	Year spouse died: _____

3. DEPENDENTS

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	Child Care Expenses Paid
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		

4. REFUND INFORMATION

1. Would you like to have any refunds directly deposited into your bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bank Account Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank name _____ Routing number _____ Account number _____ Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes	Bank Account Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank name _____ Routing number _____ Account number _____ Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes

5. IDENTIFICATION INFORMATION

Taxpayer Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID ID number _____ Location of issuance _____ Issue date _____ Expiration date _____	Spouse Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID ID number _____ Location of issuance _____ Issue date _____ Expiration date _____
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6. HEALTH CARE INFORMATION

Please indicate where you received your health insurance from for all members of your tax household.

☐ Employer ☐ Government-Sponsored Marketplace ☐ Private Exchange (Individual Insurance Company)

7. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS

- | | | |
|--|-----------------------------------|---------------------------------|
| 1. Check the applicable boxes if you wish to contribute \$3 to the Presidential Election campaign fund. | <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Spouse |
| 2. Were you a victim of identity theft and have you been contacted by the IRS? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please furnish the 6-digit PIN issued to you by the IRS | | |
| 3. Were you (or your spouse if filing jointly) a nonresident alien for any part of 2025? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you received any notices or correspondences from the IRS or state in the past 3 tax years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you have any children age 18 or under (or student under age 24) who had unearned income of more than \$2,700? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Did you give a gift of more than \$19,000 to one or more people? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. If age 65 or older, do you want to file Form 1040-SR, U.S. Tax Return for Seniors, instead of Form 1040? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

8. COMMENTS

[illegible]

INCOME ORGANIZER

Please complete this Organizer before your appointment.
Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

1. WAGE AND SALARY INFORMATION

Attach W-2s:

Employer Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Unreported tip income received: _____

2. INTEREST AND DIVIDEND INCOME

Attach 1099-INT, 1099-DIV or other statements

Payer Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

3. RETIREMENT DISTRIBUTIONS

Attach 1099-R & 5498	Roth IRA	Other IRA	Taxpayer	Spouse
Payer Name				
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attach SSA 1099 or RRB 1099

	Yes	No
Did you receive social security benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive railroad retirement benefits?	<input type="checkbox"/>	<input type="checkbox"/>

4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)

Attach K-1s:

Payer Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

5. CAPITAL GAINS AND LOSSES

Attach 1099-Bs:

Payer Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

6. OTHER INCOME

Description	Amount
State income tax refund	_____
Alimony received	_____
Date of original divorce/separation agreement	_____
Unemployment compensation	_____
Gambling winnings	_____
Jury pay	_____
Hobby income	_____
Scholarships (grants)	_____
NOL Carryforward	_____
Child support	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. MISCELLANEOUS INCOME QUESTIONS

1. Did you sell your home? ☐ Yes ☐ No
2. Did you earn any foreign income or pay any foreign taxes? ☐ Yes ☐ No
3. Do you have a health savings account (HSA), Archer MSA or Medicare Advantage (MA) MSA? ☐ Yes ☐ No
4. Did you have a financial account in a foreign country (i.e. bank account, securities account, etc.)? ☐ Yes ☐ No
If Yes, did the aggregate value of all financial accounts exceed \$10,000 at any time during 2025? ☐ Yes ☐ No
5. Did you have any debt forgiven (i.e. student loans, home mortgage, etc.)? ☐ Yes ☐ No
6. At any time during 2025, did you:
(a) receive (as a reward, award, or compensation) _____
(b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? ☐ Yes ☐ No

DEDUCTIONS ORGANIZER

Please complete this Organizer before your appointment.
Itemized Deduction Organizers are on separate pages.

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1. EDUCATION

Attach 1098-Ts, 1098-E's and 1099-Q's:

Student Name	Educational Institution	Fr	So	Jr	Sr	Oth	Tuition & Fees	Student Loan Interest Paid	Books, Supplies & Equipment	529 Plan
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>

2. JOB-RELATED MOVING EXPENSES

Description	Amount
Lodging	_____
Gas and Oil.	_____
Mileage	_____
Other	_____
Miles from old home to your new workplace	_____
Miles from old home to old workplace	_____
Member of the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. IRA CONTRIBUTIONS

Description	Amount
Contributions to a Traditional IRA.	_____
Contributions to a ROTH IRA	_____

4. OTHER DEDUCTIONS

Description	Amount
Educator expenses.	_____
Alimony paid Rec. SSN: _____ Date of original divorce/separation _____	_____
Health Savings Account contributions	_____
Archer Medical Savings Account contributions	_____
Jury duty repayment to employer	_____
Foreign qualified housing expenses.	_____
Contributions to College 529 Savings Plan. .	_____
Qualified business net (loss) carryover from 2024	_____
Qualified REIT dividends and PTP net (loss) carryover	_____
_____	_____
_____	_____
_____	_____

5. MISCELLANEOUS DEDUCTION QUESTIONS

1. Did you purchase an item(s) during 2025 for which you paid a large amount of sales tax? ☐ Yes ☐ No
2. Did you refinance a mortgage during 2025? ☐ Yes ☐ No
3. Did you pay an interest on a qualifying vehicle purchased after 12/31/2024? ☐ Yes ☐ No

1. CHILD CARE CREDIT

Attach Daycare Provider Statement(s): Care Provider Name	Address	Tax-Exempt	Telephone Number	Identification Number	Amount Paid
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____

2. RESIDENTIAL ENERGY CREDIT

Solar electric property	_____	Metal or asphalt roof	_____
Solar water heating	_____	Exterior windows and skylights	_____
Small wind energy	_____	Electric heat pump or central air conditioner	_____
Geothermal heat pump	_____	Natural gas, propane or oil water heater	_____
Fuel cell property	_____	Biomass fuel stove	_____
Insulation material	_____	Natural gas, propane or oil furnace	_____
Exterior doors	_____	Advanced main air circulating fan	_____

1. Were the qualified improvements for your main home in the United States? ☐ Yes ☐ No

2. Were any of the improvements related to the construction of this main home? ☐ Yes ☐ No

3. MISCELLANEOUS CREDIT QUESTIONS

1. Did you pay any expenses related to the adoption of an eligible child? ☐ Yes ☐ No

2. Do you (and your spouse) have a social security number that allows you to work and is valid? ☐ Yes ☐ No

3. Were you issued a Mortgage Credit Certificate (MCC) by a state or local governmental unit or agency? ☐ Yes ☐ No

4. ESTIMATED TAX PAYMENTS

Federal estimated payments	Date Paid	Amount Paid	Local estimated payments	Date Paid	Amount Paid
Applied from 2024 federal refund	_____	_____	Applied from 2024 local refund	_____	_____
1st quarter payment	_____	_____	1st quarter payment	_____	_____
2nd quarter payment	_____	_____	2nd quarter payment	_____	_____
3rd quarter payment	_____	_____	3rd quarter payment	_____	_____
4th quarter payment	_____	_____	4th quarter payment	_____	_____
State estimated payments	Date Paid	Amount Paid	Local estimated payments	Date Paid	Amount Paid
Applied from 2024 state refund	_____	_____	Applied from 2024 local refund	_____	_____
1st quarter payment	_____	_____	1st quarter payment	_____	_____
2nd quarter payment	_____	_____	2nd quarter payment	_____	_____
3rd quarter payment	_____	_____	3rd quarter payment	_____	_____
4th quarter payment	_____	_____	4th quarter payment	_____	_____
State Name	_____	_____	Locality Name	_____	_____