

**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"/>		
					<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		
<b>Bank Account</b>				
Ownership	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint	<b>Bank Account</b>
Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings		Ownership
Bank name	_____			Type
Routing number	_____			Bank name
Account number	_____			Routing number
Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes				Account number
				Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes

**5. IDENTIFICATION INFORMATION**

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

## PERSONAL INFORMATION ORGANIZER

Please complete this Organizer before your appointment.

## Kelly Carmona Services

## **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.  Taxpayer  Spouse

2. Were you a victim of identity theft and have you been contacted by the IRS?  Yes  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?  Yes  No

4. Have you received any notices or correspondences from the IRS or state in the past 3 tax years?  Yes  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?  Yes  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?  Yes  No

7. Did you give a gift of more than \$19,000 to one or more people?  Yes  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?  Yes  No

## 8. COMMENTS

## 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


Unreported tip income received: . . . . .

## 2. INTEREST AND DIVIDEND INCOME

Attach 1099-INT, 1099-DIV or other statements

Payer Name

Taxpayer Spouse

### **3. RETIREMENT DISTRIBUTIONS**

Attach 1099-R & 5498

Roth Other

Payer Name

18

Taxpayer Spouse


Attach SSA 1099 or RRB 1099

Yes      No

Did you receive social security benefits?

Did you receive railroad retirement benefits?

## 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.

### Kelly Carmona Services

#### 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

#### 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

#### 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	_____

#### 3. IRA CONTRIBUTIONS

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

#### 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

**CREDITS AND PAYMENTS ORGANIZER****Kelly Carmona Services**

Please complete this Organizer before your appointment.

**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"/>			

**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
Applied from 2024 federal refund . . . . .				
1st quarter payment . . . . .				
2nd quarter payment . . . . .				
3rd quarter payment . . . . .				
4th quarter payment . . . . .				
State estimated payments	Date Paid	Amount Paid	Local estimated payments	Date 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 . . . . .	