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Please complete this organizer and call our office for an appointment or send us your information.
You can also call our office to request a customized electronic organizer.

INDIVIDUAL TAX INFORMATION ORGANIZER FOR 2025 RETURN

Personal Information - If you are a new client, please provide copies of last year's tax return.

Taxpayer	Social Security Number	Identity Protection Pin
First Name	Last Name	Birthdate
Address	Home Phone ()	Occupation
City, State Zip	Cell/Work ()	Email Address
Driver's License Number	State	Issue Date Expiration Date
Are you Legally Blind? Yes No	Permanently disabled? Yes No	

Spouse	Social Security Number	Identity Protection Pin
First Name	Last Name	Birthdate
Address	Home Phone ()	Occupation
City, State Zip	Cell/Work ()	Email Address
Driver's License Number	State	Issue Date Expiration Date
Are you Legally Blind? Yes No	Permanently disabled? Yes No	

Filing status: **Single** **Married filing jointly** **Married filing separately** **Widow(er)** **Head of household** **Registered Domestic Partnership**

Did/have you celebrate(d) marriage to a same-sex spouse in a state that legally recognized same-sex marriage? **Yes** **No**

Were you divorced or separated during the year? **Yes** **No** Were there any deaths in the family? **Yes** **No**

Names of dependent children <i>First and Last Name</i>	Social Security #	IP Pin	Date of birth	Relationship	Months lived in home in 2025	College Student	Care expenses paid

Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent or the child will claim themselves? **Yes** **No**

Are any children disabled? **Yes** **No** Did any children have unearned income above \$1,350 for the year for filing requirements? **Yes** **No**

Other dependents or people who lived with you <i>First and Last Name</i>	Social Security #	IP Pin	Date of birth	Relationship	Months lived In home in 2025	Income

Direct Deposit/Electronic Funds Withdrawal Information

Bank Information: Use for Direct Deposit of Refund/ Direct Debit of Balance Due

Name of bank

Checking **Savings**

Routing transit number

Account number

Ask your tax preparer for information about depositing a refund into an IRA account or splitting the deposit into more than one account.

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information for the preparation of this year's income tax return for which I have adequate records. Please provide a copy of your (and your spouses, if applicable) driver's license (front and back). This information may be needed to electronically file your tax return.

Taxpayer Signature

Date

Spouse Signature

Date

Questions – All Taxpayers					
Yes refers to both taxpayer and spouse. Enter ? if unsure.					
PERSONAL/ DEPENDENT INFO	Yes	No	Did you pay for childcare so you could work or attend school? <i>Provide statement if applicable.</i>		
	Yes	No	Were any children born or adopted in 2025? <i>Provide statement for other expenses.</i>		
	Yes	No	If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?		
	Yes	No	Did any births, adoptions, marriages, separations, divorces or deaths occur related to you, your spouse or any of your dependents in 2025?		
INCOME INFORMATION PURCHASES, SALES & DEBT INFORMATION	Yes	No	Did you start a new business, purchase rental property, or receive income from a sharing/gig activity during the year?		
	Yes	No	Did you purchase or sell a principal residence during the year?		
	Yes	No	Did you have any investments become worthless or were you a victim of investment theft in 2025??		
	Yes	No	Are you involved in bankruptcy, foreclosure, repossession, or have any debt (including credit cards) cancelled?		
	Yes	No	Did you sell an existing business, rental or other property this year?		
	Yes	No	Did you lend money with the understanding of repayment in this tax year, and it became totally uncollectable?		
	Yes	No	Do you own a business or an interest in a partnership, corporation, LLC, or other venture?		
	Yes	No	Were you granted, or did you exercise, any employer stock options during 2025?		
	Yes	No	Do you pay or receive alimony in 2025? Paid / Received (<i>circle one</i>)	Recipient SSN#	Date of Divorce
	Yes	No	Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?		
	Yes	No	Did you receive any income from an installment sale?		
	Yes	No	Did you receive any disability income during the year?		
	Yes	No	Did you receive tip income not reported to your employer this year?		
	Yes	No	Have you received any awards, prizes, hobby income, gambling or lottery winnings?		
	Yes	No	Do you expect a large fluctuation in income, deductions, or withholding next year, such as retirement?		
EDUCATION INFORMATION	Yes	No	Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the upcoming year?		
	Yes	No	Did you contribute or make any withdrawals from an education savings or 529 Plan account? <i>Please provide details.</i>		
	Yes	No	Did you cash any Series EE or I U.S. Savings bonds issued after 1989?		
HEALTHCARE INFORMATION ITEMIZED DEDUCTION INFO	Yes	No	Did you purchase health insurance through a public exchange/marketplace? <i>If yes, please provide any Form(s) 1095-A</i>		
	Yes	No	Did you make any contributions before April 15, 2026, to a Health saving account (HSA) or Archer MSA for 2025?		
	Yes	No	Did you receive any distributions from a Health savings account (HSA)? <i>Include Forms 1099-SA and Form 5498-SA</i>		
	Yes	No	Did you pay long-term care premiums for yourself or your family?		
ITEMIZED DEDUCTION INFO MISCELLANEOUS INFORMATION	Yes	No	Did you pay any interest on a loan for a boat or RV that has living quarters?		
	Yes	No	Did you refinance a mortgage or take a home equity loan? If yes, provide the closing statement.		
	Yes	No	Did you incur any business casualty or theft loss or any condemnation awards during the year?		
	Yes	No	Do you have written evidence to substantiate all of your charitable deductions?		
	Yes	No	Did you make any major purchases during the year (cars, boats, motorhomes, etc.)?		
MISCELLANEOUS INFORMATION	Yes	No	Did you make any gifts of more than \$19,000 to any individual in 2025?		
	Yes	No	Did you acquire, use, dispose of or hold any digital assets? (i.e. virtual currency)		
	Yes	No	Did you pay any individual for domestic services in your home?		
	Yes	No	Did you make any solar energy improvements to any property you own?		
	Yes	No	Did you make energy-efficient improvements or have a home energy audit done to your main home this year?		
	Yes	No	Did you purchase an energy-efficient, hybrid, or electric vehicle?		
	Yes	No	Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?		
	Yes	No	Did you have any foreign financial accounts, foreign financial assets, or hold an interest in a foreign entity?		
	Yes	No	Did you receive correspondence from the State or the Internal Revenue Service? <i>If yes, please provide a copy.</i>		
	Yes	No	Have you received an Identity Protection PIN from the Internal Revenue Service, or have you been a victim of identity theft? <i>If yes, attach the IRS letter.</i>		
	Yes	No	Do you want to designate \$3 to the Presidential Election Campaign Fund? <i>If you check yes, it will not change your tax or reduce your refund.</i>		
	Yes	No	Would you like the IRS and State to discuss your tax return with your tax preparer if any questions should arise?		

	Yes	No	Are you a member of the Military- active, reserve or veteran?
	Yes	No	Has your will or trust been updated in the last three years?

State Information			
Full-year resident	Part-year resident	Non-resident	
States of residence during 2025:		Dates:	
School District:		Do you own or rent your home? Own Rent	
		Total rent paid \$ Does rent include heat? Yes No	
Are you or your spouse a veteran with a service-connected disability?		Yes No	%
			%
Are you or your spouse a "resident tribal member" of a federally recognized Indian Tribe? Yes No If yes, what tribe?			
Do you live on designated Tribal land? Yes No			
Michigan deductible contributions made to: (max per child: \$10,000 joint/\$5,000 single)		Michigan Education Trust	Michigan Education Savings Plan (MESP) Including MI 529 Advisor Plan (MAP)
Payments made in 2025		\$	\$
Did you purchase tangible personal property items that you did not pay Michigan sales tax on? Yes No			
If yes, what was purchased and how much was spent, including shipping and handling?			\$

Quarterly Tax Estimates Paid – Federal and State				
	Federal		State	
	Date paid	Amount	Date paid	Amount
1 st quarter 2025		\$		\$
2 nd quarter 2025		\$		\$
3 rd quarter 2025		\$		\$
4 th quarter 2025		\$		\$
Other:		\$		\$
Other:		\$		\$
TOTAL estimates paid for 2025		\$		\$

Income Information			
Please bring in all supporting documentation such as W-2's, 1099's, 1095 from Marketplace healthcare, K-1's from employers, partnerships, S corporations, estates and trusts, brokerage houses, mutual funds, banks and credit unions, etc. for the following:			
Wages, salaries, and tips		Annuities	
Interest income		Unemployment compensation (Form 1099-G)	
Tax-exempt interest income received (attach year-end statement)		Social Security (attach Social Security report Form SSA-1099)	
Dividends		Railroad retirement	
Stock sales		State income tax refund	
Retirement income including pensions and IRA's *		Gambling winnings	
Debt Forgiveness			
Please provide a total amount for (if applicable):			
Public assistance	\$	Strike benefits	\$
Prizes/award	\$	Scholarships	\$
Education grants	\$	Tips/gratuities not reported on W-2	\$
Veterans' disability	\$	Workers' compensation	\$
Bartering	\$	Other	\$
Alimony received	\$		
If any of the following apply, please attach detail of receipts and expenditures. (Contact us if you need additional help)			
Business (Schedule C)		Farm (Schedule F)	
Rental (Schedule E) including type of property and full address			
Installment sale payments received on a previously reported transaction			
Interest \$	Principal \$	Payor	Social security #

Sales and Exchange Worksheet – Please bring 1099's you received				
Provide information about sales of stock, real estate or other property, along with Forms 1099-B, 1099-S, or other supporting statements.				
Description of property	Purchase date	Cost	Selling date	Sale price

		\$		\$
		\$		\$
		\$		\$
		\$		\$

We need exact purchase and sale dates and cost including reinvestments, if applicable, to determine the capital gain rate which applies. Electronic spreadsheets can be imported into our tax package. Your statements from your broker (Form 1099-B) sometimes provide the cost/basis information necessary to compute gain or loss. **If the statement does not contain this information, you must provide it.**

Other Adjustment/Credits

Retirement Plans

IRA Maximum \$7,000 for 2025 (additional \$1,000 if 50 years or older)

Traditional or Roth IRA (indicate which):	Date made	Amount
Taxpayer		\$
Spouse		\$

If amount listed is not the maximum, do you want to contribute the maximum? **Yes** **No**

Did you make a retirement plan rollover to a traditional or Roth IRA in 2025? **Yes** **No** If yes, amount: \$

Do you or your spouse actively participate in an employer plan? Self: **Yes** **No** Spouse: **Yes** **No**

Did you make contributions for a self-employed SEP, Simple and/or qualified plan? **Yes** **No** If yes, amount: \$

Some contributions for 2025 can be made in 2026

Child Care Credit

Did you pay for child or dependent care so you could work or go to school? **Yes** **No** Please provide statement if applicable

Name of provider:	EIN or SSN:
Address:	Amount paid:

Higher Education Deductions and/or Credits

Qualified tuition and course fees paid for student attending eligible education institutions post high school. Please attach your **1098T's, 1098E, and a detailed tuition statement (tuition charges, payments, and scholarships)** We also need the institutions EIN, name and address.

Yes No	Were any children attending college?	Year in college	Paid by You: Tuition \$	Student loan interest \$	Books \$
			Paid by student: Tuition \$	Student loan interest \$	Books \$
	Other expenses:				

Yes No	Did you pay any tuition for a private school for a dependent child or take classes yourself?	
	Student	Amount paid \$
	Name and address of school	

Qualified Student Loan Interest Paid in 2025 for you, spouse or dependent \$2,500 Maximum per year – Income Limits Apply

Name	Amount \$	Taxpayer	Spouse	Dependent
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Coverdell Education Savings Account (ESA) for children under 19 - maximum \$2,000 for 2025

Contributions made in 2025	\$	Distributions in 2025 from any Education Savings Account (include forms)	\$
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Adjustments Worksheet

Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$300 each (\$600 joint)	\$
Are you covered by a Health Savings Account (HSA)? Amount of deductible contributions	\$
Self-employed SEP, Simple, and qualified plans. Some contributions for 2025 may be made in 2026.	\$
Self-employed health insurance deduction. (Sole proprietors)	\$
Moving expenses. Job-related move and at least a 50-mile increase in commuting distance. ARMED FORCES ONLY	Ask preparer
Business expenses of reservists, performing artists, and fee-based government officials.	Ask preparer

Questions for your preparer:

Itemized Deductions paid during 2025

Deductions must generally exceed \$15,750 for MFJ or single/\$31,500 MFJ; \$23,625 HOH, to be a tax benefit.

Medical – Must exceed 7.5% of AGI

Prescription medicines and drugs	\$	Doctor, dentist, etc.	\$
Medical insurance premiums paid	\$	Hospitals/Nursing Home fees	\$
Medicare insurance paid (SSA-1099)	\$	Lab fees/X rays	\$
Long-term care insurance premiums	Taxpayer \$	Eyeglasses and contacts	\$
	Spouse \$	Hearing aids	\$
Ambulance	\$	Medical Supplies	\$
Number of medical miles: (21.0 cents per mile)			
Lodging - limit of \$50 per day per person	\$		
Total insurance and HSA reimbursement if not netted in above figures		\$	

Taxes – Do not include taxes paid for full or partial business or rental-use property.

Real estate taxes on personal residence:		Amount	Date paid
Taxable value of residence	Township/City	\$	
2024 Winter		\$	
2025 Summer		\$	
2025 Winter		\$	
Other real estate taxes on land, camp, etc.:		\$	
Licenses fees on vehicles		\$	
Yes No	Did you keep receipts for sales tax paid during 2025?	Amount \$	
Yes No	Did you purchase a car, plane, boat, motorcycle or home in 2025?		
Sales tax paid \$		Purchase paid \$	Date / /

Interest Expense

<i>Principal residence and one vacation residence (boat or recreational vehicle with living accommodations)</i>			
House mortgage paid to financial institution (attach Form 1098 received from lender)		\$	
Home equity or home improvement loan		\$	
House mortgage or contract paid to an individual:		\$	
Name		Social Security #	
Address			
New mortgage or refinance?	For how many payments?	Date	/ /
<u>Points Paid</u>			
If you refinanced a mortgage or purchased a new residence – please bring in closing papers			\$
<u>Investment Interest</u> - i.e., on debt to carry stocks, bonds or investments:			
List:			\$

Charitable

Cash to church and charities *	\$
Noncash contribution - Fair market value of items given	\$
<i>If over \$500, provide details of contributions. Items must be in good used condition or better</i>	
Out-of-pocket expenses for charities	\$
Charitable miles (14 cents per mile)	
Did you or your spouse transfer funds from an IRA directly to a charitable organization? Yes No	
* Current tax law requires taxpayers to have the following for all tax deductions to a charitable contribution of cash, check, or any other monetary gift: (1) a bank record or (2) a written communication from the charity that adequately documents the donation. If the donation is \$250 or more, you must have the appropriate written communications from the charity.	

Casualty and Theft Loss

If you suffered any sudden, unexpected damage or loss of property or theft, provide details to your preparer. (Federally declared disaster area only)

Miscellaneous Deductions

Attach detail if applicable: Were any expenses reimbursed by your employer Yes No	
Gambling losses (Deductible only up to the amount of gambling winning reported. A log must be kept verifying losses.)	\$