

**MANZI & ASSOCIATES L.L.C.**

Certified Public Accountants

[www.manziassociates.com](http://www.manziassociates.com)

(978) 975-1099

**2025 TAX DATA SHEET**

Please take time to review and complete this organizer. This organizer helps us prepare accurate and timely returns.

**NEW CLIENTS:** Please bring copies of your 2023 and 2024 returns.

**1. Personal Information**

Name		Social Security #	Date of Birth	Occupation	Phone Number
Taxpayer					
Spouse					
Street Address		City	State	Zip	
Email Address		Identity Protection PIN(s) (if applicable)			

	Taxpayer		Spouse		Marital Status		Will file jointly:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blind	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Married					
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Single					
Pres. Campaign Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Widow(er), Date of Spouse's Death					

**2. Dependents (Children & Other) - if applicable, please include signed copy of form 8332 (release of exemption for child)**

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

**Please provide all statements (W-2s, 1099s, 1098, etc)**

Please answer the following questions to determine maximum deductions and include all necessary details:

- |  |                              |                             |  |                              |                             |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| a) Are you self employed?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | h) Did you give a gift of more than \$19,000 to one or more person?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Did you receive rent from real estate or other property   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | i) Did you have any debt cancelled, forgiven, or refinanced?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Did you have health insurance coverage for you, spouse and dependents (if applicable)? (Please fill out item #19 below) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | j) Did you go through bankruptcy proceedings?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Do you provide a home for or help support anyone not listed in Section 2 above?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | k) If you paid rent, how much and to whom did you pay?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Did you receive any correspondence from the IRS or State?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | l) Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) Were there any births, deaths, marriages, divorces or adoptions in your immediate family?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | m) Did you have any children under the age of 19 (or 19-23 students)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g) Do you have a financial interest in, or signature authority over, a financial account located in a foreign country?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | n) Did you receive, sell, exchange, or acquire any financial interest in virtual currency?                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|  |                              |                             | o) Did you purchase a clean vehicle before September 30th? If so, did you receive any clean vehicle credits at the dealership? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|  |                              |                             | p) Did you receive a form 1099-K? (for payment card and 3rd party network transactions)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

\* If yes to any of the above, please include the necessary details.

**3. Wage, Salary Information**

Attach W-2s:

Employer	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"/>

**4. Interest Income**

Attach 1099-INT & broker statements

Payer	Amount
Tax Exempt	

**5. Dividend Income**

From Mutual Funds & Stocks - Attach 1099-DIV

Payer	Ordinary	Capital Gains	Non-Taxable

**6. Partnership, Trust, Estate Income, and S-Corps**

List of payers of partnerships, limited partnerships, S-Corps, trust, or estate income - attach K-1


**7. Investments Sold**

Attach 1099-B

Investment	Date Purch/Sold	Cost	Sales Price

**8. IRA (Individual Retirement Account) or Roth IRA**

Contributions for tax year:

	Date	Amount	Check for Roth
Taxpayer			<input type="checkbox"/>
Spouse			<input type="checkbox"/>

Amounts withdrawn. Attach 1099-R & 5498

Plan Trustee	Reason for withdrawal	Roll-over or Reinvested?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**9. Pension, Annuity Income**

Attach 1099-R

Payer*	Reason for withdrawal	Roll-over or Reinvested?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*Provide statements from employer or insurance company with information on cost of or contributions to plan.

Did you receive:

	Taxpayer	Spouse
Social Security Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Railroad Retirement	<input type="checkbox"/>	<input type="checkbox"/>

RMD - for 2025, you must take a distribution if you are age 73 by the end of the year.

Did you re contribute any of your RMD to IRA or qualified retirement plan?

Yes  No

Did you directly donate your RMD to a qualified charity?

Yes  No

Attach SSA 1099, RRB 1099

**10. Property Sold**

Attach 1099-S and closing statements

Property	Date Acquired	Cost & Improv.
Personal Residence*		
Vacation Home		
Land		
Other		

\* Provide information on improvements, prior sales of home, and cost of a new residence.

**11. Other Income**

List All Other Income (incl. non-taxable)

Alimony received (do not include child support) \_\_\_\_\_
Unemployment compensation (repaid) \_\_\_\_\_
Prizes, Bonuses, Awards \_\_\_\_\_
Gambling, Lottery (expenses \_\_\_\_\_) \_\_\_\_\_
Unreported tips \_\_\_\_\_
Director/Executor's Fees \_\_\_\_\_
Commissions \_\_\_\_\_
Jury duty \_\_\_\_\_
Worker's compensation \_\_\_\_\_
Disability income \_\_\_\_\_
Veteran's pension \_\_\_\_\_
Payments from installment sales \_\_\_\_\_
State income tax refund \_\_\_\_\_
Any cryptocurrency transactions \_\_\_\_\_
Other \_\_\_\_\_

**12. Medical/Dental Expenses**

Medical Insurance Premiums (paid by you) \_\_\_\_\_
Prescription Drugs \_\_\_\_\_
Glasses, Contacts \_\_\_\_\_
Hearing Aids, Batteries \_\_\_\_\_
Braces \_\_\_\_\_
Medical Equipment, Supplies \_\_\_\_\_
Nursing Care \_\_\_\_\_
Medical Therapy \_\_\_\_\_
Hospital \_\_\_\_\_
Doctor/Dental/Orthodontist \_\_\_\_\_
Mileage (# of miles) \_\_\_\_\_

**13. Taxes Paid**

State Income Taxes \_\_\_\_\_
Real Property Tax \_\_\_\_\_
Personal Property Tax \_\_\_\_\_
Sales Tax \_\_\_\_\_
Other \_\_\_\_\_

**14. Interest Expense**

Mortgage interest paid on primary and secondary residence (attach 1098) \_\_\_\_\_
Interest paid to individual for your home (include amortization schedule) \_\_\_\_\_
Paid to: Name \_\_\_\_\_
Address \_\_\_\_\_
Social Security # \_\_\_\_\_
Investment interest (only relating to loans used to purchase taxable investments) \_\_\_\_\_

**15. Charitable Contributions**

Church \_\_\_\_\_
Goodwill/Salvation Army, etc \_\_\_\_\_
Other \_\_\_\_\_
Non-Cash\* \_\_\_\_\_

\* Non-cash donations over \$500 require a receipt. Vehicle donations require a 1098-C from the charity, and items valued over \$5,000 require an appraisal which must be submitted with the return.

**16. Other Deductions**

Alimony Paid to \_\_\_\_\_
Social security # \_\_\_\_\_
Date alimony began \_\_\_\_\_
Amount paid \_\_\_\_\_
Adoption expenses \_\_\_\_\_
Student interest paid \_\_\_\_\_
Out of pocket Educator expenses (for grade k-12 teachers) \_\_\_\_\_

**17. Education Expenses**

Table with 3 columns: Student Name, Type of Expense, Amount. Multiple empty rows for data entry.

**18. Child & Other Dependent Care Expenses**

Name of Care Provider \_\_\_\_\_
Address \_\_\_\_\_
Social Security or Employer ID \_\_\_\_\_
Amount Paid \_\_\_\_\_
Amount, if any, reimbursed by an employer dependent care plan \_\_\_\_\_

**19. Health Care Coverage**

A) Did you and everyone in your family have health coverage for every month of 2025?

Table with 4 columns: Name, Insurance provider, Source-employer, exchange, etc, Specific months of 2025 when covered. Multiple empty rows for data entry.

B) Did you receive a Form 1095-A, 1095-B or 1095-C? If so, please submit a copy [ ] Yes [ ] No

C) Did you receive advance payments for insurance coverage? [ ] Yes [ ] No

D) Did you contribute to a health savings account for 2025? Or plan to by 4/15/26? [ ] Yes [ ] No

E) Did you receive any distributions from your health savings account ? [ ] Yes [ ] No

If yes, how much did you receive? \_\_\_\_\_

If yes, how much was spent on qualified unreimbursed medical costs? \_\_\_\_\_

**20. Energy Credits**

Please provide details for credits relating to energy efficient home improvements, residential clean energy, or electric vehicles, etc. Please include any clean vehicle credits received at a dealership.

