

Evanoff Accounting Services, LLC

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2025 Tax Return Organizer

Name(s): _____ Primary Contact: _____

Primary Contact Email: _____ Phone: _____

Spouse Email: _____ Spouse Phone: _____

Your submission of this organizer confirms your intention to engage Susan Evanoff E.A. to prepare your 2025 federal and state income tax returns. You acknowledge your responsibility to provide all the information required for the preparation of complete and accurate returns, as I will not audit or otherwise verify the data you submit, although we may ask for clarification.

I (We) Agree

Initial _____

Preparing Documents

- When submitting scanned documents, please make sure scans are high quality and entirely readable. **Documents should be formatted as PDFs.** Uploading tax documents as JPGs or low-quality scans will cause delays in processing your returns. **I will not accept documents by text!**
- For your security, do not email tax returns, anything with SSNs, or bank info. Please use your client portal or ask me for a link to my guest exchange.
- Include a copy of all filers' driver's licenses. **[Make sure it is NOT Expired]**
- New clients, in addition to a client DL, please provide a copy of your Social Security card for all members of your household, plus a copy of your prior year tax return.

Getting Started

1. If you owe taxes, how do you want to pay them? 2. If you are due a refund, how do you want to receive it?

Online Payment

Direct deposit

Direct debit with e-File

Apply to next year's estimate

3. Current bank account name: _____ Checking Savings

Routing #: _____ Acct. #: _____

4. Did you have any **MAJOR** changes in 2025?

Change in marital status: Married Divorced Widowed Date: _____

Change in current home address: _____

City: _____ State: _____ Zip: _____ County: _____

Date of address changed: _____

State of residency change: _____

General Information

List dependent(s) (i.e., birth, adoption, moved out...). Use the back if necessary.

Name: _____ Relation: _____ D.O.B.: _____ S.S. #: _____

Reason for change: _____

Name: _____ Relation: _____ D.O.B.: _____ S.S. #: _____

Reason for change: _____

5. Do you purchase or sell your principal residence or other property? YES NO

* **If yes**, please provide closing documents.

6. Have you received any tax correspondence from the IRS or a state agency regarding your prior return? YES NO

* **If yes**, explain any ongoing correspondence in the **Additional general info box** below.

Additional general info:

7. Have you been issued an Identity Protection Pin? If available, provide notice YES NO

* **If YES**, provide PIN(s) FEDERAL _____ (Taxpayer) FEDERAL _____ (Spouse)

8. Did you make any federal or state estimated tax payments for tax year 2025? YES NO

* **If yes**, provide payment dates and amounts, including any **January 2026** payments for the year 2025

Note: Please do not include payments for a tax year prior to **2025**.

Federal:

Date: _____ Amount: \$ _____

State:

Date: _____ Amount: \$ _____

9. Indicate what types of healthcare coverage you maintained in 2025.

Employer-sponsored plan

Medicare

Marketplace coverage *(MNsue.org)

Medicare supplement annual cost \$ _____

State health coverage/Medicaid

Other: _____

Healthcare sharing

None

* **If you had marketplace coverage through MNsure, provide Form 1095-A.**

10. Were either you or your spouse in active duty in the U.S. military or U.S. National

Guard in 2025? YES NO

11. Did you incur adoption expenses in 2025? YES NO

* **If yes**, please provide payees and amounts.

General Information (continued)

12a. Did you own, have an interest in, or have signing ability over a foreign financial account in 2025? YES NO
(e.g., checking, savings, Canadian RRSP. The accounts may be owned by another individual or entity)
***If yes**, did the combined balances of all foreign accounts **at any point** in 2025 YES NO
exceed \$10,000?* ***If yes**, provide the name, the account # and the address of the foreign bank.

12b. Did you have any foreign interest, dividends, or gains? YES NO

13. Did you have ownership or involvement in a foreign business at any time during the year? YES NO

14. Did you make any energy-efficient upgrades to your house? YES NO
(windows, doors, solar panels, insulation, etc.)
***If yes**, provide receipts.

15. Did you purchase and finance a new, '**not used**' vehicle in 2025, where the final assembly of the car was in the United States? YES NO
***If yes**, please provide proof of the vehicle VIN # _____, Make: _____
Model: _____, and interest paid \$ _____

Other Income and Expenses

16. Did your compensation include any tips or overtime? Tips Overtime Neither
***If yes**, please include your final paystub.

17. Did you or your spouse have income not reported on Form W-2? YES NO
Please indicate the types of additional income received in 2025

<input type="checkbox"/> Self-employment/business	<input type="checkbox"/> Partnership or S-Corp (Sch. K-1)	<input type="checkbox"/> Retirement distributions
<input type="checkbox"/> Rental	<input type="checkbox"/> Dividends/Interest	<input type="checkbox"/> Crypto activity
<input type="checkbox"/> Royalty	<input type="checkbox"/> Foreign Income	<input type="checkbox"/> Ministry Honorarium
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Capital gains	<input type="checkbox"/> Other: _____

18. Self-Employed and Rental Property Owners.

Completed Self-Employed Business Organizer (see page 7)

Completed Real Estate / Rental / Royalty Organizer (see page 8)

Provided income and expenses in another format (QuickBooks, Excel, etc.)

Provide tax documents (Forms 1099-NEC, 1099-MISC, 1099-G, 1099-INT, 1099-DIV, 1099-B, 1099-K, 1099-R, etc.)

19. If a K-12 educator: Did you incur any out-of-pocket expenses for your classroom? YES NO
***If yes**, provide total: Taxpayer \$ _____ Spouse \$ _____

20. Did you pay any student loan interest? YES NO
***If yes**, provide statement (Form 1098-E) from lender.

Additional other income info:

IRA, HSA, Investments

Do not include contributions (shown on W-2) made through Employer-sponsored plan (e.g. 401(k), 403(b))

21. Your Name: _____ Indicate which type of retirement/savings accounts you made contributions to and the amount in 2025:

<input type="checkbox"/> Traditional IRA \$ _____	<input type="checkbox"/> HSA \$ _____	<input type="checkbox"/> SEP _____ \$ _____
<input type="checkbox"/> Roth IRA \$ _____	<input type="checkbox"/> HSA \$ _____	<input type="checkbox"/> SEP _____ \$ _____

22. Spouse Name: _____ Indicate which type of retirement/savings accounts you made contributions to and the amount in 2025:

<input type="checkbox"/> Traditional IRA \$ _____	<input type="checkbox"/> HSA \$ _____	<input type="checkbox"/> SEP _____ \$ _____
<input type="checkbox"/> Roth IRA \$ _____	<input type="checkbox"/> HSA \$ _____	<input type="checkbox"/> SEP _____ \$ _____

23. Did you or your spouse “rollover” a retirement account or convert a traditional IRA amount to a Roth IRA? YES NO
***If yes**, please provide 1099-R

24. Are you the beneficiary of an inherited IRA (provide 1099-R)? YES NO

25. Did any investment(s) of yours become worthless or debts become uncollectible in 2025? ***If yes**, attach an explanation. YES NO

26. Did you or your spouse take any distributions from an HSA (Health Savings Account) in 2025?
***If yes**, please provide Form 1099-SA
***If yes**, were all distributions for qualified medical expenses? YES NO

27. Did you make any charitable contributions from an IRA (QCDs)? YES NO
***If yes**, please provide confirmation documentation from investment firm and charity

28. Did you receive, sell, exchange, or acquire any digital assets/crypto currency in 2025? YES NO
***If yes**, provide an annual summary statement or Form 8949.

Dependents and Child

I do not have dependents. (Skip this section)

29. Did you establish a Trump account for a child born in 2025? YES NO

30. Did you pay expenses for the care of your child or other dependent so you could work? YES NO
***If yes, please provide the care provider name, EIN or SSN, and expenses.**

31. Did any of your dependents (other than spouse) have earned income in 2025? YES NO
 Please provide all necessary tax documentation (forms W-2, 1099, 1098-T, etc.)

32. Did you pay college tuition or fees for yourself or a dependent? YES NO
***If yes, complete the following table and provide Form(s) 1098-T.**
Note: Form 1098-T is required to claim credits.

Student	Year in College	Full-time or Part Time	1098T Provided

Dependents and Child (continued)

33. Did you receive distributions from a 529 plan, or similar account? YES NO
*If yes, provide Form 1099-Q.
*If yes, were all distributions for qualified education expenses? YES NO

MN Questions

34. MN allows a deduction for K-12 expenses. Include tuition, enrichment classes, tutoring, band, required supplies, and a new computer. List each dependent separately.

Dependent name: _____ Grade: _____ Total Expenses _____

Dependent name: _____ Grade: _____ Total Expenses _____

Dependent name: _____ Grade: _____ Total Expenses _____

Provide any explanation:

35. Did you contribute to a 529 plan for a dependent?

1) Financial Institution: _____ Account #: _____ \$ _____
2) Financial Institution: _____ Account #: _____ \$ _____
3) Financial Institution: _____ Account #: _____ \$ _____

Itemized Deductions

If you need more room, please attach supporting documentation

Medical and Dental Expenses:

DO NOT SEND RECEIPTS, ONLY TOTALS OR SUMMARIES – keep receipts for your records.

(e.g., Prescriptions, doctor fees, hospital fees, medical aids or equipment, travel, lodging, premiums, and long-term care premiums):

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Total miles driven for medical purposes: _____

Were any of the above expenses covered by an HSA or HRA? YES NO

HSA Distributions for 2025 (Provide 1099SA): _____

Itemize Deductions (continued)

Real Estate Taxes and Property Taxes – Paid in 2025.

(e.g., taxes on principal residence, other non-business property, vehicle taxes, other personal property taxes)

I provided a copy of my real estate tax bill receipt instead of listing it here

_____ \$ _____
_____ \$ _____

Car Tabs _____

Mortgage Interest, Insurance Premium and Points

I provided Form(s) 1098 instead of listing here

_____ \$ _____
_____ \$ _____

Seller-Finance Debt: Please provide the information listed below:

Name _____, Address _____, and SSN _____

Gifts of Qualified Charity – 501(C)(3), only

_____ \$ _____
_____ \$ _____
_____ \$ _____

Yes, I received a charitable contribution receipt from each charity to which I made a donation of \$250 or more in 2025.

Total miles driven for charitable purposes: _____

Non-Cash Gifts

_____ \$ _____
_____ \$ _____

**If donated non-cash gifts over \$500, please provide receipts or (1) Name, address, city, state, and ZIP code of the donee organization, (2) EIN of the done organization, (3) description of donated property, and (4) Fair Market Value of contribution.*

Business Income and Expenses

If you need more room, attach a supporting schedule.

I/We have no business income.

Business Name: _____ EIN: _____

Business Address: _____ Same as personal address

Provide your cost of inventory remaining at year's end if you are tracking inventory \$ _____

Did you pay a non-employee more than \$600 during 2025? YES NO

*If yes, did you file the required Form(s) 1099-NEC with the IRS? YES NO

*Please advise me if you need assistance with this filing.

Income Type:

Send all 1099-NEC or 1099-K's received.

Gross Income: \$ _____ Refunds: \$ _____

Expenses:

Advertising.....\$ _____
Car and Truck expenses.....\$ _____
Commissions and fees.....\$ _____
Contract labor.....\$ _____
Depletion.....\$ _____
Depreciation.....\$ _____
Insurance (other than health).....\$ _____
Mortgage interest.....\$ _____
Other Interest.....\$ _____
Repairs.....\$ _____

Legal and professional services.....\$ _____
Office expenses\$ _____
Rent or lease\$ _____
Repairs and maintenances\$ _____
Supplies\$ _____
Taxes and licenses.....\$ _____
Travel\$ _____
Travel Meals.....\$ _____
Utilities.....\$ _____

Other expenses (please provide detailed information on the back side of this sheet \$ _____
or attach a separate document)

For assets purchased, provide the date bought, cost, and whether it is new or used. (Please provide detailed information on the back side of this sheet or attach a separate document.)

Home Office (Business Use of Home):

Total square footage of home (portion that is heated).....Area _____

Area of the home used regularly and exclusively for businessArea _____

Use of Vehicle:

Date vehicle was placed in service: Vehicle 1 _____
Vehicle 2 _____
Year and model of vehicle: Vehicle 1 _____
Vehicle 2 _____
Total miles driven for the year: Vehicle 1 _____
Vehicle 2 _____
Business miles: Vehicle 1 _____
Vehicle 2 _____
Personal miles: Vehicle 1 _____
Vehicle 2 _____

Yes, I maintained mileage records of my business use.

Real Estate Rentals and Royalties (continued)

I/We have no rental properties.

Please complete a separate rental page for each rental property.

Property Description: _____ Owner (filer, spouse, or joint): _____

Property Address: _____

City: _____ State: _____ Zip: _____

Select Property Type:

Single-family residence

Multi-family residence

Vacation/Short-term rental

Commercial

Other _____

Land

What is your ownership percentage? % _____ Explain (if less than 100%): _____

Number of fair rental days _____ Personal days _____

Did you pay a non-employee more than \$600 during 2025?

YES

NO

*If yes, did you file the required Form(s) 1099-NEC with the IRS?

YES

NO

*Please advise me if you need assistance with this filing.

Income Type:

Send all 1099-Misc or 1099-K's received.

Rental Income: \$ _____ Royalties: \$ _____

Expenses:

Advertising\$ _____

Mortgage interest paid\$ _____

Auto and Travel.....\$ _____

Other Interest.....\$ _____

Cleaning and maintenance\$ _____

Repairs.....\$ _____

Commissions and fees\$ _____

Supplies\$ _____

Insurance.....\$ _____

Taxes.....\$ _____

Legal and professional services.....\$ _____

Utilities.....\$ _____

Management fees\$ _____

Other (list)\$ _____

Assets bought (please provide detailed information on the back side of this sheet\$ _____
or attach a separate document)

Other expenses (please provide detailed information on the back side of this sheet\$ _____
or attach a separate document)

Use of Vehicle:

Date vehicle was placed in service: Vehicle 1 _____

Vehicle 2 _____

Year and model of vehicle: Vehicle 1 _____

Vehicle 2 _____

Total miles driven for the year: Vehicle 1 _____

Vehicle 2 _____

Business miles: Vehicle 1 _____

Vehicle 2 _____

Personal miles: Vehicle 1 _____

Vehicle 2 _____

Yes, I maintained mileage records of my business use.