2025 Tax Organizer
Personal Information

Required Page

Personal Information

	Name	SSN	Has IP PIN	Date of Birth
Taxpayer			☐	
Spouse			☐	

Name of person to whom all information should be addressed, if not the taxpayer

Street address, city, state, and ZIP

	Occupation	Daytime Phone	Evening Phone	Cell Phone
Taxpayer				
Spouse				

Taxpayer email	
Spouse email	

Filing status at the end of 2025

☐ Single ☐ Married ☐ Widowed - If widowed and your spouse died after December 31, 2023, enter the date of death ____________

☐ Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2025? ____________

Yes	No	
☐	☐	Are you or your spouse blind?
☐	☐	Are you or your spouse disabled?
☐	☐	Are you or your spouse a full-time student?
☐	☐	Do you or your spouse want to designate $3 to go to the Presidential Election Campaign Fund?
☐	☐	At any time during 2025 did you: (a) receive (as a reward, award, or payment for property or service) a digital asset? (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

Identification Information

Taxpayer's type of photo ID

☐ Driver's license ☐ State-issued photo ID

Photo ID number ____________

State photo ID was issued ____________

Date photo ID was issued ____________

Date photo ID expires ____________

Spouse's type of photo ID

☐ Driver's license ☐ State-issued photo ID

Photo ID number ____________

State photo ID was issued ____________

Date photo ID was issued ____________

Date photo ID expires ____________

Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use this Account for	
			Checking	Savings	Deposits	Withdrawals
			☐	☐	☐	☐
			☐	☐	☐	☐

Appointment Information

To schedule your tax meeting, please select your own appointment at Strel.com/contact.php

Notes

Dependent and Other Information

Required Page

Name:

Dependent Information

First and Last Name SSN	Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full-time Student	Childcare Expenses
	☐				☐	☐	
	☐				☐	☐	
	☐				☐	☐	
	☐				☐	☐	
	☐				☐	☐	

List dependents required to file a return ____________________

Child and Other Dependent Care Expenses

Name of Care Provider	Address	SSN or EIN	Amount Paid

Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2024						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

Please don’t skip this section
Enter zeros if you made no estimated payments

Schedule A - Itemized Deductions

Name:

Save yourself some work This is usually not worthwhile to complete unless it will exceed the standard deduction of $15,750 single, $31,500 Married.

Medical and Dental Expenses

Health insurance premiums (paid by you, not through work) . . . . ______

Amount above that is for Medicare premiums . . . . . ______

Long-term care premiums (you) . . . . ______

Long-term care premiums (your spouse) . . . . ______

Long-term care premiums (dependents) . . . . ______

Mileage driven for medical purposes . . . . ______

Out of pocket medical & dental expenses

- Doctor, dental, etc . . . . ______
- Prescription medicines . . . . ______
- Glasses & contacts . . . . ______
- Hearing aids . . . . ______
- Medical equipment & supplies . . . . ______
- Hospital services . . . . ______
- Laboratory services . . . . ______
- Nursing services . . . . ______
- Other ______ ______
- Other ______ ______

Taxes Paid

Up to $40,000 is allowd in 2025

State and local income taxes . . . . ______

General sales tax (vehicle, boat, home, etc.) . . . . ______

Real estate taxes . . . . ______

Personal property taxes . . . . ______

Auto registration taxes not deductible for state . . . . ______

Other taxes (list) ______ ______

______ ______

______ ______

Interest Paid

Home mortgage interest paid (attach Form 1098) . . . . . ______

☐ Some of your home mortgage loan was not used to buy, build, or improve your home.

Home mortgage interest paid to an individual . . . . ______

Paid to:

Name ______

Address ______

City, State, ZIP ______

SSN or EIN ______

Points not reported on Form 1098 . . . . ______

Investment interest . . . . ______

Charitable Contributions

Donations to charity	Cash	Noncash	Amount
______	☐	☐	______
______	☐	☐	______
______	☐	☐	______
______	☐	☐	______
______	☐	☐	______
______	☐	☐	______
______	☐	☐	______
______	☐	☐	______
______	☐	☐	______
Other ______	☐	☐	______

Miles driven for charitable purposes . . . . ______

Other Miscellaneous Deductions

Amortizable bond premiums . . . . ______

Federal estate tax . . . . ______

Gambling losses . . . . ______

Impairment-related work expenses . . . . ______

Claim repayments . . . . ______

Unrecovered pension investments . . . . ______

Loss from other activities from Schedule K-1 . . . . ______

Ordinary loss debt instrument . . . . ______

Excess deduction on termination . . . . ______

State Tax Deductions - (Disregard if WA State Resident)

Items on this list are not deductible for Washington state residents.

- Safety equipment, tools, & supplies . . . . . . ______
- Uniforms . . . . ______
- Protective clothing (shoes, hardhats, glasses, etc.) ______
- Dues to professional organizations . . . . ______
- Books & subscriptions . . . . ______
- Other ______ ______

Union dues . . . . ______

Tax preparation fees . . . . ______

Other nonpersonal expenses related to taxable income

- Safe deposit box fees . . . . ______
- Investment expenses not entered elsewhere . . ______
- Other ______ ______

Home equity interest . . . . ______

Checklist

Name: SSN:

Checklist

This checklist is provided to help you gather necessary information for us to prepare your 2025 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2024 tax year.

General Information and Prior Year Documentation

- ☐ Proof of identity for those claimed on the return (driver's license or state issued ID, Social Security card, birth certificates for children. etc.)
- ☐ Income tax returns from the prior two years
  If there were losses from business activities in prior years, include prior five years of returns instead of two
- ☐ Depreciation schedules from prior years for businesses, rentals, etc.

Current Year Income Documentation

- ☐ Wage and tax statements (Form W-2)
- ☐ Gambling income (Form W2-G)
- ☐ IRA distributions, pensions, and annuities (Form 1099-R)
- ☐ Dividend income (Form 1099-DIV)
- ☐ Interest income (Form 1099-INT)
- ☐ Miscellaneous income (Form 1099-MISC)
- ☐ Nonemployee compensation (Form 1099-NEC)
- ☐ Unemployment compensation and other government payments (Form 1099-G)
- ☐ Credit card, debit card, and third-party network transactions (Form 1099-K)
- ☐ Reportable payment transactions
- ☐ Social Security benefits (Form SSA-1099)
- ☐ Railroad retirement benefits (Form RRB-1099)
- ☐ Income from partnerships, S corporations, estates, and trusts (Schedule K-1)
  - ☐ Basis information for any partnerships and S corporations
- ☐ Documentation of brokerage transactions and disposition of capital assets (Form 1099-B)
- ☐ Digital asset proceeds from brokerage transactions (Form 1099-DA)
- ☐ Proceeds from real estate transactions (Form 1099-S)
- ☐ Self-employed business income (Schedule C)
- ☐ Farm income (Schedule F)
- ☐ Farm rental income (Form 4835)
- ☐ Income from rental real estates and royalties (Schedule E)

Other Income (provide supporting documentation for income received for the following items)

- ☐ Sale of assets or property
- ☐ Cancellation of debt
- ☐ Other income ____

Payments (provide supporting documentation for payments made for the following items)

- ☐ Educator classroom expenses
- ☐ Employee business expenses
- ☐ Contributions to a Health Savings Account
- ☐ Expenses related to work relocation with the military
- ☐ Alimony
- ☐ Student loan interest
- ☐ Refunded student loan interest payments
- ☐ Student loan forgiveness
- ☐ Tuition and fees for higher education
- ☐ Expenses related to child or dependent care
- ☐ Contributions to a Retirement Savings Account
- ☐ Medical and dental expenses
- ☐ Real estate taxes

Checklist

Name: SSN:

Checklist

- ☐ Other state and local taxes
- ☐ Mortgage interest
- ☐ Investment interest
- ☐ Cash contributions
- ☐ Noncash contributions (provide organization name)
- ☐ Unreimbursed employee expenses
- ☐ Investment expenses
- ☐ Gambling losses
- ☐ Other payments ____

New OBBBA Deductions
Tips, Overtime, Car Loan Interest

Unless you are self-employed, we can generally obtain tip information from your W-2. Qualified overtime is the “premium portion” of your overtime pay. For example, if your overtime is “time and one half”, we need the “half” amount. This can likely be found on your year-end pay stub.

Tips & Overtime

	2025 Taxpayer	2024 Taxpayer	2025 Spouse	2024 Spouse
Enter any income from Puerto Rico that you excluded				
Enter Income from Samoa that you excluded				
If Form W-2, Box 5, is $176,100 or less, enter qualified tips included in Form W-2, Box 7.				
Qualified Tips included on Form 4137, line 1(c)				
If you received qualified tips from one employer.				
Qualified tips received in the course of a trade or business				
Qualified overtime compensation included on Form W-2, Box 1				
Qualified overtime compensation included on Form 1099-NEC, Box 1 or Form 1099-MISC, Box 3				

Passenger Vehicle Loan Interest

TS ____

Loan origination date . . . . ________

Outstanding principal . . . . ________

Year . . . . ________

Make ________

Model ________

Vehicle identification number (VIN)

____

Business interest . . . . ________

Personal Interest . . . . ________

TS ____

Loan origination date . . . . ________

Outstanding principal . . . . ________

Year . . . . ________

Make ________

Model ________

Vehicle identification number (VIN)

____

Business interest . . . . ________

Personal Interest . . . . ________

TS ____

Loan orinination date . . . . ________

Outstanding principal . . . . ________

Year . . . . ________

Make ________

Model ________

Vehicle identification number (VIN)

____

Business interest . . . . ________

Personal Interest . . . . ________

TS ____

Loan origination date . . . . ________

Outstanding principal . . . . ________

Year . . . . ________

Make ________

Model ________

Vehicle identification number (VIN)

____

Business interest . . . . ________

Personal Interest . . . . ________

Questionnaire

Name: SSN:

Questionnaire

Personal Information

Yes No

- ☐ ☐ Did your marital status change last year. If "Yes," explain. ____________________
- ☐ ☐ Did your name change during the tax year?
  If "Yes," explain. ____________________
- ☐ ☐ Can you or your spouse be claimed as a dependent by someone else?
- ☐ ☐ Did your address change during the year?
- ☐ ☐ Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)? If yes, please provide the new letter CP01A which is mailed to you every January.
  If "Yes," provide Notice CP01A from the IRS.

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

Yes No

- ☐ ☐ Did you have any changes in dependents during the year?
  If "Yes," explain. ____________________
- ☐ ☐ Can another person qualify to claim any of your dependents?
- ☐ ☐ Did you have any child or dependent care expenses during the year?
- ☐ ☐ Did you have any adoption expenses during the year?
- ☐ ☐ Did you have any children under age 18 or a full-time student under age 24 with more than $2,700 of investment income?

Provide documentation for proof of dependent credits (school records, medical records, daycare records, etc.)

Health Care Information

Yes No

- ☐ ☐ Did any member of your household have healthcare coverage through the Marketplace (Obamacare)? If so, please provide Form 1095-A, which you must download from wahealthplanfinder.org
  If "Yes," provide copies of Form 1095-A.
- ☐ ☐ Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year? If so, please provide form 1099-SA.

Income, Purchases, Sales, and Debt Information

Yes No

- ☐ ☐ Did you receive any disability income during the year?
- ☐ ☐ Did you start a new business or purchase any rental property during the year?
- ☐ ☐ Did you sell an existing business, rental property, or other property during the year?
- ☐ ☐ Did you purchase or sell any business assets or convert any assets to business use?
  If "Yes," provide the cost of the asset, the date it was placed in or taken out of service. Let us know if this will be only part business use.
- ☐ ☐ Did you sell a your home or other real estate during the year?
  If "Yes," provide closing documentation for the purchase and sale of the home.
- ☐ ☐ Did you refinance your principal home or second home or take out a home equity loan during the year?
  If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- ☐ ☐ Did you rent out your home or use it for business?
- ☐ ☐ Did you purchase a "clean" vehicle (electric vehicle, plug-in hybrid, fuel-cell vehicle, qualified commercial clean vehicle) during the year?
  If "Yes," provide the report the dealer or seller is required to provide to you and the vehicle identification number (VIN).
- ☐ ☐ Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
  If "Yes," attach Form 1099-K.
- ☐ ☐ Did you receive any other income you have not provided information for with this organizer?
  If "Yes," explain. ____________________

Questionnaire

Name: SSN:

Questionnaire

Itemized Deduction Information

Yes	No	
☐	☐	Did you pay for health or dental insurance this year?
☐	☐	Did you pay a significant amount for medical expenses such as copays, drugs, etc this year?
☐	☐	Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
☐	☐	Did you make any major vehicle purchases (car, boat, etc.) during the year?
☐	☐	Did you pay any real estate property taxes or personal taxes during the year?
☐	☐	Did you pay mortgage interest during the year?
☐	☐	Did you make cash donations to charity during the year?
☐	☐	Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
☐	☐	Did you donate a boat or vehicle during the year? If "Yes," provide Form 1098-C from the recipient
☐	☐	Did you have gambling winnings or losses during the year?

Retirement Information

Yes	No	
☐	☐	Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
☐	☐	Did you make any withdrawals or receive distributions or make rollovers from a pension or profit-sharing plan, IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year? If so, please provide Form 1099-R and provide details. If any of these distributions had a Qualified Charitable Distribution, please provide details.

Education Information

Yes	No	
☐	☐	Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)? If yes, please provide Form 1098-T which can be obtained from the university.
☐	☐	Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year? If yes, please provide Form 1099-Q
☐	☐	Did you pay student loan interest for yourself, your spouse, or your dependents during the year? If "Yes," provide the amount of interest that was refunded.

Required Foreign Asset Information

Yes	No	
☐	☐	Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
☐	☐	Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
☐	☐	Did the aggregate value of your foreign accounts exceed $10,000 at any time during the year?
☐	☐	Did you have any income from, or pay taxes to, a foreign country?
☐	☐	Did you have ownership in a foreign corporation at any time during the year?
☐	☐	Did you own property in a foreign country?

Refund, Withholding, and Estimated Tax Information

Yes	No	
☐	☐	If you have an overpayment of 2025 taxes, do you want the refund applied to your 2026 estimated taxes? If so, please complete the Estimated payments section in the following pages. If estimated payments were arranged for you, but you did not make the payments, please mark that section Zero or Not Paid.
☐	☐	Did you make any estimated payments toward your 2025 taxes?
☐	☐	Did you apply an overpayment of your 2024 taxes to your 2025 estimated taxes?

Questionnaire

Name: SSN:

Questionnaire

One Big Beautiful Bill Implications

Yes No

☐ ☐ Did you receive qualified tips reported on Form W-2 or a statement provided by your employer?
If "Yes," provide documentation or amount.

☐ ☐ Did you receive overtime pay reported on Form W-2 or a statement provided by your employer?
If "Yes," provide documentation or amount.

☐ ☐ Did you purchase a new passenger vehicle for personal use during 2025?
If "Yes," are the following true:

Yes No

☐ ☐ The final assembly was in the U.S.?

☐ ☐ The gross vehicle weight is under 14,000 pounds?

☐ ☐ The vehicle was not purchased with a lease?

☐ ☐ The vehicle was used to secure the loan?

☐ ☐ If you have a dependent born during 2025, do you want to establish a Trump Account? This will be funded with $1,000 from the government but cannot be withdrawn until the child's 18th birthday. It is typically advantageous to start this account, however parents should research other options such as 529 college savings accounts before adding additional funding.

Yes No

☐ ☐ If "Yes," do you want to receive a $1,000 pilot program contribution?

Miscellaneous Information

Yes No

☐ ☐ Did you receive, sell, exchange, gift, or otherwise dispose of any digital asset or financial interest in any digital asset? If "Yes," provide any Forms 1099-DA received.

☐ ☐ Did you incur a gain or loss due to damaged or stolen property, while living in a federally declared disaster area?
If "Yes," provide the incident date, value of the property, amount of insurance reimbursements, and the declaration number assigned by FEMA.

☐ ☐ Did you pay total wages over $2,600 to any household employees (babysitter, nanny, housekeeper, etc.)?

☐ ☐ Did you make gifts to any one person in excess of $19,000 during the year?

Yes No

☐ ☐ If "Yes," are you splitting the gift with your spouse?

☐ ☐ Did you make any energy-efficient improvements to your main home during the year?

Yes No

☐ ☐ Did you receive a cash payment of more than $10,000 in one or more related transactions over the past year?

☐ ☐ If "Yes," was Form 8300, Report of Cash Payment over $10,000 Received in Trade or Business, filed?

☐ ☐ Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain. ____

Preparer Notes

KEVIN STREL, ENROLLED AGENT

STREL TAX SERVICES

This engagement letter outlines the terms of our engagement with you to prepare your tax return(s).

We depend on you to provide the information we need to accurately prepare your current year tax return. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. Because of this, our work should not be relied on to discover errors or illegal acts, however we will inform you of any issues we do find.

We will use our judgment to resolve questions in your favor where a tax law is unclear, provided there is substantial support for doing so. If there are conflicting interpretations of the law, we will outline your options and follow the one you request, provided it fits with our understanding of the law. If the IRS later contests the position taken, additional tax, penalties, and interest may be assessed. We assume no liability, and you hereby release us from any liability for such additional tax, penalties, interest, and related professional fees.

This engagement will conclude upon e-filing, or delivery of your tax return if you must mail it in. This engagement does not include responding to inquiries or audits by any governmental agency or tax authority. If your tax return is selected for examination, you may request our assistance in responding to such an inquiry. This work will be invoiced separately.

In the course of preparing your return, we may discover issues that prevent us from continuing work. Examples include, but are not limited to, conflicts of interest, inconsistent or missing taxpayer data and ethical considerations. We reserve the right to terminate this engagement for any reason.

While will often answer occasional, quick, general questions on tax topics after filing as a courtesy, this engagement generally does not include tax questions and planning after your return has been filed. This work will be invoiced separately.

Signing and E-Filing your return
Per IRS Requirements, we will generally e-file your returns for you after you review and sign. In those rare situations where the return must be mailed, we'll supply an extra copy for this purpose. You will be solely responsible for mailing this in to the IRS.

After filing your return
We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location for at least 7 years.

Organizers and Document Checklists
These will help you collect the data required for your return. By using it, you will minimize forgotten items, contribute to the efficient preparation of your return and help minimize the cost of our services. We find that most clients who ignore the checklist forget to bring documents critical to their taxes.

Our Fees / Estimates
Fee estimates are based on initial assessments of the work required, and may change if we discover more work or bookkeeping is required. We'll inform you if there will be a significant change. Invoices are due and payable upon presentation. We accept checks, cash Venmo, Zelle. Credit cards incur an additional 3% fee.

Privacy Policy
We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as required to prepare your taxes, or as requested by our clients. This can include client requests for non-tax related services, or as required by law. We, and our software providers maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

To confirm your agreement for this engagement, please sign below.

Taxpayer	Date	Spouse	Date

Print Name