



2025

Personal Information

3

Taxpayer:

First Name and Initial	Last Name	Social Security Number	
Occupation	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	
Driver's License or State-Issued ID Number	Expiration Date (Mo/Da/Yr)	Issue Date (Mo/Da/Yr)	State
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification	<input type="checkbox"/> Does not expire

Spouse:

First Name and Initial	Last Name	Social Security Number	
Occupation	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	
Driver's License or State-Issued ID Number	Expiration Date (Mo/Da/Yr)	Issue Date (Mo/Da/Yr)	State
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification	<input type="checkbox"/> Does not expire

Contact Information:

Street Address	Apartment Number	
City	State	ZIP or Postal Code
Foreign Province or County		
Foreign Country		
Taxpayer Daytime/Work Phone	Taxpayer Evening/Home Phone	Taxpayer Foreign Phone
Taxpayer Cell Phone	Taxpayer Fax Number	
Spouse Daytime/Work Phone	Spouse Evening/Home Phone	Spouse Foreign Phone
Spouse Cell Phone	Spouse Fax Number	
Taxpayer Email Address		
Spouse Email Address		
Preferred Method of Contact		

May the IRS or other taxing authority discuss the return with the preparer? Yes NoIs the taxpayer claimed as a dependent on someone else's tax return? Taxpayer SpouseAre you considered legally blind per IRS regulations? Yes NoDo you want to contribute to the Presidential Election Campaign Fund? Yes NoAre you a U.S. citizen or Green Card holder? Yes No**Personal Identification Numbers:** Code - 1 - Issued by IRS 2 - Issued by State or City

The IRS has recommended that taxpayers have an Identity Protection (IP) PIN to increase filing security. If you would like an IP PIN for yourself, your spouse, or your dependents or have one but do not know the IP PIN assigned, visit IRS.gov to retrieve it or apply.

TS	State	City	Code	PIN	Prior Year PIN



2025

Dependents

3A

Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$5,200?



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN	Prior Year IP PIN
A					
B					
C					
D					
E					
F					
G					
H					

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.



2025

Direct Deposit and Withdrawal

4A

Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. Additional space has been provided for the use of multiple accounts. If you selected direct deposit or electronic withdrawal in 2024, your account information is already included below.

Yes	No

Would you like any refunds owed to you directly deposited?

Would you like to pay any amount due on your federal return using electronic withdrawal?

If Yes, what amount would you like withdrawn, if not the entire balance due?

If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)

Would you like to pay any amount due on your state return(s) using electronic withdrawal?

If Yes, what amount would you like withdrawn, if not the entire balance due?

If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

Would you like to pay any estimated payments due for your federal return using electronic withdrawal?

Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available?

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: Checking Traditional Savings IRA Savings
 Archer MSA Savings Coverdell Ed. Savings HSA Savings

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

Yes	No

Would you like any refunds owed to you directly deposited?

Would you like to pay any amount due on your federal return using electronic withdrawal?

If Yes, what amount would you like withdrawn, if not the entire balance due?

If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)

Would you like to pay any amount due on your state return(s) using electronic withdrawal?

If Yes, what amount would you like withdrawn, if not the entire balance due?

If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

Would you like to pay any estimated payments due for your federal return using electronic withdrawal?

Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available?

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: Checking Traditional Savings IRA Savings
 Archer MSA Savings Coverdell Ed. Savings HSA Savings

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.



2025

Business Income and Cost of Goods Sold

6

Name of Business:**Principal Business or Profession:**

TSJ
 Employer ID number
 Street address
 City, state, ZIP or postal code, and country
 Method of inventory
 Method of accounting

Business Questions for 2025:

Yes	No
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Did you dispose of this business?
 If Yes, what was the disposition date? (Mo/Da/Yr)
 Was there a change in determining quantities, costs or valuations between opening and closing inventory?
 Were you involved in the operations of this business on a regular, continuous and substantial basis?
 Have you prepared or will you prepare all required Forms 1099?

2025 Amount	2024 Amount

Health insurance premiums paid for yourself and your dependents

Income:

Payment card and third party transactions:

Include all Forms 1099-K

Description	2025 Amount	2024 Amount

Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC

Other Income:

Other gross receipts or sales
Less returns and allowances

2025 Amount	2024 Amount

Cost of Goods Sold:

Beginning inventory
 Purchases less cost of items withdrawn for personal use
 Cost of labor (do not include amounts paid to yourself)
 Materials and supplies
 Other costs of goods sold:

2025 Amount	2024 Amount

Ending inventory

Description	2025 Amount	2024 Amount



Name of Business: _____

Principal Business or Profession: _____

Expenses:

Advertising	.....
Car and truck expenses	.....
Parking fees and tolls	.....
Commissions and fees	.....
Contract labor	.....
Employee benefit programs and health insurance (other than pension and profit-sharing plans)	.....
Insurance (other than health)	.....
Interest - mortgage (paid to banks, etc.)	.....
Interest - other	.....
Legal and professional fees	.....
Office expense	.....
Pension and profit-sharing plans	.....
Rent or lease - vehicles, machinery and equipment	.....
Rent or lease - other business property	.....
Repairs and maintenance	.....
Supplies (not included in Cost of Goods Sold)	.....
Taxes and licenses	.....
Travel	.....
Meals	.....
Entertainment (deductible only on some state returns)	.....
Utilities	.....
Wages	.....
Dependent care benefits	.....

Other Expenses:

Property and Equipment: **Include a list if more space is needed**

X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price



2025

Business Expenses - Vehicle and Other Listed Property

6B

Name of Business:

Principal Business or Profession:

Listed Property Questions for 2025:

Yes	No

Do you have evidence to support your deduction?

If Yes, is the evidence written?

Do you have evidence to support the business use percentage claimed on listed property?

If Yes, is the evidence written?

If you are an employer who provides vehicles for use by employees:

Yes	No

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?

Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?

Do you treat all use of vehicles by employees as personal use?

Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?

Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?

<input type="checkbox"/>	<input type="checkbox"/>
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Vehicle:

Description of vehicle

Vehicle 1	

Date placed in service

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(Mo/Da/Yr)

Do you (or your spouse) have another

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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vehicle available for your personal use?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Was your vehicle available for use during

off-duty hours?

Vehicle 2	

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<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Mileage:

Total miles

2025 Miles	2024 Miles

Total business miles

Total commuting miles for the year

2025 Miles	2024 Miles

Actual Expenses:

Gasoline, oil, repairs, insurance, etc

2025 Amount	2024 Amount

Interest

Taxes

Fair market value of leased vehicle

Vehicle rentals/leases

2025 Amount	2024 Amount



2025

Business Expenses

6C

Name of Business:
Principal Business or Profession:

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, please enter the percentage to apply to this business %

Parking fees and tolls
 Local transportation
 Travel expenses
 Meals
 Entertainment (deductible only on some state returns)

2025 Amount	2024 Amount

Other Business Expenses:

Description	2025 Amount	2024 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses
 Amount received for meals

2025 Amount	2024 Amount

Amount received for entertainment

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?

Yes No

Vehicle:

If not 100%, please enter the percentage to apply to this business %

Description of vehicle
 Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?

Was your vehicle available for personal use during off-duty hours?

Yes No
 Yes No

Total miles
 Total business miles
 Average daily commuting miles
 Total commuting miles for the year
 Gasoline and oil
 Repairs
 Insurance
 Interest
 Taxes
 Value of employer provided vehicle
 Temporary vehicle rentals
 Fair market value of leased vehicle
 Vehicle leases

2025	2024

Other Vehicle Expenses:

Description	2025 Amount	2024 Amount



Name of Business: _____

Principal Business or Profession: _____

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home _____

Total hours home was used for day care during the year

2025	2024

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes

Expenses: **Enter all expenses at 100 percent**

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

Casualty losses
Deductible mortgage interest paid to:
 Financial institutions
 Individuals
Real estate taxes
Insurance
Repairs and maintenance
Utilities
Rent

Other Expenses:

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



2025

Additional Information



2025

2025 Tax Return Checklist

Client Name:

Income:

Prior Year	Current Year

Itemized Deductions:

Medical/Dental Expenses	.....	.....	.....
Real Estate Taxes	.....	.....	.....
Property Taxes	.....	.....	.....
Mortgage Interest (Form 1098)	.....	.....	.....
Charitable Contributions	.....	.....	.....

Other:

Estimated Tax Payments

* Provide any tax related information not listed above, e.g. new brokerage statements, K-1 investments, etc.

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



2025

Wages



New Jersey Information (Page 1 of 2)

2025

General Information:

County or municipality of residence
How many dependents do you have attending college?

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you qualify as disabled?

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Did you, your spouse, and all household members have insurance coverage for

Yes No

the entire year?

Attach all Forms 1095 received and/or any applicable exemption information.

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in New Jersey for all of 2025, enter the dates you did live in New Jersey

Enter the state names other than New Jersey where you had income

Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

Endangered and Nongame Species of Wildlife Conservation Fund
Children's Trust Fund
Breast Cancer Research Fund
Vietnam Veterans' Memorial Fund
USS New Jersey Educational Museum Fund

Other contributions. Choose one fund from the list below and enter the amount you wish to contribute on your 2025 tax return:

Fund

Amount

Other contribution funds:

Drug Abuse Education Fund	Northern New Jersey Veterans Memorial Cemetery Development Fund
Korean Veterans' Memorial Fund	New Jersey Farm to School and School Garden Fund
Organ and Tissue Donor Awareness Education Fund	Local Library Support Fund
NJ - AIDS Services Fund	ALS Association Support Fund
Literacy Volunteers of America - New Jersey Fund	Fund for the Support of New Jersey Nonprofit Veterans Organizations
New Jersey Prostate Cancer Research Fund	New Jersey Yellow Ribbon Fund
World Trade Center Scholarship Fund	Autism Programs Fund
New Jersey Veterans Haven Support Fund	Boy Scouts Councils in New Jersey Fund
Community Food Pantry Fund	NJ Memorials to War Veterans Maintenance Fund
Cat and Dog Spay/Neuter Fund	Jersey Fresh Program Fund
New Jersey Lung Cancer Research Fund	NJ World War II Veterans' Memorial Fund
Boys and Girls Clubs in New Jersey Fund	Meals on Wheels in New Jersey Fund
NJ National Guard State Family Readiness Council Fund	New Jersey Pediatric Cancer Research Fund
American Red Cross - NJ Fund	Special Olympics New Jersey Fund
Girl Scouts Councils in New Jersey Fund	New Jersey Ovarian Cancer Research Fund
Homeless Veterans Grant Fund	
Leukemia and Lymphoma Society New Jersey Fund	

Do you want \$1 to go to the Gubernatorial Election Fund?

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Property Tax Deduction/Credit Information:

Property tax paid on principal residence
Rent paid on principal residence

Enter Any Additional New Jersey Information: