



2025

## Personal Information

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**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? 

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

Is the taxpayer claimed as a dependent on someone else's tax return? 

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

Are you considered legally blind per IRS regulations? 

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

Do you want to contribute to the Presidential Election Campaign Fund? Are you a U.S. citizen or Green Card holder? **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
<input type="text"/>					
<input type="text"/>					



### **Dependent Information:**

**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.

**Wages and Salaries:** **Include all copies of your current year Forms W-2**

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.



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## Direct Deposit and Withdrawal

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### 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.



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## Additional Information



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## 2025 Tax Return Checklist

**Client Name:** .....

	Prior Year	Current Year
Wages (IRS W-2)	.....	.....
Interest Income (IRS 1099-INT)	.....	.....
Dividend Income (IRS 1099-DIV)	.....	.....
Brokerage Statements (Form 1099-A,B,S)	.....	.....
IRA/Pension/Annuity Income (IRS 1099R)	.....	.....
Schedule K-1s (IRS K-1)	.....	.....
Miscellaneous Income and Adjustments (IRS-1099-MISC, NEC, G)	.....	.....
Rent and Royalty Income	.....	.....
Digital Asset Proceeds From Broker Transactions (IRS 1099-DA)	.....	.....

### **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.



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## Wages



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## Federal, State, and City Tax Payments

**Refund Application:**

If you have an overpayment of taxes, do you want the excess:

Refunded  Yes  No  
 Applied to next year's estimated tax liability  Yes  No

**Federal Estimated Tax Payments:**

2025 1st Quarter Estimate ..... (Due 04-15-2025)  
 2025 2nd Quarter Estimate ..... (Due 06-17-2025)  
 2025 3rd Quarter Estimate ..... (Due 09-16-2025)  
 2025 4th Quarter Estimate ..... (Due 01-15-2026)

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

**State and City Estimated Tax Payments:**

2025 1st Quarter Estimate .....  
 2025 2nd Quarter Estimate .....  
 2025 3rd Quarter Estimate .....  
 2025 4th Quarter Estimate .....

TSJ _____	State/City Name _____
Amount Due	Date Paid (Mo/Da/Yr)

2025 1st Quarter Estimate .....  
 2025 2nd Quarter Estimate .....  
 2025 3rd Quarter Estimate .....  
 2025 4th Quarter Estimate .....

TSJ _____	State/City Name _____
Amount Due	Date Paid (Mo/Da/Yr)

2025 1st Quarter Estimate .....  
 2025 2nd Quarter Estimate .....  
 2025 3rd Quarter Estimate .....  
 2025 4th Quarter Estimate .....

TSJ _____	State/City Name _____
Amount Due	Date Paid (Mo/Da/Yr)

2025 1st Quarter Estimate .....  
 2025 2nd Quarter Estimate .....  
 2025 3rd Quarter Estimate .....  
 2025 4th Quarter Estimate .....

TSJ _____	State/City Name _____
Amount Due	Date Paid (Mo/Da/Yr)



# 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

the entire year? .....

Yes  No

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: