



3365 N Campbell Ave, #121, Tucson, AZ 85719

tel: (520) 320-1041 fax: (520) 320-1053 email: 1stChoice@1stChoiceTaxServices.com
www.1stChoiceTaxServices.com

2025 Tax Organizer

Call to schedule your Appointment: Day _____ Date _____ Time _____ Preparer _____ or Drop Off Web Portal*
 We also offer virtual appointments via: Phone or Internet webcam meeting

Taxpayer		Spouse	
Name _____	Name _____	SSN _____	SSN _____
SSN _____	Birthday _____	SSN _____	Birthday _____
Occupation _____	IP-PIN _____	Occupation _____	IP-PIN _____
e-mail _____	Cell _____ Daytime _____	e-mail _____	Cell _____ Evening _____
Address <input type="checkbox"/> New address this year City _____ ST _____ Zip _____		<input type="checkbox"/> Yes, Direct Deposit My Refund to: Bank Name _____ <input type="checkbox"/> Ck <input type="checkbox"/> Sav Rtn # _____ Acct # _____	
Filing Status <input type="checkbox"/> Single <input type="checkbox"/> MFJ <input type="checkbox"/> HOH <input type="checkbox"/> QW <input type="checkbox"/> MFS I prefer my finished tax return: <input type="checkbox"/> Printed <input type="checkbox"/> PDF <input type="checkbox"/> Both			

Did you and/or your spouse purchase health insurance thru the Marketplace (exchange)? Yes No (If YES, 1095-A required)

DEPENDENTS

Name (First Last) (exactly as shown on SS card)	Soc. Sec. No.	Relationship	#Months in Home	Birthdate	Full Time Student
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N

TAX DOCUMENTS ENCLOSED *

<i>* To send digital documents, use our web portal: login.atomanager.com/atom_1ST</i>	Taxpayer	Spouse
Picture ID (or copy) required for both Taxpayer & Spouse by new industry regulations	<input type="checkbox"/>	<input type="checkbox"/>
Wages W2 <input type="checkbox"/> Employment change this year <input type="checkbox"/> Includes Tips <input type="checkbox"/> Includes Overtime		
Pensions and IRAs 1099R <input type="checkbox"/> Charitable Contribution from IRA RMD \$ _____		
Social Security 1099SSA		
Interest Income 1099INT		
Dividend Income 1099DIV		
Sales of Capital – 1099B <input type="checkbox"/> enclose 1099 broker statement <input type="checkbox"/> ALTA Stmt-Sale of Real Estate		
Unemployment Compensation 1099G		
Gambling Winnings W2G (see page 2 for gambling losses)		
<input type="checkbox"/> Estate, <input type="checkbox"/> Trust <input type="checkbox"/> S-Corp <input type="checkbox"/> Partnership <input type="checkbox"/> PTP K-1		
<input type="checkbox"/> Rents, <input type="checkbox"/> Royalties <input type="checkbox"/> Prizes, <input type="checkbox"/> Self Employment – <input type="checkbox"/> 1099MISC <input type="checkbox"/> 1099NEC (see page 3)		
Mortgage Interest 1098 (see page 2)		
Education Expense – <input type="checkbox"/> 1098T & <input type="checkbox"/> Proof of Payment Student Loan <input type="checkbox"/> 1098E		
Other 1099s: <input type="checkbox"/> 1099A <input type="checkbox"/> 1099C <input type="checkbox"/> 1099K <input type="checkbox"/> 1099SA <input type="checkbox"/> 1099LTC <input type="checkbox"/> 1099Q <input type="checkbox"/> 1099OID		

New Clients: Please provide: copy of prior two year's tax returns Picture IDs Social Security Cards for all Dependents

(Standard Ded: \$31,500 Married \$23,625 HOH \$15,750 Single)

MEDICAL

Medical Ins. (no Pre-Tax or Medicare)	
Dental/Vision Ins (no Pre-Tax or Medic.)	
Long-term Care Ins. - Taxpayer	
Long-term Care Ins. - Spouse	
DR	
DDS	
Rx Meds	
X-Ray, Labs, Hospital	
Eye care & Supplies	
Hearing Aids & Supplies	
Medical or Diabetic Supplies	
Smoking, Weight Loss, Rehab Prog	
Assisted Living/Nursing Home	
(Less Insurance or HSA Reimbursements)	()
(Deduction limited by 7½% AGI) Total	
Medical Miles (# miles _____)	

TAXES

AZ Tax Paid	
State Tax Paid	
Real Estate Tax:	
Auto License (VLT)	
Sales Tax paid on Large Purchases	
<input type="checkbox"/> Auto <input type="checkbox"/> Boat <input type="checkbox"/> Airplane <input type="checkbox"/> _____	
Non-taxable income for addl Sales	
Tax deduction <input type="checkbox"/> Adoption <input type="checkbox"/> Foster	
<input type="checkbox"/> Child Support <input type="checkbox"/> VA <input type="checkbox"/> _____	

(SALT limit \$40K starting 2025)

ITEMIZED DEDUCTIONS

INTEREST

Home Mortgage <input type="checkbox"/> 1098 <input type="checkbox"/> Over \$750K	
2'nd Home/Motor Home <input type="checkbox"/> 1098	
HELOC <input type="checkbox"/> 1098 <input type="checkbox"/> Acquisition Debt?	
P.M.I. (Private Mortgage Ins. in 2026)	
Private Mortgage <input type="checkbox"/> No 1098	
Name _____	
SSN _____	
Address _____	
Points on Refi. <input type="checkbox"/> ALTA Stmt	
Margin Acct Interest <input type="checkbox"/> 1099	
Other Investment Interest	

ESTIMATED TAXES PAID

Due	Mailed	IRS	Ariz.	_____
Applied from last yr				
April 15				
June 15				
Sept 15				
Jan 15				
Total				

MISCELLANEOUS

Gambling Losses (<= winnings)	
Casualty Loss <input type="checkbox"/> Fed Disaster Area	
Educator Expense	

CHARITABLE

Even if you do not have enough total deductions to exceed the Standard Deduction amounts listed above, you are allowed an additional deduction on your AZ tax return based on your charitable giving.

Please list all charitable donations here:

\$ CONTRIBUTIONS \$

Organization Name	\$ Contributed
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	
Total	

CONTRIBUTIONS

\$ AZ "Dollar for Dollar" Tax Credits \$

<input type="checkbox"/> AZ321 Qual Charitable Org-QCO	
(# _____)*	
(# _____)*	
<input type="checkbox"/> AZ322 Public/Charter School	
(# _____)*	
(# _____)*	
<input type="checkbox"/> AZ323 Private School Tuition Org	
(# n/a)*	
<input type="checkbox"/> AZ352 Qual Foster Care Org-QFCO	
(# _____)*	
<input type="checkbox"/> AZ340 Military Family Relief Fund	

(* provide AZ DOR code #, or donation receipt)

NON-CASH CONTRIBUTIONS **

1)	
2)	
3)	
Charity Miles (# Miles _____) Total**	

(** If over \$500 additional detail required)

SELF EMPLOYMENT INCOME

Business Name			
EIN (if available)			
Owner (<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse) <input type="checkbox"/> LLC	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> LLC	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> LLC	
Home Office? Sq Ft <input type="checkbox"/> Office <input type="checkbox"/> Home	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Gross Receipts or Sales <input type="checkbox"/> 1099MISC/NEC	\$	\$	
Purchases of Inventory			
EOY Ending Inventory			
Auto - Yr: _____ Make: _____	# Miles:	# Miles:	
Gas, Oil Mtce \$ _____			Total: _____
Interest Pd \$ _____			Business: _____
License/Reg \$ _____			Other: _____
Advertising & Marketing			
Contract Labor Paid (1099NEC Issued <input type="checkbox"/> Y <input type="checkbox"/> N)			
Insurance (not health)			
Insurance (<input type="checkbox"/> SE Health)			
Interest (not auto)			
Legal, Professional, Tax Prep			
Office Expense			
Rent – Equipment			
Rent – Building			
Repairs & Maintenance			
Supplies			
Taxes & License			
Travel			
Meals			
Utilities & Telephone			
Wages			
Payroll Taxes			
Business Assets purchased/sold this year?			
	<input type="checkbox"/> list attached	<input type="checkbox"/> list attached	

RENTALS / ROYALTIES

Property Description:	1	2	3
Gross Rents /Royalties	\$	\$	\$
Advertising			
Auto (# miles)			
Cleaning			
Commissions			
Insurance – Real Estate			
Insurance – Mortgage (PMI)			
Legal, Professional, Tax Prep			
Mortgage Interest <input type="checkbox"/> 1098 <input type="checkbox"/> no 1098			
Mortgage Interest <input type="checkbox"/> 1098 <input type="checkbox"/> no 1098			
Other Interest			
Property Management Fees *			
Repairs / Maintenance			
Supplies			
Taxes – Real Estate			
Taxes – Other (<input type="checkbox"/> Sales Tax)			
Travel			
Utilities & Telephone			
HOA Fees			
Bank / Collection Fees			
* Property Manager Stmt enclosed	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
1099s Issued?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		
Improvements made this year?	<input type="checkbox"/> list attached	<input type="checkbox"/> list attached	<input type="checkbox"/> list attached
If new/sold-provide ALTA stmt.	<input type="checkbox"/> purch. <input type="checkbox"/> sale	<input type="checkbox"/> purch. <input type="checkbox"/> sale	<input type="checkbox"/> purch. <input type="checkbox"/> sale

NOTES

GAINS & LOSSES FROM SALES OF REAL ESTATE, PERSONAL PROPERTY & COLLECTIBLES

IRS Requires Form 1099B Broker Statements for all sales of Stocks, Bonds, and Mutual Funds

Description	Buy Date	Sell Date	Sale Price	Cost

Provide 1099S and ALTA closing documents (both purchase and sale) for any Real Estate transactions

OTHER INFORMATION, INCOME, ADJUSTMENTS or CREDITS

Answer any of the following that apply:	Taxpayer	Spouse
Did anyone else other than your spouse or dependents live in your home	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you have a Foster Child <input type="checkbox"/> Caseworker Placement Letter (required)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you have a Foreign Financial Account or interest in a Foreign Trust	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you own/trade/earn any Crypto-Currency <input type="checkbox"/> Exchange Spreadsheet	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you receive any notices from the <input type="checkbox"/> IRS or <input type="checkbox"/> AZ DOR <input type="checkbox"/> Copy Attached	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you foreclose or abandon any Real Estate <input type="checkbox"/> Primary Res <input type="checkbox"/> Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you have any debt cancelled or forgiven this year <input type="checkbox"/> 1099C	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you purchase an Electric Vehicle between 1/1/25 - 9/30/25	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you install solar or energy efficient home improvements by 12/31/25	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Sharing Economy Income <input type="checkbox"/> Airbnb <input type="checkbox"/> Lyft <input type="checkbox"/> Uber <input type="checkbox"/> _____ <input type="checkbox"/> 1099K	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Tips not Reported to Employer	\$	\$
Taxable Grants, Scholarships or Fellowships	\$	\$
Jury Duty payments received	\$	\$
Alimony Received (Alimony does not include child support)	\$	\$
Alimony Paid to: Name _____ SSN _____	\$	\$
Date your Alimony Decree was finalized or last modified:	/ /	/ /
IRA Deposit <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me	\$	\$
Roth IRA Deposit <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me	\$	\$
SEP or Solo 401K <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me	\$	\$
529 Education Savings Plan Contributions (Deductible for AZ up to \$4,000/child)	\$	\$
Health Savings Account: <input type="checkbox"/> 5498SA(Contributions) <input type="checkbox"/> 1099SA(Distributions)		
College Tuition & Fees Paid <input type="checkbox"/> 1098T <input type="checkbox"/> Proof of Payment (required)	\$	\$
If paid by Student Loan, who's responsible to repay <input type="checkbox"/> Parent <input type="checkbox"/> Student		
Claimed American Opportunity or Hope Credits before <input type="checkbox"/> Y <input type="checkbox"/> N # years: 1 2 3 4		
Student Loan Interest Paid <input type="checkbox"/> 1098E	\$	\$
<input type="checkbox"/> Adoption Credit <input type="checkbox"/> Special Needs (<input type="checkbox"/> Adoption Order <input type="checkbox"/> Subsidy Agreement)		
Did you gift more than \$19,000 to any one individual	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you want to open a "Trump Account" for your child	<input type="checkbox"/> Y <input type="checkbox"/> N	

DAYCARE EXPENSES (Limits \$3K or \$6K two or more children)

Provider _____	Provider _____
SSN/EIN _____ Amount Pd \$ _____	SSN/EIN _____ Amount Pd \$ _____
Address _____ Zip _____	Address _____ Zip _____
For Dependent(s) _____	For Dependent(s) _____

OTHER ITEMS or NEXT YEAR CHANGES YOU'D LIKE TO DISCUSS

Thank you for your continued business. We look forward to seeing you soon!