Form 1040 2025 Tax *Organizer*

With Schedules A (itemize), B (interest-Dividends) & D (Capital Gains)

Name____
Tel #______________________________(Cell) **DOB**___/___/____
Spouse____
Tel #______________________________(Cell) **DOB**___/___/____
Address____
E-mail(s)____

Dependents

First & last name	Social-security	Date of Birth	Relationship
________	________	________	________
________	________	________	________
________	________	________	________
________	________	________	________

Income

(1 copy needed of below forms – mailed, scanned or faxed is ok but form must be legible)

W-2 (*if you receive tips, include your final year end paystub to qualify for the no tax on tips tax credit and the no tax on overtime tax credit*)

1099-R 1099-MISC 1099-G 1099-INT 1099-SSA 1099-DIV

Schedule K-1 for S-Corporation (1120S) and/or Partnership (1065)

Alimony **Received** ____________, Likely reported with your SSN by payer

Adjusted Gross Income

New Car Loan Interest Paid up to 10k____________must provide VIN
Educator Expenses ____________, this deduction is for teachers only
IRA Reg☐Roth☐ ____________ IRA (spouse) Reg☐Roth☐__________
Student Loan Interest ____________ Tuition & Fees __________
Education Expenses ____________, indicate for whom ______________
Alimony **Paid** ____________, Recipient's SSN ____________
Health Savings Act. ____________, (from Form 1099-SA) (above recipient's name)
Health Insurance Paid___________, *(self-employed only)*

Please Note: In 2026, the healthcare marketplace will have an earnings limit. Prior to this if your modified adjusted gross income (MAGI) was higher than 400% of the federal poverty level (FPL), you simply paid a penalty. Now if your MAGI is above 400% of the FPL, you will need to pay back the subsidy in FULL. Please adjust your income to make sure you don't end up with a huge tax bill next year. Keep in mind that things can be done to lower your MAGI, look on the resource page of our website to learn more.

In 2025 anyone who has health insurance on the health care marketplace will receive a 1095-A. Please make sure to include this form with your tax documents*. This too will delay your tax refund if we don't receive this from you. You can find a copy in your account at www.healthcare.gov or www.coverme.gov if you live in Maine.*

Interest

(1 copy needed of each interest and dividend statement received from bank, etc.)

[Do not overlook interest paid to you by U.S. Treasury on overdue tax refunds]

Interest $_____ FSJ Bank ________________
Interest $_____ FSJ Bank ________________

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Itemized Deductions (Schedule A) *Increased to 40k for state and local sales tax in 2025*

Prescriptions $__________ Doctors, Dentists $____________
Healthcare/Hospitals $__________ Mileage (medical) ______________
Health Insurance Paid $__________
Real estate tax (home) $__________ Real estate (other) $____________
Property (Excise) Tax $__________ Sales Tax (big items) $____________

Home Mortgage* Interest $________ *requires copy of form 1098 from bank
Home Mortgage* Interest $________ (if private) lender's name, address & SSN
Home Mortgage Points $__________ Home Equity Interest* $____________

Contributions In 2025: You can qualify for up to a $2,000 deduction even if you do not itemize….

Cash $____________ **(Any one donation on 1 day of $250 or more requires a letter)**

Contributions (property) $________ **(Any donation over $250 or over $500 requires documents)**

Mileage (charity) _______________
Casualty & Theft $___________ List losses (requires Form 4684)

Capital Gains & Losses (Schedule D)

Include your form 1099-B. This will have **the** description, date purchased, date sold, sales price &, purchase price.

Tax Credits…Increased limits for 2025, up to $7,500

Child & Dependent Care $________ Name of Child____________________
Name of Provider _______________ & Address_________________________
Provider SSN / EIN______________ &Town, State, Zip__________________
Education Credits ____________, from Form 8863

Payments

Estimated payments made for this tax year (Federal) $ __________
Estimated payments made for this tax year (State* _____) $ __________
Payment made with extension (Federal) $__________
Payment made with extension (State* specify________) $__________

Refunds

(joint returns require both filers on the same bank account)

(For direct deposit, enter Routing #________________
Account #________________

☐Chk ☐Sav

Mail to Taxing Situations, Inc., 515 Cobbs Bridge Road, New Gloucester, ME 04260,
FAX to (207) 657-8145 or **attach as an e-mail** to Shannon@Taxingsituations.com