Dovetail Tax & Accounting

2025 Personal Income Tax Organizer

Please complete and return to us at any of our offices located in Fox Point, Oconomowoc or Pewaukee. To ensure a timely return, please complete as soon as possible. Information received after March 31, 2026 will be automatically extended and an additional charge will apply.

Contact Information

Name

Phone

Email

Best Time to Call

☐ **If you are a returning client and your general information has not changed please check the box. If you have any changes, please notate all changes below.**

FILING STATUS: Single Married Filing Joint Married Filing Separate Head of Household Qualifying Widow(er)

Change in Filing Status? Please Explain:

Taxpayer	Spouse
Soc Sec #	Soc Sec #
Date of Birth	Date of Birth
Occupation	Occupation
Date of Death (if applicable)	Date of Death (if applicable)

Do you wish to designate $3 to the Presidential Campaign Fund? ☐ Taxpayer ☐ Spouse

Can you be claimed as a Dependent on someone else's return? ☐ Taxpayer ☐ Spouse

Street Apt # City / Village / Town State Zip

County Township/School District

Did you change your State of Residence?

Moved From ________ __________/25 - __________/25 Moved To _________ __________/25 - __________/25

State Dates State Dates

Dependents

Full Name	Social Security #	Date of Birth	Relationship	# of months Lived in Home	% of Support by You	by Others	Check Box If Legally Blind
							☐
							☐
							☐
							☐

Do you have Dependents who must file a tax return? ☐ Yes ☐ No If Yes, list name of Dependent(s) who file:

Do you wish to have your refund directly deposited into your personal bank account? ☐ Yes ☐ No

If Yes, you must attach a voided check. ☐ Direct Deposit Information same as last year.

Please note - IRS is phasing out paper refund checks!! See our tax updates sheet for additional info

Did you receive an Identity PIN from the IRS or WI Department of Revenue? ☐ Yes ☐ No

If Yes, you must attach the IRS or State letter.

Check all questions and provide documentation for all questions answered 'Yes'. Attach additional sheets if necessary.

Step 1 - Estimated Payments Made

☐ Check box if this section not applicable.

	Federal		State		
	Amount Paid	Date Paid	Amount Paid	Date Paid	**Due Dates**
First Quarter					4/15/2025
Second Quarter					6/15/2025
Third Quarter					9/15/2025
Fourth Quarter					**1/15/2026**

Step 2 - Income & Retirement

☐ Check box if this section not applicable.

Yes No

○ ○ W-2 Income Taxpayer ________ # of W-2's Spouse ________ # of W-2's

○ ○ Dividend and Interest Income Provide statements and any 1099-Int or 1099-Div. List any dividends or interest not reported on Form 1099 on a separate sheet.

○ ○ Sale of Stocks or Bonds Provide year-end statements and 1099-B. List any sales not reported on 1099 on a separate sheet.

○ ○ Did you receive, sell, send, exchange, or acquire an interest in any virtual currency? Provide details, and 1099-DA if received.

○ ○ Did you pay or receive any Alimony? ☐ Paid ☐ Received Date of Divorce: ____________

Name ____________________ Social Security # ____________________ Amount $ ____________

○ ○ Did you receive unemployment compensation? Provide 1099-G.

○ ○ Did you sell anything online, or engage in any bartering transactions? Provide 1099-K, or 1099-B.

○ ○ Did you receive punitive damages or awards for other than physical injuries or illness? Provide legal documents.

○ ○ Did you have income from the lottery or other Gambling Income? Provide W2-G. Report Losses in Itemized Deductions Section.

○ ○ Did you have any debt forgiven, mortgage foreclosure or abandonment of property? Provide 1099-A or 1099-C statement.

○ ○ Did you receive distributions from long-term contracts or Straddles?

○ ○ Did you receive any grant income? Please explain & Provide name of Grant Program.

○ ○ Did you have any other miscellaneous or 'gig' income not listed above?

Description ____ $________________

Description ____ $________________

○ ○ Did you receive any Disability Income? Provide 1099-R statement.

○ ○ Did you make any withdrawals or distributions from an IRA, Roth IRA,401(k), Keogh, SIMPLE, SEP, or other qualified retirement plan? (If this is for a qualified disaster, you must provide details). Provide 1099-R forms.

○ ○ If Yes, were the proceeds rolled into another retirement plan within 60 days?

○ ○ Did you make any Qualified Charitable Distributions with your IRA distributions? (keep your receipts / records!! WI was randomly auditing these in 2024). Amount $ ____________

○ ○ Did you or your spouse turn age 73 & **not** take the required minimum from your IRA or other retirement account?

○ ○ Did you receive Social Security benefits? Provide 1099-SSA statement.

○ ○ Did you, or will you by 4/15/25, contribute to an IRA or Roth IRA? (excluding employer plans)

Include statements from IRA and Roth IRA administrators

	Traditional IRA	Deductible	Non-Deductible	**Roth IRA**
Taxpayer	$ ____________	☐	☐	Taxpayer $ ____________
Spouse	$ ____________	☐	☐	Spouse $ ____________

○ ○ Did you convert any IRA proceeds into a Roth IRA?

○ ○ Did you have any self-employed business income and expense? If Yes, complete **Self-Employment** Worksheet.

○ ○ Did you have any Farm or Farm Rental income or loss? If Yes, complete **Farm** or **Farm Rental** Worksheet.

○ ○ Did you have any Rental Income or expenses? If Yes, complete **Rental** Worksheet.

○ ○ Did you have any Partnership or S-Corporation income? ________ # of K-1's

○ ○ Did you have any Estate or Trust income? ________ # of K-1's

Check all questions and provide documentation for all questions answered 'Yes'.

Yes No

○ ○ Did you sell your personal residence? Provide closing settlement statement and 1099-S if provided.

○ ○ Did you sell any real estate or personal property? Provide closing settlement statement or other documentation.

○ ○ Did you have income from an installment sale? Please provide details.

Step 3 - Foreign Income & Assets

☐ Check box if this section not applicable.

○ ○ Did you have foreign assets that exceeded $10,000 at any time during the year?

(Including but not limited to bank accounts & entity interests)

Please explain: ______________________________

○ ○ Did you have any Foreign or undeclared Offshore Income?

Please explain: ______________________________

Step 4 - Adjustments

☐ Check box if this section not applicable.

○ ○ Were you on active duty and moved because of a military order? Distance from old house to old job: ________ new job: ________

Transportation & Storage Expense ________ Travel & Lodging Expense ________

○ ○ Were you a grade K-12 educator, counselor, or aide? If Yes, enter amount of out-of-pocket costs you paid: $ ________

Step 5 - Education

☐ Check box if this section not applicable.

○ ○ Did you incur and pay any Student Loan interest? Provide 1098-E.

○ ○ Did you have any Higher Education expenses for you or a dependent? Provide 1098-T. Credit will NOT be allowed without 1098-T.

Student Name	Year in College (1st, 2nd, 3rd, 4th, etc.)	State College Is In	Enrollment Status (full time, half time, less than1/2)	Additional Expenses (books, supplies, computer equipment, internet)

○ ○ Did you receive any proceeds from a Section 529 Qualified Tuition or Section 530 College Savings Plan? Provide 1099-Q and detail what proceeds were used for: ______________________________

○ ○ Did you make any contributions to a **WI** college savings account? If Yes, fill in the information below for each student.

☐ Tomorrow's Scholar ☐ WI EdVest
Name____________________ SS #______________
Amount $____________________

☐ Tomorrow's Scholar ☐ WI EdVest
Name____________________ SS #______________
Amount $____________________

○ ○ Would you like us to provide you with a FAFSA Statement from your tax information? Personal information not included.

Step 6 - Itemized Deductions

☐ Check box if this section not applicable.

○ ○ Did you have any **unreimbursed** out of pocket medical expenses? Exclude FSA, HSA, and MSA reimbursed amounts from figures below

Medical/Dental Bills $ ________

Prescription Medicine, Drugs & Insulin $ ________

Health Insurance Premiums
Taxpayer $ ________
Spouse $ ________

Medical Miles Driven ________ miles

Supplemental Medicare Insurance Premiums
Taxpayer $ ________
Spouse $ ________

Long-Term Care Insurance
Taxpayer $ ________
Spouse $ ________

Other medical expenses (please specify)
________ $ ________
________ $ ________

Medical Transportation & Lodging $ ________

(Note: Because expenses need to exceed 7.5% of AGI, the deduction may be limited)

○ ○ Did you pay real estate taxes? Primary Residence (less special assessments) Provide tax bill.

○ ○ Other (second home, cabin, etc.) Provide Rentals on Rental Form Provide tax bill.

○ ○ Did you pay mortgage interest? Primary Residence Provide 1098.

○ ○ Other (second home, cabin, etc.) Provide Rentals on Rental Form Provide 1098.

Check all questions and provide documentation for all questions answered 'Yes'.

Yes No

○ ○ Did you pay home equity loan interest? Primary Residence $

○ ○ Were all home equity funds used for the improvement of primary residence? If No, enter amount used for other purposes:

Description $

Description $

(Note: You Must provide Name, Address & SSN if interest was paid to an individual)

○ ○ Did you pay loan origination fees or points on a purchase or refinance of your home?

$____________________ Date of refinance ______________________ Length of loan _________________

○ ○ Did you pay any investment interest? $

○ ○ Did you make any charitable contributions? Monetary Donations under $250 each must be substantiated by either (1) a bank record or (2) a written receipt from the charity showing its name and the date and amount. For donations of $250 or more each, the taxpayer must obtain a written acknowledgment from the charity.

List to Whom Contributed	Monetary	Property	Amount or Fair Market Value	Receipts
	☐	☐	$	☐ Yes ☐ No
	☐	☐	$	☐ Yes ☐ No
	☐	☐	$	☐ Yes ☐ No
	☐	☐	$	☐ Yes ☐ No
	☐	☐	$	☐ Yes ☐ No
	☐	☐	$	☐ Yes ☐ No

Miles driven for charitable purposes: ______________# of miles

○ ○ Did you have any casualty losses? $ Description & Location:

○ ○ Did you incur any Gambling Losses during the year? $

(Note: Losses are only deductible up to the amount of winnings during the year for federal tax purposes, the State of WI does not allow any deductions)

○ ○ Did you incur any expenses as an Armed Forces reservist, qualified performing artist, or fee-based Gov't official? $______________

Step 7 - Healthcare

☐ Check box if this section not applicable.

○ ○ Did you have health insurance through the Marketplace (**AKA Obamacare**) for you or your family? MUST Provide form 1095-A

○ ○ Did you (or do you plan to before April 15, 2026) make any contributions to a Health Savings Account or Medical Savings Account?

(DO NOT include amounts deducted pre-tax from your paycheck under a Section 125 Cafeteria Plan)

Amount contributed by Taxpayer $ Spouse $

Type of Health Plan Coverage Self-only ○ Family ○

○ ○ Did you take any distributions from a Health Savings Account or Medical Savings Account? Provide form 1099-SA

Amount of distribution $ Were distributions used for Qualified Medical Expenses? ☐ Yes ☐ No

Step 8 - Taxes

☐ Check box if this section not applicable.

○ ○ Did you receive Tip Income not reported to your employer? If so, how much $________________

○ ○ Did your children under the age of 19 or a full-time student under the age of 24 have unearned (non-W2 income) income over $2,700?

○ ○ Did you pay any individual $2,800 or more to perform household services? (e.g. babysitter, caretaker)

If yes, have you filed wage tax returns (W2s, 941s, etc.)? ☐ Yes ☐ No

Step 9 - Credits

☐ Check box if this section not applicable.

○ ○ Did you install energy efficient property (geothermal heat pump, small wind energy, solar electric) **on any of your residences**?

		$
Date Installed	Description	Amount Paid

○ ○ Did you make energy efficient improvements (insulation, doors, windows, energy audit) **in your primary residence**?

		$
Date Installed	Description	Amount Paid

○ ○ Did you have any energy efficient expenditures (A/C, water heater, furnace/boiler, electrical) **on any of your residences**?

		$
Date Installed	Description	Amount Paid

Check all questions and provide documentation for all questions answered 'Yes'.

Yes No

○ ○ If you and your spouse worked or were looking for work, did you have any child care expenses? If yes, provide statements.

Did you participate in a Dependent Care Benefit Program with your employer? ☐ Yes ☐ No

Provider Information:

Name & Address	SSN or EIN	$ Amount Paid
Name & Address	SSN or EIN	$ Amount Paid

Child Information:

Name	$ Amount Paid	Name	$ Amount Paid
Name	$ Amount Paid	Name	$ Amount Paid

(Note: Total amounts paid to provider must equal total amounts of all children.

○ ○ Did you have expenses associated with adopting a child? $

○ ○ Did you purchase a new or used fuel cell or electric plug-in vehicle, prior to 10/1/25? If Yes, provide vehicle purchase paperwork.

○ ○ Did you install an electronic vehicle charging station? If Yes, include costs of station and installation.

○ ○ Did you use gas or special fuels in off-road vehicles for business or farm use?

Step 10 - State Adjustments

☐ Check box if this section not applicable.

○ ○ Did you purchase items out of state with No Sales Tax paid? If Yes, list purchase amount $

○ ○ Do you want to donate to any of the following?

Cancer Research	$	Red Cross WI Disaster Relief	$
Endangered Resources	$	Second Harvest/Feeding America	$
Military Family Relief	$	Special Olympics WI	$
Multiple Sclerosis	$	Veterans Trust Fund	$

○ ○ Did you pay for a Dependent(s) to attend a private school? If yes, complete the information below for each student.

School Information:

Name & Address	SSN or EIN
Name & Address	SSN or EIN

Student Information:

Name	School Attended	Grade	$ Amount Paid
Name	School Attended	Grade	$ Amount Paid
Name	School Attended	Grade	$ Amount Paid

○ ○ Did you pay rent for housing? Heat included $ Heat not included $

○ ○ Did you receive child support (for WI Homestead credit only)? $

Step 11 - Miscellaneous

☐ Check box if this section not applicable.

○ ○ Were you notified by the IRS or State of any changes in your prior years tax returns? If yes, provide correspondence.

○ ○ Did you make gifts of more than $19,000 to any individual?

○ ○ Did you incur any non-business bad debt?

○ ○ **Are you expecting a large change in income, deductions, or withholding next year?**

Check all questions and provide documentation for all questions answered 'Yes'.

Yes	**No**	
○	○	Did you purchase a new U.S. assembled vehicle in 2025 for personal use and financed with an auto loan? If yes, attach the vehicle statement from the dealer.
○	○	Did you receive tips in 2025 in a job where tips are customary? For example: food service, hospitality, salons, or transportation.
○	○	Did you receive overtime pay required under federal overtime rules for working more than 40 hours in a work week?

Self Employment Income Worksheet

EIN: ____________

Business Name: ________________

Business Activity/Product: ____________________________

Begin or end business in 2025? ☐ Begin ☐ End

Did you make any payments that would require you to file Form(s) 1099? ☐ Yes ☐ No

If Yes, did you or will you file all required Forms 1099? ☐ Yes ☐ No

Income

Gross Receipts (Provide all Forms 1099-MISC and 1099-K) $ ____________________

Cost of Goods Sold

Inventory-Beginning of Year ____________________

Purchases ____________________

Labor, Materials & Other Costs ____________________

Inventory-End of Year ____________________

Expenses

Advertising ____________________

Vehicle Expense Fill out Vehicle Expense Worksheet

Commissions & Fees ____________________

Contract Labor ____________________

Insurance (other than health) ____________________

Health Insurance ____________________

Mortgage Interest (paid to banks) ____________________

Other Interest ____________________

Legal & Professional Services ____________________

Office Expense ____________________

Pension & Profit Sharing Plans ____________________

Equipment Lease ____________________

Rent ____________________

Repairs & Maintenance ____________________

Supplies ____________________

Taxes & Licenses ____________________

Travel ____________________

Meals ____________________

Entertainment ____________________

Utilities ____________________

Wages ____________________

Telephone ____________________

Dues & Subscriptions ____________________

Bank Service Charges ____________________

Other: ____________________ ____________________

____________________ ____________________

____________________ ____________________

Business Asset Purchases

Property Description	Amount	Date Purchased
Property Description	Amount	Date Purchased
Property Description	Amount	Date Purchased
Property Description	Amount	Date Purchased

Home Office

Do you qualify for business use of home? ☐ Yes ☐ No (Do Not duplicate expenses listed previously)

Business sq. ft. __________

Total sq. ft. __________

Part of home used for business:

____

Additional Expenses

Homeowner's Insurance	$
Repairs & Maintenance	
Utilities	
Rent Paid	
Other:	
Other:	

Vehicle Expense Worksheet

	Vehicle 1	Vehicle 2	Vehicle 3
Total miles driven this year: Business			
Commuting			
Other Personal			
Vehicle Description			
Date Vehicle was first used in the business			
Purchase Price ***or*** Lease Payments (for the year)			
Parking & Tolls			
Gasoline & Oil			
Repairs & Maintenance			
Tires & Supplies			
Insurance & Licenses			
Other:			

Do you have evidence to support business use? ☐ Yes ☐ No

If yes, is the evidence in writing? ☐ Yes ☐ No

Do you have another vehicle available for personal use? ☐ Yes ☐ No

Note: Your vehicle expenses will not be allowed by the IRS without adequate records or sufficient written evidence verifying business use.

Rental Worksheet

#1	Physical Address	Type[1]	Rent Received	Fair Rental Days	Personal Use Days
#2	Physical Address	Type[1]	Rent Received	Fair Rental Days	Personal Use Days
#3	Physical Address	Type[1]	Rent Received	Fair Rental Days	Personal Use Days
#4	Physical Address	Type[1]	Rent Received	Fair Rental Days	Personal Use Days

[1] 1 - Single Family; 2 - Mulit-Family; 3 - Vacation/Short Term Rental; 4 - Commercial; 5 - Land; 6 - Royalties; 7 - Self-rental; 8 - Other(describe)

Did you make any payments that would require you to file Form(s) 1099? ☐ Yes ☐ No

If Yes, did you or will you file all required Forms 1099? ☐ Yes ☐ No

Expenses	Property #1		Property #2		Property #3		Property #4
Advertising							
Auto							
Travel							
Cleaning & Maintenance							
Commissions							
Insurance							
Legal & Other Professional Fees							
Management Fees							
Mortgage Interest (Form 1098)							
Other Mortgage Interest							
Mortgage Insurance							
Other Interest							
Repairs							
Supplies							
Taxes							
Utilities							
Depreciation							
Wages							
Other:							

Were you active in the management of the rental property? ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No