

2025 PERSONAL INCOME TAX ORGANIZER COMPREHENSIVE ACCOUNTING SERVICES

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Please return this form in an envelope marked "Attn: Tax Department" to ensure processing is not delayed

The information required on this form is pertinent to the preparation of your INCOME TAX RETURN and relates to you and your family personally, and not to your business operations. Please complete and return to us as soon as possible, BUT NO LATER THAN MARCH 6th. **WE MUST HAVE THIS SIGNED AND COMPLETED DATA SHEET TO PREPARE YOUR TAX RETURN.** You are cautioned that paid bills and cancelled checks claimed by you as deductions herein, must be preserved for a period of at least three years from the date the return is filed. Do not claim as deductions any bills that have not been paid during the year unless they were charged to your credit card before the year end. If we may be of assistance to you in preparing this form, kindly call us at the number above.

| | | | | |
|--|--|---|---------------|--|
| Your Full Name | | For New Clients Only S.S. # - - | Birthdate / / | |
| Spouses Full Name | | For New Clients Only S.S. # - - | Birthdate / / | |
| Mailing Address _____ City _____ State _____ Zip _____ | | Home Phone Number _____ () - Cell Number _____ () - Work Number _____ () - | | |
| Your Occupation | | Spouse's Occupation | | |
| Identity Protection PIN , if you received a PIN from the IRS, we must have the letter to e-file your returns.. Marital status at 12/31/2025 ___ Single ___ Married School District _____ | | E-mail Address _____ Check if legally blind (H) Yes ___ (S) Yes ___ Check if \$3 to campaign fund Yes ___ No ___ NEW FOR 2025 All Refunds must be Direct Deposited. Please enclose a voided check to keep your refund from being delayed. If bank account is the same as last year, check here <input type="checkbox"/> | | |

The state is asking for driver's license or state ID info to help cut down on identity fraud. Please fill in the information below or check one of the boxes if you are not going to furnish this info. Not providing this info WILL slow down any refunds. Disregard this if you provided this information last year and your ID didn't expire during the year.

Taxpayer's **DRIVER'S LICENSE** or **STATE ID** (circle one) # _____ Issuing State _____

Issue Date _____ Exp Date _____

Spouse's **DRIVER'S LICENSE** or **STATE ID** (circle one) # _____ Issuing State _____

Issue Date _____ Exp Date _____

☐ Mark this box if taxpayer doesn't have a license or ID.

☐ Mark this box if spouse doesn't have a license or ID.

☐ Mark this box if the taxpayer DECLINES to provide.

☐ Mark this box if spouse DECLINES to provide.

DECLARATION :

I have provided the information on this form to the best of my knowledge and hereby declare it is complete and ready for the preparation of my/our income tax returns. Where business deductions shown, I acknowledge having spent these amounts and have kept a log of such activities, pursuant to section 274(a) and can fully substantiate such deductions.

**NOTE: PLEASE DO NOT
FORGET YOUR
SIGNATURE**

Signature _____

Date _____

DEPENDENTS

| Name | Date of Birth | SOCIAL SECURITY NUMBER For New Dependents Only | RELATIONSHIP | MONTHS LIVED IN HOME | MONTHS AS A STUDENT |
|------|---------------|---|--------------|----------------------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

HEALTH INSURANCE

If you were covered with health insurance through the Marketplace, we will need **FORM 1095-A**. We must have the form in order to complete your tax return.

INCOME

Review for the following:

Foreign Bank Accounts? Yes No If Yes and more than \$10,000, send details. **There are SUBSTANTIAL PENALTIES for not providing this information.**

——→ **CRYPTO/VIRTUAL CURRENCY:** At any time during 2025, did you receive, sell, exchange or, otherwise dispose of any financial interest in any **VIRTUAL CURRENCY?** Yes No if yes, please send details of the transactions.

Wages, Salaries, Tips, Etc.? Yes No If YES, enclose ALL W-2's
If you had overtime pay and it is not listed on your W-2, please send in your final paystub along with your W-2.

NEW - Tips? Are tips included on your W-2 in box 1? Yes No If Yes and they aren't listed separately on the W-2, we will need information on your tips for the year, such as a last pay stub, forms 4070 or some other report to substantiate them.

NEW - Overtime? Yes No If yes, we will need to get a copy of your final paystub from any job with overtime that shows the total overtime paid for the year. Be aware that only the additional 50% is available for the deduction. If you got any double time, it's capped at the additional 50%. We will need documentation on this.

Interest and Dividends (from Banks & Financial Institutions)? Yes No. If YES, enclose ALL 1099's

Pensions or IRA Distributions? Yes No If YES, enclose 1099R's

Did you **convert** or **rollover** a traditional **IRA** into a **ROTH IRA**? Yes No. If YES, enclose 1099R's

Did you receive **Alimony**? Yes No. If YES, how much did you receive? \$ _____

OTHER INCOME

Estates, Trusts, Partnerships or S-Corps? (Enclose K-1's) Jury Duty Income \$ _____

Tips not reported to your employer? Yes No. If YES, how much did you receive? \$ _____

Prizes & Awards? Yes No. If YES, how much \$ _____

State Tax Refund? Yes No. If YES, how much \$ _____ If we did your '24 return, we will have this.

Unemployment Compensation? Yes No. If YES, how much \$ _____ attach 1099G's

Did your dependent child receive **Unemployment**? Yes No. If YES, please attach 1099G's for each.

Gambling Winnings? Yes No. If YES, how much \$ _____ and attach W-2 G's

Gains & losses from sale of property, stock, etc.? Yes No. If YES, attach 1099B's

Social Security? Yes No. If YES, attach SSA 1099's

Rental Property Income? Yes No. If YES, please call for form or download it at: www.compacctg.com under Forms & Tools.

Did you have **any other income** from any other source such as a 1099-MISC? Yes No. If YES, enclose 1099s:

Type of work performed: _____ Total Income: \$ _____

Total income would also include income not reported on a 1099.

Please detail any "ordinary and necessary" expenses associated with the above income below or on a separate sheet. If you want to use mileage for your vehicle, download our Business Use of Vehicle form at www.compacctg.com under Forms & Tools.

_____ \$ _____ _____ \$ _____
_____ \$ _____ _____ \$ _____

NEW - INTEREST ON VEHICLE PURCHASED IN 2025

If you purchased a new vehicle in 2025, that was used personally, the interest paid on the loan may be deductible. The loan must be issued by a legitimate lender or dealership and the vehicle's final assemble must be in the USA with a gross vehicle weight rating under 14,000 pounds. You can enter your VIN here to check where your vehicle was assembled: <https://vpic.nhtsa.dot.gov/decoder/>

Please send loan documentation from the bank or bank website. Or provide the following:

VIN _____ Interest _____ Loan Origination Date _____

INCOME ADJUSTMENTS

Did you or your spouse contribute to a ()REGULAR IRA, ()ROTH IRA?

If YES, how much (You) \$ _____ (Spouse) \$ _____

Did you pay alimony? **Yes** **No.** If **YES**, how much \$ _____ Recipient's name & S.S.# _____ - _____

Date of Divorce: _____

Did you contribute to or establish a Health Savings Account? Attach 5498-SA or HSA

Individual Plan Contribution \$ _____ or Family Plan Contribution \$ _____

DEDUCTIONS

Standard deductions amounts are \$15,750 Single, \$31,500 Married & \$23,625 Head of Household. If your deductions do not exceed the standard deduction amount for your filing status, we will take the standard deduction and don't need your itemized deductions.

Taxes:

Did you pay **Sales** Taxes on **major** purchases last year? **Yes** **No.** If **YES**, how much \$ _____

What for? _____

Auto License Fees (list years & fees)

Year () \$ _____
Year () \$ _____
Year () \$ _____

Other Taxes:

_____ \$ _____
_____ \$ _____

Real Estate Taxes on main residence: \$ _____

Property Taxes on all other real estate
Addresses:

Estimated taxes are reported at the
bottom of page 4.

_____ \$ _____
_____ \$ _____

OTHER DEDUCTIONS

Interest: (Attach all 1098's)

| 1ST HOME | BANK NAME | AMOUNT | 2ND HOME | NAME | AMOUNT |
|--|-----------|----------|-----------------------|-------|----------|
| Mortgage..... | _____ | \$ _____ | Mortgage..... | _____ | \$ _____ |
| 2nd Mortgage..... | _____ | \$ _____ | 2nd Home Mortgage... | _____ | \$ _____ |
| Interest paid to an individual? Provide name, address and social security #. | _____ | | Real Estate Loan Fees | _____ | \$ _____ |
| | | | Points Paid | _____ | \$ _____ |

Were any funds used for anything other than to buy, build or improve either home? **Yes** **No.** If "Yes", how much? \$ _____

Contributions: (please note, the IRS will require receipts if audited)

| | | | |
|--------|----------|----------|----------|
| Church | \$ _____ | Colleges | \$ _____ |
| Other | \$ _____ | Other | \$ _____ |

Did you donate any **non-cash items** such as food, clothing or furniture? **Yes No.** If **YES**, attach receipts & list descriptions with thrift store values. We need the values in order to claim the deduction. Blank donation slips aren't acceptable.

Medical: please fill in this information and keep all receipts for your records. **Medical deductions must exceed 7.5% of your adjusted gross income to be deductible.**

| | | | | |
|--------------------|----------|-------------------------|--------------|-----------------|
| Medicines / Drugs | \$ _____ | Hearing Aids | \$ _____ | |
| Doctors / Dentists | \$ _____ | Hospital | \$ _____ | |
| Eyeglasses | \$ _____ | Long Term Care Premiums | You \$ _____ | Spouse \$ _____ |
| Medical insurance | \$ _____ | Other | \$ _____ | |

COLLEGE TUITION

If you are claiming one or more college students as dependents, provide the following information and attach form 1098-T for each:

How much was actually paid for the student's tuition, fees and course materials during 2025? \$ _____

What was the student's first year of college? _____

Enrolled for at least one academic period in a degree, certificate, or other program leading to a recognized credential? **Yes No**

Did the student carry at least half the normal full-time workload for his/her course of study? **Yes No**

If the student was convicted before the end of 2025 of a felony for possession or distribution of a controlled substance they don't qualify for a schooling credit.

CHILD OR DEPENDENT CARE

Did you pay for child care expenses last year? **Yes No** If **YES**, complete the following:

| NAME OF CHILD | NAME OF PROVIDER | S.S. # or EIN # | ADDRESS OF PROVIDER | AMOUNT PAID |
|---------------|------------------|-----------------|---------------------|-------------|
| | | | | \$ |
| | | | | \$ |

MICHIGAN HOMESTEAD PROPERTY TAX CREDIT

For Homeowners:

2025 Property Tax **BILLED** \$ _____ 2025 **Taxable Value** \$ _____ Not the Equalized Value

For Renters:

Total Rent Paid in 2025 \$ _____ Landlord's Name and Address: _____

Must have this info _____

OUT OF STATE PURCHASES

If you made any out-of-state purchases, either by phone, mail order catalog or internet, the State is now requiring you to report it on your Michigan Tax Return. Please list the total dollar amount of purchases made for 2025 (**that you didn't pay sales tax on**) below.

2025 Out-of-State purchases \$ _____ (**that Sales Tax was NOT paid on**)

ESTIMATED TAXES PAID

| CREDIT FROM PRIOR YEAR'S RETURN | FIRST QUARTER (April 15, 2025) | SECOND QUARTER (June 16, 2025) | THIRD QUARTER (Sept. 15, 2025) | FOURTH QUARTER (JAN. 15, 2026) | TOTAL FOR YEAR 2025 |
|---------------------------------|--------------------------------|--------------------------------|---------------------------------|--------------------------------|---------------------|
| Federal | \$ | \$ | \$ | \$ | \$ |
| State | \$ | \$ | \$ | \$ | \$ |
| City | \$ | \$ | \$ | \$ | \$ |

Additional Questions

Personal Information

| | Yes | No |
|---|--------------------------|--------------------------|
| Did your address change during 2025? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you or your spouse be claimed as a dependent by another taxpayer? | <input type="checkbox"/> | <input type="checkbox"/> |

Dependents

| | | |
|--|--------------------------|--------------------------|
| Did you pay for childcare while you worked or looked for work? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, see page 4 for further details. | | |
| Do you have any children under age 18 or a full-time college student under 24 with unearned investment income (not wages) more than \$2,700? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you adopt a child or begin adoption proceedings during 2025? | <input type="checkbox"/> | <input type="checkbox"/> |

Purchases, Sales and Debt

| | | |
|--|--------------------------|--------------------------|
| Did you have any debts canceled, forgiven, or refinanced during 2025? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please attach all 1099's. | | |
| Did you start a new business, purchase a new rental property or farm, or acquire any new interest in a partnership or S Corporation during 2025? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell an existing business, rental property, farm, or any existing interest in a partnership or S Corporation during 2025? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell, exchange, or purchase any real estate in 2025? If so, please attach closing statements | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you withdraw any amounts from your IRA or Roth IRA to acquire a principal residence? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you take out a home equity loan in 2025? If yes, provide closing statement. | <input type="checkbox"/> | <input type="checkbox"/> |
| What were the funds used for: | | |
| Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the 1098? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any student loan interest during the year? Please include statement. | <input type="checkbox"/> | <input type="checkbox"/> |

Itemized Deductions

| | | |
|---|--------------------------|--------------------------|
| Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, you will need to have the property appraised. | | |
| Did you incur any casualty or theft losses during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| This now only applies if the disaster happened in a federally declared disaster area. | | |

Credits

| | | |
|---|--------------------------|--------------------------|
| Did you purchase a solar energy system, such as a solar water heater or solar panels? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please include a copy of the receipt. | | |

Miscellaneous

| | | |
|---|--------------------------|--------------------------|
| Did you or your spouse contribute to or establish a medical savings account (MSA) in 2025 or a Health Savings Account (HSA)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, how much did you contribute? <input type="text"/> | | |
| Did you pay any individual \$2,700 or more to perform household services during the year such as babysitting, cleaning, cooking or gardening? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were there any changes made to federal or state returns filed in prior years? If yes, provide copies of the correspondence received. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse contribute to or establish a Roth IRA or convert an existing IRA into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |

Questions (continued)

| | Yes | No |
|--|--------------------------|--------------------------|
| Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you withdraw any amounts from a Coverdell Education Savings Account or state education savings plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If yes, how many months were you covered? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive distributions from long-term care insurance contracts? If yes, please include Form 1099-LTC | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make gifts of more than \$19,000 to any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any foreign income or pay any foreign taxes during 2025? | <input type="checkbox"/> | <input type="checkbox"/> |
| * Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or authority over a foreign bank account, securities account, or other financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| * Did you create or transfer money or property to a foreign trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| There are substantial penalties for answering these foreign banking questions incorrectly. | | |
| We will need to get the details if either of these foreign account information questions apply. | | |
| Have you received a punitive damage award or an award for damages other than for physical injuries or illness | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you engage in any bartering transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make a contribution to a state MET or MESP? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase a new hybrid vehicle or a plug-in electric vehicle prior to October 1st? If yes, provide a copy of the invoice that includes, make, model and date of purchase. | <input type="checkbox"/> | <input type="checkbox"/> |
| Sale of Your Home | | |
| Did you sell your home in 2025? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, did you (or your spouse if MFJ) own the home as your principal residence for at least two years of the five-year period prior to the sale? | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the home acquired through a tax free (1031) exchange? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you ever use any portion of the home for business purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| At the time of sale, was the residence owned by the taxpayer, spouse or both? | <input type="checkbox"/> | <input type="checkbox"/> |
| Purchase of Home | | |
| Did you purchase a home in 2025? If yes, please enclose your closing statement. | <input type="checkbox"/> | <input type="checkbox"/> |
| Severance/Retirement | | |
| Did you retire or change jobs in 2025? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive retirement/severance compensation? If yes, date received. | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a chance you may retire, take a buyout from your job or start collecting Social Security in 2025? | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Notes:
