

Winfree & Associates  
692 Hill Rd N  
Pickerington, OH 43147

Example

## **2025 Client Organizer**

Winfree & Associates  
692 Hill Rd N  
Pickerington, OH 43147  
|||..|||..|||..|||..|||..

This information is complete and correct to the best of my (our) knowledge.

Spouse signature \_\_\_\_\_ Date \_\_\_\_\_

**Winfree & Associates**  
**692 Hill Rd N**  
**Pickerington, OH 43147**  
**614-837-8291**

Example

Dear :

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2025 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2024 personal income tax return.

Enter 2025 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

You will also need to provide the following information:

- Forms W-2 for wages, salaries and tips, and additional information regarding overtime pay.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, unemployment compensation, nonemployee compensation, tips not reported on Form W-2, Social Security, sales of digital assets, state or local refunds, gambling winnings, payment card or third party network transactions, etc.
- Brokerage statements showing investment transactions for stocks, bonds, digital assets, etc.
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Statements and receipts supporting qualified educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- Statements from U.S. Department of Education supporting federal student loan forgiveness.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- All Forms 1099-QA and/or 5498-QA related to ABLE (Achieving a Better Life Experience) account.
- All Forms 1099-H related to Health Coverage Tax Credit (HCTC) advance payments.
- Statements supporting deductions for mortgage interest (Forms 1098), taxes, and charitable contributions (including any Form 1098-C).
- Statements supporting deduction of auto loan interest (Forms 1098-VLI) for a new vehicle purchased for personal use in 2025.
- Statements supporting the receipt, exchange, sale, use, or any other disposition of a digital asset
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Six-digit Identity Protection PIN for use during calendar year 2026, if sent to you by the IRS.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal

individual, nonresident alien, or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

Thank you for the opportunity to serve you.

Sincerely,

Winfree & Associates

## Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you live separately from your spouse during the last six months of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bank account or other type of account with a routing transit number (RTN) and account number that can be used to direct deposit (or direct debit) funds?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account numbers change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS notice for filing returns in 2026.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area?	<input type="checkbox"/>	<input type="checkbox"/>
The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires and other disaster situations.		
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did the children who live with you spend more than half the year with you in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,700?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other person(s) who lived with you more than half the year in the United States but not claimed by you last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS notice for use during the 2026 filing season.	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an eligible child under age 18 and want to open a new tax-deferred investment account called a "Trump Account" that will be available in July 2026?	<input type="checkbox"/>	<input type="checkbox"/>
If you initiate a Trump Account for any eligible child born in 2025, a contribution pilot program provides a \$1,000 contribution. Do you wish to receive the contribution?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>

Did you have ownership interest in any type of business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new or previously owned clean vehicle this year that is eligible for the new clean vehicle credit? If yes, attach the vehicle statement from the dealer even if you received the credit when purchased at the dealer.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Form 1099-K for the sale of personal property for a gain or loss?	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

### Income Information

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Medicaid waiver payments as difficulty of care during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income considered to be nonemployee compensation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for work done in what is commonly referred to as the "gig" economy?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Form 1099-K for a distribution payment from an online crowdfunding solicitation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Form 1099-K that you believe is in error?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any sales or other exchanges of digital assets (including from an airdrop or a hard fork) or use digital assets to pay for goods or services?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Form 1099-DA for the sale of a digital asset?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tips in 2025 in a job where tips are customary? For example, food service, hospitality, salons, or transportation.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive overtime pay required under federal overtime rules for working more than 40 hours in a work week?	<input type="checkbox"/>	<input type="checkbox"/>

### Retirement Information

Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any withdrawals due to a Federally declared disaster?	<input type="checkbox"/>	<input type="checkbox"/>
If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>

Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any qualified birth or adoption distributions, emergency personal expense distributions, domestic abuse distributions, or terminal illness distributions in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you repay any of the distributions in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any qualified charitable distributions (QCD) from your retirement account this year?	<input type="checkbox"/>	<input type="checkbox"/>

### Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family receive a scholarship of any kind during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any of these withdrawals rolled over into an ABL (Achieving a Better Life Experience) account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?	<input type="checkbox"/>	<input type="checkbox"/>

### Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an ABL (Achieving a Better Life Experience) account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any withdrawals from an ABL (Achieving a Better Life Experience) account?	<input type="checkbox"/>	<input type="checkbox"/>
If you are a business owner, did you pay health insurance premiums for your employees this year?	<input type="checkbox"/>	<input type="checkbox"/>

### Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did the loss occur in a Federally declared disaster area?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any cash or other monetary charitable contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any noncash charitable contributions (clothes, furniture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes to either of the above charitable contribution questions, please provide evidence such as a receipt from the donee organization, canceled check, or record of payment, to substantiate all contributions made.		
Did you donate a vehicle or boat during the year?	<input type="checkbox"/>	<input type="checkbox"/>

Did you pay real estate taxes for your primary home and/or second home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any state income tax, including withholdings and estimated payments?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any city or local income taxes, including withholdings and estimated payments?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any personal property tax, such as vehicle, boat, or RV?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any mortgage interest on an existing home loan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur interest expenses associated with any investment accounts you held?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?	<input type="checkbox"/>	<input type="checkbox"/>

### Miscellaneous Information

Did you make federal estimated tax payments for 2025?	<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 utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive goods or services in exchange for your goods or services (barter)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a foreign owner or do you control 25% of a foreign company's ownership interest for a foreign company registered with a secretary of state or similar office?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you file its initial Beneficial Ownership Information Report (BOIR)?	<input type="checkbox"/>	<input type="checkbox"/>
If you were required to file a Beneficial Ownership Information Report (BOIR) with the Financial Crimes Enforcement Network (FinCEN), has any of the previously reported information changed (for either the foreign reporting company or any of the beneficial owners)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>



Form ID: INDX

## Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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Foreign employer compensation	23	U.S. savings bonds educational exclusion	52
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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [ ] numbers are for preparer use only.

Form ID: INDX



**Direct Deposit/Electronic Funds Withdrawal Information****3**

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below. In accordance with Executive Order 14247, the IRS has phased out paper checks for refunds and payments as of September 30, 2025. Failure to provide bank information will delay IRS processing of refunds.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. \_\_\_\_\_ [1]

**Primary account:**

Financial institution routing transit number \_\_\_\_\_ [6]

Name of financial institution \_\_\_\_\_ [7]

Your account number \_\_\_\_\_ [8]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [9]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [12]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [13]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [14] or Percent (xxx.xx) \_\_\_\_\_ [15]

**Secondary account #1:**

Financial institution routing transit number \_\_\_\_\_ [24]

Name of financial institution \_\_\_\_\_ [25]

Your account number \_\_\_\_\_ [26]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [27]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [30]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [31]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [16] or Percent (xxx.xx) \_\_\_\_\_ [17]

**Secondary account #2:**

Financial institution routing transit number \_\_\_\_\_ [32]

Name of financial institution \_\_\_\_\_ [33]

Your account number \_\_\_\_\_ [34]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [35]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [38]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [39]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [18] or Percent (xxx.xx) \_\_\_\_\_ [19]

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

**NOTES/QUESTIONS:**

Form ID: St Pmt

## 2025 State Estimated Tax Payments

9

Taxpayer/Spouse/Joint (T, S, J)

State postal code

T<sup>(1)</sup>  
OH<sup>(2)</sup>

Amount paid with 2024 return

+ \_\_\_\_\_ [3]

2024 overpayment applied to '25 estimates

+ \_\_\_\_\_ [4]

Treat calculated amounts as paid

\_\_\_\_\_ [8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment _____ [9]	+ _____ [10]	_____
2nd quarter payment _____ [11]	+ _____ [12]	_____
3rd quarter payment _____ [13]	+ _____ [14]	_____
4th quarter payment _____ [15]	+ _____ [16]	_____
Additional payment _____ [17]	+ _____ [18]	_____

## 2025 City Estimated Tax Payments

City #1	City #2
City name <u>Pickerington Local</u> [28]	City name _____ [50]
Amount paid with 2024 return + <u>96</u> [31]	Amount paid with 2024 return + _____ [53]
2024 overpayment applied to '25 estimates + _____ [32]	2024 overpayment applied to '25 estimates + _____ [54]
Treat calculated amounts as paid _____ [36]	Treat calculated amounts as paid _____ [58]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [37]	+ _____ [38]	1st quarter payment _____ [59]	+ _____ [60]
2nd quarter payment _____ [39]	+ _____ [40]	2nd quarter payment _____ [61]	+ _____ [62]
3rd quarter payment _____ [41]	+ _____ [42]	3rd quarter payment _____ [63]	+ _____ [64]
4th quarter payment _____ [43]	+ _____ [44]	4th quarter payment _____ [65]	+ _____ [66]

## Calculated Amount

1st quarter payment \_\_\_\_\_  
 2nd quarter payment \_\_\_\_\_  
 3rd quarter payment \_\_\_\_\_  
 4th quarter payment \_\_\_\_\_

## Calculated Amount

1st quarter payment \_\_\_\_\_  
 2nd quarter payment \_\_\_\_\_  
 3rd quarter payment \_\_\_\_\_  
 4th quarter payment \_\_\_\_\_

City #3	City #4
City name _____ [72]	City name _____ [94]
Amount paid with 2024 return + _____ [75]	Amount paid with 2024 return + _____ [97]
2024 overpayment applied to '25 estimates + _____ [76]	2024 overpayment applied to '25 estimates + _____ [98]
Treat calculated amounts as paid _____ [80]	Treat calculated amounts as paid _____ [102]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [81]	+ _____ [82]	1st quarter payment _____ [103]	+ _____ [104]
2nd quarter payment _____ [83]	+ _____ [84]	2nd quarter payment _____ [105]	+ _____ [106]
3rd quarter payment _____ [85]	+ _____ [86]	3rd quarter payment _____ [107]	+ _____ [108]
4th quarter payment _____ [87]	+ _____ [88]	4th quarter payment _____ [109]	+ _____ [110]

## Calculated Amount

1st quarter payment \_\_\_\_\_  
 2nd quarter payment \_\_\_\_\_  
 3rd quarter payment \_\_\_\_\_  
 4th quarter payment \_\_\_\_\_

## Calculated Amount

1st quarter payment \_\_\_\_\_  
 2nd quarter payment \_\_\_\_\_  
 3rd quarter payment \_\_\_\_\_  
 4th quarter payment \_\_\_\_\_

Control Totals +

Payments

Form ID: St Pmt

Form ID: W2

## Wages and Salaries #1

12

Please provide all copies of Form W-2.

## 2025 Information

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
Employer name \_\_\_\_\_ [3]  
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard, 5 = Diff of Care) \_\_\_\_\_ [5]  
Mark if this is your current employer \_\_\_\_\_ [6]  
Mark if this is the last year for this employer \_\_\_\_\_ [9]  
Federal wages and salaries (Box 1) + \_\_\_\_\_ [10]  
Federal tax withheld (Box 2) + \_\_\_\_\_ [12]  
Social security wages (Box 3) (If different than federal wages) + \_\_\_\_\_ [14]  
Social security tax withheld (Box 4) + \_\_\_\_\_ [16]  
Medicare wages (Box 5) (If different than federal wages) + \_\_\_\_\_ [18]  
Medicare tax withheld (Box 6) + \_\_\_\_\_ [21]  
SS tips (Box 7) + \_\_\_\_\_ [23]  
Allocated tips (Box 8) + \_\_\_\_\_ [25]  
Dependent care benefits (Box 10) + \_\_\_\_\_ [27]  
**Box 13 -**  
Statutory employee \_\_\_\_\_ [29]  
Retirement plan \_\_\_\_\_ [30]  
Third-party sick pay \_\_\_\_\_ [31]  
State postal code (Box 15) \_\_\_\_\_ [32]  
State wages (Box 16) (If different than federal wages) + \_\_\_\_\_ [34]  
State tax withheld (Box 17) + \_\_\_\_\_ [36]  
Local wages (Box 18) + \_\_\_\_\_ [38]  
Local tax withheld (Box 19) + \_\_\_\_\_ [40]  
Name of locality (Box 20) Columbus [43]

## Prior Year Information

Control Totals +

## Wages and Salaries #2

Please provide all copies of Form W-2.

## 2025 Information

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
Employer name \_\_\_\_\_ [3]  
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard, 5 = Diff of Care) \_\_\_\_\_ [5]  
Mark if this is your current employer \_\_\_\_\_ [6]  
Mark if this is the last year for this employer \_\_\_\_\_ [9]  
Federal wages and salaries (Box 1) + \_\_\_\_\_ [10]  
Federal tax withheld (Box 2) + \_\_\_\_\_ [12]  
Social security wages (Box 3) (If different than federal wages) + \_\_\_\_\_ [14]  
Social security tax withheld (Box 4) + \_\_\_\_\_ [16]  
Medicare wages (Box 5) (If different than federal wages) + \_\_\_\_\_ [18]  
Medicare tax withheld (Box 6) + \_\_\_\_\_ [21]  
SS tips (Box 7) + \_\_\_\_\_ [23]  
Allocated tips (Box 8) + \_\_\_\_\_ [25]  
Dependent care benefits (Box 10) + \_\_\_\_\_ [27]  
**Box 13 -**  
Statutory employee \_\_\_\_\_ [29]  
Retirement plan \_\_\_\_\_ [30]  
Third-party sick pay \_\_\_\_\_ [31]  
State postal code (Box 15) \_\_\_\_\_ [32]  
State wages (Box 16) (If different than federal wages) + \_\_\_\_\_ [34]  
State tax withheld (Box 17) + \_\_\_\_\_ [36]  
Local wages (Box 18) + \_\_\_\_\_ [38]  
Local tax withheld (Box 19) + \_\_\_\_\_ [40]  
Name of locality (Box 20) \_\_\_\_\_ [43]

## Prior Year Information

Control Totals +

Income

Form ID: W2

Please provide copies of all Form 1099-INT or other statements reporting interest income.  
\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**See codes below)		Interest Income [1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer	Taxable Interest Income					
			Amounts	+					
		2	Payer						
			Amounts	+					
		3	Payer						
			Amounts	+					
		4	Payer						
			Amounts	+					
		5	Payer						
			Amounts	+					
		6	Payer						
			Amounts	+					
		7	Payer						
			Amounts	+					
		8	Payer						
			Amounts	+					
		9	Payer						
			Amounts	+					
		10	Payer						
			Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Form ID: SSA-1099

**Social Security, Tier 1 Railroad Benefits**

25

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S)  
State postal codeT [1]  
OH [3]**Social Security Benefits**If you received a Form SSA - 1099, please complete the following information:  
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:Medicare premiums  
Prescription drug (Part D) premiums  
Net Benefits for 2025 (Box 3 minus Box 4) (Box 5)  
Voluntary Federal Income Tax Withheld (Box 6)**2025 Information**+ \_\_\_\_\_ [7]  
+ \_\_\_\_\_ [9]  
+ \_\_\_\_\_ [12]  
+ \_\_\_\_\_ [14]**Prior Year Information**


**Tier 1 Railroad Benefits**

If you received a Form RRB - 1099, please complete the following information:

Net Social Security Equivalent Benefit:  
Portion of Tier 1 Paid in 2025 (Box 5)  
Federal Income Tax Withheld (Box 10)  
Medicare Premium Total (Box 11)**2025 Information**+ \_\_\_\_\_ [22]  
+ \_\_\_\_\_ [25]  
+ \_\_\_\_\_ [27]**Prior Year Information**


**Additional Information About Benefits Received**

Additional information about the benefits received not reported above. For example did you repay any benefits in 2025 or receive any prior year benefits in 2025. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

	[40]
	[41]
	[42]
	[43]
	[44]

**NOTES/QUESTIONS:**

Control Totals +

Retirement

Form ID: SSA-1099

Form ID: OH

**Ohio General Information**

Enter your current Ohio county of residence

FAIRFIELD [1]

School district number

2307 [2]**Use Tax**

Purchases subject to use tax

[3]

**Contributions**

Amount of charitable contributions you wish to make to:

Military injury relief fund

[4]

Nature preserves and scenic rivers

[5]

Wildlife species and endangered wildlife

[6]

Ohio History Fund

[7]

Breast and cervical cancer project

[8]

Wishes for sick children

[9]

**Credits**

Taxpayer

Spouse

Displaced worker training expenses for 12-month period since loss of job

[10]

[11]

**Part-year Resident and Nonresident Information**

If you were a part-year resident during the tax year, enter the dates you lived in Ohio

Taxpayer

Spouse

Part-year residency dates:

From

[12]

[14]

To

[13]

[15]

Residency status (If taxpayer and spouse are different) (R = Resident, P = Part-year resident, N = Nonresident)

Taxpayer

Spouse

[16]

[17]

State of residency while not a resident of Ohio

[18]

[19]

If foreign, enter country of residency

[20]

[21]

**NOTES/QUESTIONS:**

Form ID: OH