MIKE PARISI
TAX CONSULTANTS

Client Organizer

Personal Information:

Taxpayer Name:

Name Change? If Yes, Previous Last Name:

Social Security #:

Date of Birth:

Occupation:

Cell Phone:

Email:

Currently on Military Active Duty? ☐ Yes ☐ No

Spouse Name:

Name Change? If Yes, Previous Last Name:

Social Security #:

Date of Birth:

Occupation:

Cell Phone:

Email:

Currently on Military Active Duty? ☐ Yes ☐ No

Address:

Street City State ZIP

Marital Status: ○ Single ○ Married ○ Separated ○ Divorced ○ Widowed (*date of spouse's death: ___/___/____*)

Are you or can you be claimed as a dependent on someone else's tax return? ☐ Yes ☐ No

Bank Debit or Direct Deposit Information: **Type:** ○ Checking ○ Savings

Bank Name:

Routing Number:

Account Number

For new account information, please provide a voided check.* ***NOTE* *: The IRS is phasing out paper checks, and will soon* ***REQUIRE*** *direct deposit for refunds and electronic withdrawal for payments.*

Dependents - *For existing clients, please provide info* ***ONLY*** *for* ***NEW*** *dependents*

First Name	Last Name	SSN	Relationship	Months Home	DoB	F/T Student (Y/N)	Disabled (Y/N)

2025 Tax Law Changes

Overtime Deduction (***For the purposes of this law, overtime is defined as time worked over 40 hours in any given week*)

◦ Are you salaried or do you work on an hourly basis? *(Please circle)*

Employer 1 Name: _____ *Salary / Hourly / Other (describe): _____*

Employer 2 Name: _____ *Salary / Hourly / Other (describe): _____*

Employer 3 Name: _____ *Salary / Hourly / Other (describe): _____*

◦ Did you work any overtime** in 2025?

☐ *No (no further information is required)*

☐ *Yes (provide last paystub* ***issued in 2025 tax year*** *and fill in overtime pay rate(s) below)*

↘ *Employer 1: _____* *Rate (i.e. 1.5x, 2x, etc.): _____*

↘ *Employer 2: _____* *Rate (i.e. 1.5x, 2x, etc.): _____*

↘ *Employer 3: _____* *Rate (i.e. 1.5x, 2x, etc.): _____*

(Continued on next page...)

Car Loan Interest Deduction (***Applies **ONLY** to loans originating in 2025 on **NEW** cars; **leases DO NOT qualify***)

◦ Did you finance the purchase of a new vehicle in 2025? ☐ No ☐ Yes *(Provide information below for all applicable vehicles.)*

Vehicle 1:

Make/Model: _____ VIN: _____

Loan Origination Date: _____ 2025 Interest Paid (Supporting statement **REQ'D)**: _____

Vehicle 2:

Make/Model: _____ VIN: _____

Loan Origination Date: _____ 2025 Interest Paid (Supporting statement **REQ'D)**: _____

Tell us more about last year...

Health Insurance Coverage:

Were you and your dependents covered by health insurance for the entire year? ☐ Yes ☐ No

Did you receive health insurance through the marketplace? *(If yes, please provide form 1095-A)* ☐ Yes ☐ No

Multiple State Residencies:

If you lived in more than one state during the year, provide date ranges for each:

City, State:	From:	To:
City, State:	From:	To:

Did you move into or out of **NYC** during the year? ☐ Yes ☐ No

Date of move: ☐ Moved **into** NYC ☐ Moved **out** of NYC

Childcare expenses *(**for dependents under age 13; for JOINT filers, both parents must work to qualify)*

Provider #1 Name:	Tax ID #/SSN:
Address:	Amount Paid:
Dependent Name:	

Provider #2 Name:	Tax ID #/SSN:
Provider Address:	Amount Paid:
Dependent Name:	

Medical Expenses *(**only amounts paid during tax year - please provide supporting documentation)*

Insurance Premiums:	Co-pays:
LTC Premiums	Prescriptions:
Medical/Dental:	Mileage:

Estimated Tax Payments *(Must provide dates and amounts)*

Federal:

State ____ :

State ____ :

Federal Extension: Amount Date

State _____ Extension: Amount Date

Ira Contributions

Taxpayer:	Traditional	Roth
Spouse:	Traditional	Roth

Document Checklist

The following is a list of some common items needed to complete tax returns. This list is not conclusive and not all may apply to your individual situation. (***For organizers, please refer to www.mikeparisitax.com/organizers**)*

PERSONAL INFORMATION

- ☐ Client Organizer (**REQUIRED)** for New Clients; **recommended** for existing clients)
- ☐ Last Year's Tax Return (**REQUIRED** for New Clients)
- ☐ Social Security Numbers and Birth Dates (for all individuals listed on the tax return)
- ☐ Birth Certificates (**REQUIRED** for newly listed dependents)
- ☐ Death Certificate (**REQUIRED** if taxpayer or spouse died during tax year)

INCOME

- ☐ W-2 from **all** employers
- ☐ 1099-NEC - Self-employed/gig/ind. contractor work (must provide completed Profit & Loss Organizer)
- ☐ 1099-MISC - Rents, royalties, or other miscellaneous income
- ☐ 1099-G - Unemployment compensation and/or state tax refunds
- ☐ 1099-R - Distributions from pensions, IRAs, and annuities
- ☐ 1099-SA - Social security benefits
- ☐ 1099-INT - Interest income
- ☐ 1099-DIV - Dividend income
- ☐ 1099-B - Proceeds from stock transactions (provide stock purchase price if not listed on statement)
- ☐ W-2G - Gambling winnings (provide losses as well)
- ☐ Schedule K-1 - Income from Partnerships/S-corps, Trusts, Estates
- ☐ Alimony Received - *for agreements dated 12/31/2017 or earlier*
- ☐ 1099-S - Sale of Real Estate (must provide closing statement & completed Sale of Property Organizer)
- ☐ Rental Income Organizer (new clients with pre-existing Rentals must provide Depreciation schedule)
- ☐ 1099-Q - Distributions from Qualified Tuition Plans

DEDUCTIONS / ADJUSTMENTS / CREDITS

- ☐ 1098 - Mortgage Interest Statement (for all mortgages incl. HELOCs)
- ☐ Real Estate Taxes Paid (all properties)
- ☐ Estimated Income Tax Payments for Federal or State(s) (must provide dates)
- ☐ Alimony Paid (provide name, SSN, & address of recipient) - *for agreements dated 12/31/2017 or earlier*
- ☐ 1098-T - Education Expenses from Qualified Institution
- ☐ 1098-E - Student Loan Interest Paid
- ☐ Qualified Tuition Plan Contributions (must provide end of year statement) - *i.e. 529 plans*
- ☐ Childcare Expenses Paid *for dependents under 13 (must provide full name, address, & Tax ID or provider)*
- ☐ Retirement Plan Contributions *for IRAs, Keogh, etc* (must specify type and provide amounts)
- ☐ Medical Expense Receipts/Statements (must exceed 7.5% of adjusted gross income)
- ☐ Unreimbursed Work Expenses (i.e. Union Dues)
- ☐ Charitable Contribution Receipts/Statements (cash or non-cash must be clearly stated)