

Crowley Wealth Management Tax Organizer 2025

Name(s): _____

Contact Information: Email _____ **Phone** _____ / _____

Driver's License Info:

Name _____ **State** _____ **License #** _____ **Issue Date** ___/___/___ **Exp Date** ___/___/___

Name _____ **State** _____ **License #** _____ **Issue Date** ___/___/___ **Exp Date** ___/___/___

Current address: _____

Did you purchase, receive, sell, or send any Virtual Currency in 2025: _____

***** Tax Documents: Please check all documents that are included in your tax package. *****

- | T | S | D | T = Taxpayer | S = Spouse | D = Dependent |
|--------------------------|--------------------------|--------------------------|---|-------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - W2 from your Employer(s) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - 1099-Misc from Other Income sources (please give a description of the activity the payment is for & any related expenses) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - 1099-R from your Pension or Retirement provider(s) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - 1099-DIV from your Financial Institution(s) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - 1099-INT from your Financial Institution(s) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - 1099-B from Broker and Barter Exchange Transactions | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - 1099-Composite from your Financial Institution(s) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - SSA-1099 from the Social Security Administration | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - K-1 from Partnerships, Trusts, Estates, S-Corps, or other sources | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - 1099-G from Government Payments | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - 1099-Q from Qualified Education Programs | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - W2G from your Gambling Winnings (please provide any losses as well to the extent of winnings you have) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - 1095-A, 1095-B, 1095-C for Proof of Health Insurance Coverage (required by some states) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - 1098 Home Mortgage from your bank or lender(s) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - 1098-T from your Tuition and Fees Paid | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - 1098-E from your Student Loan Interest Paid | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - 1099-SA from your Health Savings Account (HSA) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Real Estate Taxes Paid & Personal Property Tax Paid in 2025 (please provide dates and amounts paid) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Federal & State Quarterly Estimated Tax Payments (please provide dates and amounts paid) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Rental Income & Expense Information | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Dependent Care Expenses (please provide name of provider, address, provider tax ID, amount paid) | | |

Medical Expenses:

Health Insurance Premiums Paid (not including Medicare): _____

Long Term Care Insurance Premiums Paid: _____

Total Prescriptions Paid: _____

Total Doctor/Dentist/Optical Paid: _____

Total Lab/X-Ray Paid: _____

Total Hospital/Clinics: _____

Eyeglasses & Contact Lenses: _____

Total Medical Miles Driven: _____

Total Other Medical Expenses: _____

Estimated Payments Made for 2025 to the Fed:

Date(s): _____ / _____ / _____

Amount(s): _____ / _____ / _____

Estimated Payments Made for 2025 to the State:

Date(s): _____ / _____ / _____

Amount(s): _____ / _____ / _____

Major Life Event Info Needed:

- Marriage: **Spouse Full Name, Social Security number, DOB, occupation, contact information, copy of previous year tax return**
- Purchase of Home: **Please Provide Settlement Sheet**
- Sold Home: **Cost Basis, Date of Purchase, Home Improvements**
- Divorce: **Official Date of Divorce**
- Birth of Child/Adoption: **DOB, Full Name, Social Security Number, Date of Event (if adoption)**
- Passing of a Family Member on your return: **DOD, full name**

Charitable Contributions:

Total Charitable Miles Driven: _____

Cash Contributions		
Charity Name	Date	Amount of Cash Contribution

Non-Cash Contributions		
Charity Name & Address	Date	Value of Non-Cash Contribution
Total Non-Cash Charitable Contribution: _____		

*Note: **Please sign & send this completed form** and your tax documents to our office once you have received **ALL** your documents. *

The undersigned hereby represents and acknowledges that the information contained herein is accurate as of the date below.

Client Signature

Date