Docusign Envelope ID: 13A69225-DB85-45B5-8E4D-E9CF9CE1D09A

Panoptic Accounting Group
PO Box 560366
Rockledge, FL 32955
3215918990

Dear Client,

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2025 personal income tax return.

To protect your privacy, your Tax Organizer contains masked data. Masked data displays as asterisks. For example, a social security number could display as ***-**-6789, an account number as **********6789, and a date of birth as **/**/2000. If you would like to confirm the masked data or make a change to your data, please contact this office. Do not indicate any changes to your personal data on your Tax Organizer. When you receive your completed tax return(s), make sure you review all social security numbers, bank account numbers, and dates of birth for accuracy.

Enter 2025 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please type N/A or make the necessary corrections. Wherever documents are needed, please save these documents to your Dropbox Shared Folder. If you do not have a shared folder, or if you misplaced the link, please contact this office.

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 Tax Organizer.

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, as well as providing proof of acceptance by the IRS for your return processing. Contact this office if you prefer paper filing.

Thank you for the opportunity to serve you.

Sincerely,

Panoptic Accounting Group, LLC
Your Accounting, Tax Advisory, and Exit Planning Specialists

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This Tax Organizer is designed to help you collect and report the information needed to prepare your 2025 income tax return. The following worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your specific needs.

Please enter your 2025 information in the designated areas on the worksheets. If you need to include additional information, please use the additional space provided at the end of this document.

Note: The General Questions and worksheets include a variety of questions designed to assist in completing your tax return. Not all questions will be applicable to your situation and can be left blank. If you answer yes to any of the questions, be sure to provide the applicable details.

Please provide the following information by attaching the required documents to your Dropbox Shared Folder. If you do not have the link to your Shared Folder, please contact this office so we can send it to you.

- A copy of your income tax return from last year, if not prepared by this office
- Forms W-2 for wages, salaries and tips
- Schedule K-1 showing income from partnerships, S Corporations, estates, and trusts
- Forms 1099-K used to report transactions through a third-party payment network, such as PayPal, Venmo and Zelle
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, unemployment compensation, non-employee compensation, Social Security, state and local refunds, gambling winnings, etc.
- Forms 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc
- Brokerage statements showing investment transactions for stocks, bonds, digital assets, etc.
- Forms 1099-G – certain Government payments
- Forms W2-G – Gambling or Lottery Winnings
- 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 Premium Tax Credit
- All Forms 1099-QA and/or 5498-QA related to ABLE (Achieve 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 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 Identify Protection PIN for use during calendar year 2025, if sent to you by the IRS
- Any tax notices sent to you by the IRS or other taxing authority

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- Forms SSA-1099 – Social Security/Railroad Benefits

    - Social Security Benefits from Form SSA-1099:
        - Taxpayer Amount:
        - Spouse Amount:

    - Railroad Retirement Benefits from Form RRB-1099:
        - Taxpayer Amount:
        - Spouse Amount:

    - Medicare B, C or D premiums withheld:
        - Taxpayer Amount:
        - Spouse Amount:

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Foreign Income – Foreign Accounts and Trusts (Qualification Criteria)

- Did you have taxable interest, ordinary dividends or other income from a foreign account; or received a distribution from, or were a Grantor of, or a Transferor to a foreign trust? Yes ____ No ____
- 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 or countries? Yes ____ No ____
- Did you receive a distribution or were the Grantor of, or Transferor to a foreign trust? Yes ____No ____

If you answered Yes to any of these questions, provide the name of the foreign country(ies) where the financial account is located:

Virtual Currency and Cryptocurrency

For all sale or other exchange of virtual currency and cryptocurrency, or use it to pay for goods or services, or you are receiving it as compensation, or holding it as an investment, please provide documentation.

Other Income

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: provide income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

Retirement Plan Contributions

Traditional IRA contributions made for 2025:	Taxpayer	Spouse
Roth IRA contributions made for 2025:	Taxpayer	Spouse
SEP, Keogh, Individual 401(k) or SIMPLE Contributions:	Taxpayer	Spouse

TAXPAYER INFORMATION

Last Name: _____

First Name: _____

SPOUSE INFORMATION

Last Name: _____

First Name: _____

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Taxpayer information continued...

TAXPAYER INFORMATION

Middle Initial: _____

Social Security Number: _____

Occupation: _____

Work Phone: _____

Cell Phone: _____

Email address: _____

Date of Birth: _____

SPOUSE INFORMATION

Middle Initial: _____

Social Security Number: _____

Occupation: _____

Work Phone: _____

Cell Phone: _____

Email address: _____

Date of Birth: _____

Address: _____ Apartment/Suite #: _____

City: _____ State: _____ Zip Code: _____

DEPENDENT INFORMATION

First Name: _____ Middle Initial: ____ Last Name: _____

Social Security #: Date of Birth: _____ Months Lived with Taxpayer: _____

Child Care Expenses:

First Name: _____ Middle Initial: ____ Last Name: _____

Social Security #: Date of Birth: _____ Months Lived with Taxpayer: _____

Child Care Expenses:

First Name: _____ Middle Initial: ____ Last Name: _____

Social Security #: Date of Birth: _____ Months Lived with Taxpayer:_____

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NAME: _____ Address: _____

ID #_____ Amount Paid: _____

NAME: _____ Address: _____

ID #_____ Amount Paid: _____

NAME: _____ Address: _____

ID #_____ Amount Paid: _____

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EDUCATION TUITION AND FEES

Provide all Form 1098-Ts and a list of your qualified expenses.

STUDENT LOAN INTEREST PAID

Enter total 2025 Qualified Student Loan Interest:

MEDICAL AND DENTAL EXPENSES – please provide total amounts, DO NOT SEND RECEIPTS

Prescriptions and Medications:

Health Insurance Premiums:

Doctors, dentists, etc.:

Hospitals, clinics, etc.:

Eyeglasses and contact lenses:

Miles driven for medical purposes:

Other medical and dental expenses:

TAXES

Real estate taxes paid on principal residence: _____

Real estate taxes paid on additional homes or land: _____

Other personal property taxes: _____

INTEREST EXPENSE

Home mortgage interest paid – Provide Form 1098

Address: _____ Amount: _____

Address: _____ Amount: _____

CHARITABLE CONTRIBUTIONS (please provide spreadsheet or receipts)

Cash/Check/Credit Contributions _____

Noncash Charitable Contributions _____

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Please provide all receipts with details listing the following information: Donee, donee address, description of donation, date acquired, and date contributed, your cost, value at time of donation, and how you acquired the property.

MISCELLANEOUS DEDUCTIONS

Union and professional dues

Professional subscriptions, books, supplies Uniforms and protective clothing (including cleaning) Job search costs

Taxpayer education expenses Spouse educator expenses Tax return preparation fees Safe deposit box rental

Gambling losses (to the extent of gambling income) Other expenses

HEALTH INSURANCE AND EDUCATION

Did you or your spouse have self-employment health insurance? Yes No

Did you contribute to or receive distributions from a Health Savings Account (HSA)? Yes No

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 healthcare refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. Yes No

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? Yes No

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? Yes No

Did you make any contributions to a Health Savings Account (HSA) or Archer MSA? Yes No

Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA in 2025? Yes No

Did you pay long-term care premiums for yourself or your family? Yes No

If you are a business owner, did you pay health insurance premiums for three (3) or more employees last year? Yes No

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Direct Deposit of Refund and Foreign Income

Did you have any foreign income or a foreign account? Please refer to the guidelines on the income section of this organizer. Yes No

The Internal Revenue Service encourages all taxpayers to opt for a direct deposit of refunds, or a direct withdrawal of taxes owed. If you would like Panoptic Accounting Group to handle your payment options, please fill out the information in the next section.

a) If you receive a refund, would you like to choose direct deposit? If yes, provide bank information below.

b) If you owe income taxes, would you like to choose to have the amount withdrawn from your bank account? Yes No

NOTE: Panoptic Accounting Group will not initiate payments or refunds until you have thoroughly reviewed and approved your return.

CAUTION: Review Information for Accuracy

Name of financial institution

Routing Number

Account Number

Type of Account Checking Savings Other

QUESTIONNAIRE

Did a lender cancel any of your debt in 2025? (Provide any Forms 1099-A or 1099-C)? Yes No

Did you make energy efficient improvements to your home or purchase any energy-saving property during 2025? Yes No If yes, please provide details:

Did you purchase a motor vehicle or boat during 2025? Yes No

If yes, provide documentation of sales tax paid (place in shared Dropbox folder)

Did you purchase a hybrid or electric vehicle in 2025? Yes No

If yes, enter year, make, model, and date purchased

Did you donate a vehicle in 2025? If yes, provide Form 1098-C? Yes No

Did your marital status change during 2025? Yes No

If yes, explain:

Were you or your spouse permanently and totally disabled in 2025? Yes No

Did you live separately from your spouse during the last six (6) months of the year? Yes No

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Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year? Yes __No___

Did your address change from last year? Yes __No___

Can you be claimed as a dependent by another taxpayer? Yes __No___

Did you change any bank accounts, or did routing transit numbers 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? Yes __No___

Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN or

ATIN? Yes __No___

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 letter for filing returns in 2025. Yes __No___

Did you reside in or operate a business in a Federally declared disaster area? Yes __No___

The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.

Did every member of your household have health insurance for the tax year? Yes __No___ If you answered NO, which members did not have insurance, and why?

DEPENDENT INFORMATION

Do you have dependents who must file? Yes __No___

Do you have children who are under age 19 or a full-time student under age 24 with investment income greater than $1,300? Yes __No___

Did you provide over half the support for any other person during 2025? Yes __No___

Did you pay for childcare while you worked, looked for work, or while a full-time student? Yes __No___ Did you incur adoption expenses during 2025? Yes __No___

Is there any other person (s) who lived with you more than half the year but was not claimed by you last year? Yes __No___

PURCHASES, SALS AND DEBT INFORMATION

Did you start a new business or purchase rental property during the year? Yes __No___

Did you sell, exchange, or purchase any assets used in your trade or business? Yes __No___

Did you acquire a new or additional interest in a partnership or S Corporation? Yes __No___

Did you sell, exchange, or purchase any real estate during the year? Yes __No___

Did you foreclose or abandon a principal residence or real property during the year? Yes __No__

Did you acquire or dispose of any stock during the year? Yes __No___

Did you refinance a principal residence or second home last year? Yes __No___

Did you sell an existing business, rental, or other property last year? Yes __No___

Did you lend money with the understanding of repayment and in 2025 it became totally uncollectable? Yes No

Did you have any debts canceled or forgiven last year, such as a home mortgage or student loan(s)? Yes No

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INCOME INFORMATION

Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within sixty (60) days of the distribution? Yes __No___

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? Yes __No___

Did you receive any Medicaid waiver payments as difficulty of care during the year? Yes __No___

Did any of your life insurance policies mature, or did you surrender any policies? Yes __No___

Did you receive any awards, prizes, hobby income, gambling or lottery winnings? Yes __No__

Did you receive any disability payments in 2025? Yes __No___

Did you receive tip income not report to your employer? Yes __No___

Did you receive any income considered to be non-employee compensation? Yes __No___

Did you receive a Form 1099-K, 1099-MIOSC, 1099-NEC, or other Income Statement for work done in what is commonly referred to as the “gig” economy? Yes __No___

Do you expect a large fluctuation in income, deductions or withholding this year? Yes __No___

Did you have any sales or other exchanges of digital assets (including from an airdrop or a hard for, or used digital assets to pay for goods or services? Yes __No___

Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2025? Yes No

If yes, provide closing or:

Escrow statements, 1099-C or 1099-A forms

If you sold a home, did you claim the First Time Homebuyer Credit when you purchased it? Yes No

Did you incur any casualty or theft losses during 2025? Yes __No___ Did you incur any non-business debts? Yes __No___

Did you pay any individual for domestic services in 2025? Yes __No___

Did you take a retirement account distribution related to a natural disaster? Yes __No___ Did you buy or sell any stocks or bonds in 2025? Yes __No___

Did you use the proceeds from Series EE, or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? Yes __No___

Did you receive any income not included in this Tax Organizer? Yes __No___

If yes, please provide information

Do you expect your income and deductions in 2025 to be the same as in 2025? Yes __No___

If no, provide explanation of changes expected on last page

Did you receive Form 1095-A (Health Insurance Marketplace Statement)? Yes __No___

If so, please provide form in shared Dropbox folder

At any time during 2025, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes __No___

Did you pay any alimony in 2025? Yes __No___

If yes, enter recipient’s SSN, Alimony paid, and date of divorce

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SEP, 401(k), or other qualified retirement plan? YesNo withdrawals due to a Federally declared disaster? make any contributions to an IRA, Keogh, Roth, SIMPLE, SEP, 401(k), or other qualified retirement plan? YesNo INFORMATION

ENTER YOUR STATE OF RESIDENCE:

Taxpayer: _____ Spouse: _____

ESTIMATED TAXES PAID

Federal: _____ State: _____ Local: _____
Date: _____ Date: _____ Date: _____
Amount: _____ Amount: _____ Amount: _____

RETIREMENT INFORMATION

	Yes	No
Are you an active participant in a pension or retirement plan?	__	_

Did you receive any Social Security benefits throughout the year? Yes __No___

Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? Yes __No___

If yes, were any withdrawals due to a Federally declared disaster?

If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2025?

Did you make any contributions to an IRA, Keogh, Roth, SIMPLE, SEP, 401(k), or other qualified retirement plan? Yes __No___

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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? Yes __No___

Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? Yes __No___

Did anyone in your family receive a scholarship of any kind during the year? Yes __No___

If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board? Yes __No___

Did you make any withdrawals from an education savings or 529 Plan account? Yes __No___

If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account? Yes __No___

Did you make any contributions to an education savings or 529 Plan account? Yes __No___

ITEMIZED DEDUCTIONS INFORMATION

Did you incur a casualty or theft loss or any condemnation awards during the year? Yes __No___

If yes, did the loss occur in a Federally declared disaster area? Yes __No___

Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)? Yes __No___

Did you donate a vehicle or boat during the year? Yes __No___

Did you make any major purchases during the year (cars, boats, etc.)? Yes __No___

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? Yes __No___

MISCELLANEOUS INFORMATION

Did you make gifts of more than $18,900 to any individual? Yes __No___

Did you utilize an area of your home for business purposes? Yes __No___

Did you engage in any bartering transactions? Yes __No___

Did you retire or change jobs in 2025? Yes __No___

Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty? Yes __No___

Did you pay an individual as a household employee during the year? Yes __No___

Did you make energy efficient improvements to your main home in 2025? Yes ___ No ____

Did you receive a distribution from, or were you a grantor or transferor for a foreign trust? Yes __No___

Did you receive correspondence from the State or the IRS? Yes ____ No ____

If yes, explain: _____

Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due? Yes ____ No ____

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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. Yes ____ No ____

ADDITIONAL INFORMATION

Please enter below any further information that pertains to any section of the above requested information, or that you feel impacts your return.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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2025 CLIENT ORGANIZER

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

Taxpayer signature: _____ Date: _____

Spouse signature (if applicable): _____ Date: _____

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