

2025 Individual Client Organizer



Hello!

Thank you for choosing our accounting firm to assist you.

Please make sure that you fill out and sign all the forms that are part of this client information packet:

- Engagement letter
- Client consent worksheet
- General questionnaire
- Client Information Worksheet
- Personal deductions worksheet
- Copy of prior year's return (*if we did not prepare your return*)

You can fax, mail or scan and upload your documents to our secure Verifyle client portal. If you have already set up a Verifyle account, you can use the same link. If you need a new link, please contact our office. Please note that emailing private information is NOT advisable.

We cannot start working on your returns until we receive your signed and completed forms from the information packet and all your source documents (eg., W-2s, 1099-R, 1099-INT, 1099-DIV, 1090-NEC etc)

We look forward to taking care of your accounting and tax preparation needs.

Kindly,

Dane Bolden, CPA

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Engagement Letter – Important Information

Please review all tax returns and the work we prepare for you. All services are based on the information and documents that you provide to us. The correctness of the income, expenses, credits, and other information shown on your returns is your responsibility. If you have any questions or changes that need to be made, let us know. You must keep all your back up documents and receipts for seven (7) years.

The fee you pay our firm is only for the preparation of your tax returns. It does not include any additional services during the year such as tax planning or audit/inquiries by the IRS or state. A deposit may be required before we start our services for you. Entire payment is required when services are complete. No refunds.

The refund or balance due shown on your return has not been confirmed by any taxing authorities. They may contact you to prove your identity or provide other information to support what you claimed on your return. The IRS and state DO NOT contact us about your tax returns, legally they can only talk to you about your confidential information.

We provide you with a copy of your tax return. If you want a subsequent copy, the fee is \$85. We cannot provide a third party with a copy of your return without your express, written consent.

I/we have verified the type of account, bank routing number and account number used for receiving a refund or paying a balance due to the IRS/state. The accuracy of your bank account information shown on your tax return is your sole responsibility.

Your non-public personal information is collected from various sources; information you give to us via personal interviews, telephone/Zoom conversations, faxes, emails, and our secure portal. It is not disclosed to any person or party, except as required by law or to facilitate filing your tax return/tax planning. IRS-related confidentiality is limited to non-criminal tax advice. It is not protected from the IRS by advisor-client privilege.

Access to your information is restricted to only those employees who have a need to know to provide services to you. We have in place physical security, electronic security safeguards and strict procedural measures consistent with federal standards to protect your non-public personal information. Your privacy and protecting your information is important to us.

Client: _____ Date: _____

Printed Name of Client: _____

Client Spouse: _____ Date: _____

Printed Name of Client Spouse: _____

Client Consent To Use Tax Information

Federal law requires this consent form to be provided to you. Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return. In addition to tax preparation services, this firm is in the business of providing year-round financial consultation and tax planning services. These services cannot be provided without your consent.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

Consent to Use

I consent to the use of my tax information for purposes other than preparing my tax return. I consent for you to communicate with me via newsletter, e-mail, website, phone, or other means with information and recommendations that may be of use to me, including but not limited to:

- 1. Tax Advice.** Advisory services relating to events in my life that have tax consequences such as college, investment transactions, marriage, divorce, and retirement.
- 2. Tax Planning.** Services related to planning and forecasting potential tax obligations and their estimated tax payment requirements.
- 3. Retirement Tax Planning.** Services related to retirement planning, Social Security planning, minimum required distributions from retirement accounts and other planning services.
- 4. Investment and Asset Advice.** Services related to the tax considerations of buying, selling and exchanging property including stocks, bonds, and real estate.
- 5. Other Tax and Financial Advice.** Services related to responding to your tax and financial questions.

By signing this form, you expressly consent to the use of your tax information for the purposes of providing these auxiliary tax and financial services for you. I understand the firm is using tax information furnished by me to provide me with the services listed here.

I also understand that I may terminate this consent at any time by providing a written request for termination. Except upon approval by me or as required by law, the firm will not disclose my confidential tax information to any other person or for any other purpose.

I also acknowledge that I have read and understand the firm's privacy policy provided within this document.

Duration of this consent: _____
(One year from date of signature if left blank)

Name (Print): _____ Spouse's Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484 or visit treasury.gov/tigta, then click on "Contact."

General Questionnaire

<i>During 2025...</i>	Yes	No
Did your marital status change during the year?		
Did your address change?		
Did you have any new dependents, or did a dependent's status change (e.g., a child turned 19 or graduated college)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for childcare expenses so you could work or look for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or any dependents receive an Identity Protection PIN (IP PIN) from the IRS? If so, please provide the 6-digit code for each person.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest or tuition for higher education during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Were you notified by the IRS or your state if any change to a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Do you (and your spouse, if filing jointly) want \$3 to go to the Presidential Election Campaign Fund? (Note: This does not change your tax amount or reduce your refund).	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any gifts of over \$19000?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any foreign income or foreign bank accounts?	<input type="checkbox"/>	<input type="checkbox"/>
Did you buy, sell, or use any digital currency during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you become disabled during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distribution from an IRA, profit sharing or pension plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or any dependents enroll in health insurance through the Marketplace (Healthcare.gov or a state exchange) at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your dependents taken a distribution from a Qualified Tuition Program (QTP) or 529?	<input type="checkbox"/>	<input type="checkbox"/>
Did you start a business, have self-employment income, or receive a 1099-K from apps like Venmo or PayPal?	<input type="checkbox"/>	<input type="checkbox"/>
Did you buy, sell, or refinance a home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new vehicle in 2025 that was financed with a loan? If so, was the vehicle's final assembly in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any tip income? (New for 2025: You may be eligible for a tax deduction if you work in establishments such as restaurants, salons/barbershops, hotels, casinos, or transportation/rideshare)	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive overtime pay (Time-and-a-Half) during the year? (New for 2025: The 'half' portion of your overtime premium may now be tax-deductible).	<input type="checkbox"/>	<input type="checkbox"/>

Client Information Worksheet

Section 1: Taxpayer & Spouse Personal Information		
<input type="checkbox"/> Check here if all personal information is the SAME as last year. If checked, no need to fill out this section. (New clients, please fill out)		
	<u>Taxpayer</u>	<u>Spouse</u>
Full name:		
SSN/ITIN:		
Date of Birth:		
IP PIN:		
Occupation:		
Phone number:		
Email address:		
Address:		

Section 2: Dependents						
<input type="checkbox"/> Check here if all dependent information is the SAME as last year. If checked, no need to fill out this section. (New clients, please fill out)						
<u>Name (First & Last):</u>	<u>DOB:</u>	<u>SSN:</u>	<u>IP PIN:</u>	<u>Relationship:</u>	<u>Months in Home:</u>	<u>Check if disabled:</u>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Section 3: Banking and Refund Election	
<p>⚠️ IRS MANDATE: Effective Sept 30, 2025 (Executive Order 14247), the IRS has transitioned to electronic-only refunds. Paper checks are no longer the standard. Without direct deposit info, your refund will be delayed by 6+ weeks for manual processing.</p>	
Bank Name:	
Account type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number:	
Account number:	

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2025 Personal Adjustments, Deductions & Credits

The following deductions can be claimed in addition to Itemized deductions income:

Adjustments to income:

K-12 Educator expenses (only if you are a K-12 employed teacher). The max is \$300. The excess can be claimed as a donation to your school district. _____

Health Savings Account Contributions (made in addition to salary reduction) _____

Traditional IRA contributions (NOT ROTH) _____ Please note that if your income is too high, or for other reasons, your contribution could be disallowed, and you will need to withdraw the contribution. Please check with us BEFORE making contributions if you have questions.

Alimony paid - Name of recipient _____ SSN _____

Date of divorce: _____

Student Loan Interest _____ (taxpayer) _____ (spouse)

The Law allows you to claim the higher of the set **Standard Deduction** for the year or **Itemized Deductions**. If you believe you have more than the following amounts, then you may want to itemize your deductions.

Single/Married Filing Separately \$15,750

Head of Household: \$23,625

Married Filing Jointly \$31,500

Married Filing Separately \$15,750

Additional deduction for each taxpayer and spouse over 65 or blind: \$2,000

Medical - The Federal law allows the following expenses that are more than 7.5% of your adjusted gross income. Arizona law allows 100% of medical expenses. Please only list the amounts that you have spent in addition to the amounts used from your HSA account.

Please provide the following documents:

- Form 1095-A-Health Insurance Marketplace Statement

• Form 5498-HSA/MSA-Contributions and Distributions from Health Savings Account

Medical insurance (not pre-tax) _____

Long-term care insurance (TP) _____ (SP) _____

Miles traveled for medical expenses _____

Medical travel expenses (if required for medical services) _____

Doctors/Dentists/Orthodontists _____

Prescription, Medicine, Insulin _____

Hospital/Emergency Room/Urgent Care _____

Lab Fees _____

Physical Therapy _____

Vision (eyeglasses, contacts, contact solutions, Lasik, and other eye surgery) _____

Medical Equipment (crutches, wheelchairs, breathing machines, etc.) _____

Improvements to home for medical reasons (ramps, bathroom modifications, etc.) _____

TAXES – You can claim up to a maximum of \$40,000 total combined of income or sales taxes, property taxes, and vehicle registration fees. **DO NOT LIST BUSINESS TAXES OR RENTAL PROPERTY TAXES.**

Sales tax paid on new vehicles _____ Registration on new vehicles _____

License/Registration on all other vehicles _____

State taxes paid for current or prior years _____

Property taxes on primary home _____

Property taxes paid on land _____

You can claim state income tax paid or total sales taxes paid _____

MORTGAGE INTEREST – You can claim mortgage interest on debt secured by your primary or secondary residence totaling combined \$750,000 debt. You can only claim Home Equity debt or second mortgage interest on debt used to upgrade your home. **DO NOT LIST BUSINESS INTEREST OR RENTAL PROPERTY INTEREST.**

Mortgage Interest – personal primary residence _____

Mortgage Interest – second residence _____

Home Equity Line of credit /second mortgage _____

DONATIONS

Cash/check/credit card – List name of charity and amount. Please use a separate sheet of paper if needed.

Non-cash donations such as household item to Goodwill/Salvation Army – Please list name of the charity and the fair market value/thrift shop value of the items donated. If you claim more than \$500, a separate form must be filled out showing the name, address, description of the donation and the amount. If your non-cash giving is more than \$5,000 for any one item then an appraisal of the item must be sent with your return.

CREDITS

Child and Dependent Care – name of provider: _____

Address _____ EIN/SSN _____

Name of Dependent cared for _____ Amount paid _____

Name of Dependent cared for _____ Amount paid _____

Name of Dependent cared for _____ Amount paid _____

Education credit – must provide form 1098-T from the college or university attended to claim this credit.

Tuition paid or indebted for 2025 _____ Books and required course related costs _____

Other expenses incurred for course requirements

Heat pumps and central air conditioners _____

Water heater _____ Windows, skylights _____

Insulation _____ Doors _____

Solar energy systems (no leases) _____

Date purchased _____ Cost _____

Qualified Adoption Expenses

Name of child _____ Year final _____

Adoption costs _____ Does the child have special needs? _____

2025 State and Federal Estimated Tax Payments – these are the quarterly estimated payments made throughout the year towards your 2025 taxes.

FEDERAL Payments Made:

Date _____ Amount _____

Date _____ Amount _____

Date _____ Amount _____

Date _____ Amount _____

STATE payments made – name of state: _____

Date _____ Amount _____

Date _____ Amount _____

Date _____ Amount _____

Date _____ Amount _____

I verify that I have documentation to support all the expenses listed. I acknowledge that I am responsible for all numbers claimed on my income tax returns.

Signed: _____ DATE: _____