

General Information

Taxpayer		Spouse
First Name	<input type="text"/>	
Middle Initial	<input type="text"/>	
Last Name	<input type="text"/>	
Suffix	<input type="text"/>	
Social Security Number	<input type="text"/>	
Date of Birth	<input type="text"/>	
Date of Death	<input type="text"/>	
Identity Protection PIN	<input type="text"/>	
Check ("X") which phone number to list on return.		
Home Phone	<input type="checkbox"/>	<input type="checkbox"/>
Work Phone	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>
Fax Number	<input type="checkbox"/>	<input type="checkbox"/>
Legally Blind	<input type="checkbox"/>	<input type="checkbox"/>
Totally Disabled	<input type="checkbox"/>	<input type="checkbox"/>
Claimed as a Dependent	<input type="checkbox"/>	<input type="checkbox"/>
Presidential Election Fund (\$3)	<input type="checkbox"/>	<input type="checkbox"/>
Occupation	<input type="text"/>	
E-mail address	<input type="text"/>	
State of Residence as of 12/31	<input type="text"/>	
County of Residence as of 12/31	<input type="text"/>	
School District as of 12/31	<input type="text"/>	
Sales tax rate of locality in 2025	% <input type="text"/>	% <input type="text"/>
If Part Year, Period of Residency	<input type="text"/> to <input type="text"/>	<input type="text"/> to <input type="text"/>

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type	<input type="checkbox"/> Driver's license OR <input type="checkbox"/> State Issued ID	<input type="checkbox"/> Driver's license OR <input type="checkbox"/> State Issued ID
ID number	<input type="text"/>	
ID issuing state	<input type="text"/>	
ID issue date	<input type="text"/>	
ID expiration date	<input type="text"/>	

Filing Status

Status on 2024 return :	<input type="checkbox"/>	
Status as of 12/31/2025 :	<input type="checkbox"/> 1 Single	<input type="checkbox"/> 4 Head of Household
Enter ("X") in the box	<input type="checkbox"/> 2 Married filing joint	Non-dependent name: <input type="text"/>
	<input type="checkbox"/> 3 Married filing separately	Non-dependent SSN: <input type="text"/>
(Enter spouse's name and SSN above)		
<input type="checkbox"/> 5 Qualifying surviving spouse (QSS)		
Year spouse died: <input type="text"/>		

If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire year, enter their name

Taxpayer's Address

Street	<input type="text"/>		Apt/Suite/Unit	<input type="text"/>	
P.O.Box	<input type="text"/>	Private Mailbox Number	<input type="text"/>	Unit Type	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
In Care Of:	First Name	M.I.	Last Name	Suffix	
In Care Of Social Security Number	<input type="text"/>				

If address is in a foreign country, enter that country

Foreign province/county Foreign postal code

If a bona fide resident of a U.S. territory, enter territory

Preparer's Information

Preparer's name	<input type="text"/>				
Firm's name	<input type="text"/> Pavati Tax Service LLC				
Street	<input type="text"/> 462 Middleburg St				
City	<input type="text"/>	State	KY	Zip Code	<input type="text"/> 42539

Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign Date
here Date

Name _____

SSN _____

Questions**Yes** **No**

Personal Information

- 1 Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
- 2 Did you purchase or sell your principal residence or did your address change?
- 3 Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
- 4 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2025?
- 5 Were either you or your spouse in the military or National Guard?
- 6 Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?
- 7 Have you, your spouse, or dependents been issued a six digit IRS Identity Protection PIN (IP PIN) for this tax year?

Yes **No****Dependents**

- 1 Are there any changes in your dependents from last year?
- 2 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,350 in investment income?
- 3 Did you pay education expenses for your dependent children?
- 4 Did anyone in your family receive a scholarship of any kind during 2025?
- 5 Did you pay any dependent care expenses for a child or a parent?
- 6 Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
- 7 Are all of your dependents either US residents or citizens?

Yes **No****Health Care Coverage**

- 1 Did you or a member of your family have minimum essential coverage in 2025? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)

Yes **No****Income (In 2025, did you or your spouse have any of the following?)**

- 1 Wages? (include form(s) W-2)
- 2 Non-employee compensation? (include form(s) 1099-NEC)
- 3 Miscellaneous Income? (include form(s) 1099-MISC)
- 4 Interest income? (include form(s) 1099-INT)
- 5 Dividend income? (include form(s) 1099-DIV)
- 6 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
- 7 Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
- 8 Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
- 9 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
- 10 Disability income? (include form(s) W-2 or 1099)
- 11 Unemployment compensation? (include form(s) 1099-G)
- 12 Did you receive income from a payment processor or online marketplace? (include form(s) 1099-K)
- 13 Alimony?
- 14 Did you receive tip income or overtime pay?
- 15 Did you receive payments from a Long-Term Care insurance contract?
- 16 Did you barter your services for goods or services from someone else?
- 17 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
- 18 Did you receive employer-provided adoption benefits for a previous year?
- 19 Did you cash in any U.S. savings bonds?
- 20 Did you make a loan to someone at an interest rate below market rate?
- 21 Did you receive a housing allowance for ministerial services you provided?
- 22 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
- 23 Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any digital assets?
- 24 Did you receive any income not reported in this Organizer?

Yes **No****Foreign Reporting**

- 1 Did you have an interest in or signature authority over a financial account in a foreign country?
- 2 Were you the grantor or transferor to a foreign trust?
- 3 Did you receive income from a foreign source or pay taxes to a foreign government?

Yes **No****Retirement & Other Plans**

- 1 Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
- 2 Did you rollover a retirement plan distribution into another plan?
- 3 Did you convert a traditional IRA to a Roth IRA?
- 4 Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- 5 Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
- 6 Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA? (Include form(s) 1099-SA)
- 7 Did you make any contributions to an HSA (Health Savings Account) in 2025?
- 8 Did you receive a distribution as a domestic abuse victim, due to terminal illness or a qualified disaster in 2025?
- 9 Did you receive an early distribution for a qualified birth or adoption distribution?

Yes	No	Purchases, Sales, Gains and Losses
<input type="checkbox"/>		1 Did you exchange any securities or investments for something other than cash?
<input type="checkbox"/>		2 Do you have any short sales, commodity sales, or straddles?
<input type="checkbox"/>		3 Did you receive Form 2439?
<input type="checkbox"/>		4 Did you buy or sell any bonds?
<input type="checkbox"/>		5 Did you receive stock from a stock bonus plan with your employer?
<input type="checkbox"/>		6 Did you sell any other personal assets at a gain?
<input type="checkbox"/>		7 Did you sell any real estate (other than your home) during the year?
<input type="checkbox"/>		8 Did you sell any assets using the installment method?
<input type="checkbox"/>		9 Did you receive proceeds from a prior year installment sale?
<input type="checkbox"/>		10 Did you purchase a rental property?
<input type="checkbox"/>		11 Did you exchange any property for other property?
<input type="checkbox"/>		12 Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>		13 Did you purchase a new vehicle, aircraft or boat?
<input type="checkbox"/>		14 Did any security become worthless during 2025?
<input type="checkbox"/>		15 Did any debts become uncollectible during 2025?
<input type="checkbox"/>		16 Did you purchase any items acquired out of state, online or by mail order that did not include sales tax?
Yes	No	Business and Rental Property Income & Deductions
<input type="checkbox"/>		1 If you own rental property, do you qualify as a Real Estate Professional?
<input type="checkbox"/>		2 Did you start or acquire a new business?
<input type="checkbox"/>		3 Did you sell any part of an existing business, or sell business assets?
<input type="checkbox"/>		4 Did you cease operating any business or rental property?
<input type="checkbox"/>		5 Did you remove any of your business assets for personal use?
<input type="checkbox"/>		6 Did you use part of your home for business purposes?
<input type="checkbox"/>		7 Did you make any contributions to a Keogh or a self-employed SEP plan for 2025?
<input type="checkbox"/>		8 Do you pay for any health or long term care insurance through your business?
<input type="checkbox"/>		9 If you or your spouse are self-employed, are either of you covered under an employer's health plan?
<input type="checkbox"/>		10 Did you purchase any furniture or equipment for your business?
<input type="checkbox"/>		11 Did you make any improvements to your rental properties?
<input type="checkbox"/>		12 Did you receive income from raising animals or crops?
Yes	No	Other Deductions
<input type="checkbox"/>		1 Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>		2 Did you work out of town for part of the year?
<input type="checkbox"/>		3 Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
<input type="checkbox"/>		4 Did you incur any travel and entertainment expenses for business purposes?
<input type="checkbox"/>		5 Did you pay expenses for the care of your child or other dependent so you could work?
<input type="checkbox"/>		6 Did you purchase a 'clean fuel' or electric hybrid vehicle in 2025?
<input type="checkbox"/>		7 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2025?
<input type="checkbox"/>		8 Did you contribute less than an entire interest in any property to charity?
<input type="checkbox"/>		9 Did you refinance a mortgage or take out a home equity loan during 2025?
<input type="checkbox"/>		10 Did you incur moving expenses during the year due to a military order and incident to a permanent change in station?
<input type="checkbox"/>		11 Did you or your spouse pay any educational expenses for yourselves?
<input type="checkbox"/>		12 Did you pay any student loan interest?
<input type="checkbox"/>		13 Did you make any federal or state estimated payments?
<input type="checkbox"/>		14 Did you pay alimony?
<input type="checkbox"/>		15 Did you donate non-cash donations or a vehicle?
<input type="checkbox"/>		16 Did you incur medical or dental expenses?
Yes	No	Miscellaneous
<input type="checkbox"/>		1 Did you make gifts of more than \$19,000 to any one person?
<input type="checkbox"/>		2 Did you engage the service of any household employees?
<input type="checkbox"/>		3 Did your bank account information change within the last twelve months?
<input type="checkbox"/>		4 Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>		5 Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>		6 Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2025?
Yes	No	Return preparation and filing
<input type="checkbox"/>		1 Do you want to e-file your return?
<input type="checkbox"/>		2 If you are due a refund, how do you want to receive it?

Debit card

Check sent to you in the mail
 Apply to next year's estimates
 Direct deposit (please provide voided blank check)

If you owe taxes, how do you want to pay them?

Paper check sent with my return Credit card
 Direct debit (please provide a voided blank check)

Other ~~quick refund~~ via a bank product

Certified check **Direct Deposit**

Type of account: Checking Savings

Installment Agreement

Type of account: Checking Savings

3 Do you want to allow your tax preparer to discuss this year's return with the IRS?

If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's
name _____

Phone
Number _____

Personal identification
Number (5 digit PIN) _____

Name

Comments

SSN

Comments
