

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

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

Status on 2024 return : ☐

Status as of 12/31/2025 : ☐ **1** Single ☐ **4** Head of Household

Enter ("X") in the box ☐ **2** Married filing joint Non-dependent name: _____

☐ **3** Married filing separately Non-dependent SSN: _____

(Enter spouse's name and SSN above) ☐ **5** Qualifying surviving spouse (QSS) Year spouse died: _____

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 _____ Apt/Suite/Unit _____

P.O.Box _____ Private Mailbox Number _____ Unit Type _____

City _____ State _____ Zip Code _____

In Care Of: First Name _____ M.I. _____ Last Name _____ Suffix _____

In Care Of Social Security Number

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 _____

Firm's name Pavati Tax Service LLC

Street 462 Middleburg St

City Liberty State KY Zip Code 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 _____

SSN _____

Personal Information

Yes	No	<u>Personal Information</u>
<input type="checkbox"/>	<input type="checkbox"/>	1 Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
<input type="checkbox"/>	<input type="checkbox"/>	2 Did you purchase or sell your principal residence or did your address change?
<input type="checkbox"/>	<input type="checkbox"/>	3 Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
<input type="checkbox"/>	<input type="checkbox"/>	4 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2025?
<input type="checkbox"/>	<input type="checkbox"/>	5 Were either you or your spouse in the military or National Guard?
<input type="checkbox"/>	<input type="checkbox"/>	6 Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?
<input type="checkbox"/>	<input type="checkbox"/>	7 Have you, your spouse, or dependents been issued a six digit IRS Identity Protection PIN (IP PIN) for this tax year?

Yes	No	<u>Dependents</u>
		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** ☐ 1 **Health Care Coverage** 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	<u>Income (In 2025, did you or your spouse have any of the following?)</u>
		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	<u>Foreign Reporting</u>
<input type="checkbox"/>	<input type="checkbox"/>	1 Did you have an interest in or signature authority over a financial account in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	2 Were you the grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	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		<u>Purchases, Sales, Gains and Losses</u>
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you exchange any securities or investments for something other than cash?
<input type="checkbox"/>	<input type="checkbox"/>	2	Do you have any short sales, commodity sales, or straddles?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you receive Form 2439?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you buy or sell any bonds?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you receive stock from a stock bonus plan with your employer?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you sell any other personal assets at a gain?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you sell any real estate (other than your home) during the year?
<input type="checkbox"/>	<input type="checkbox"/>	8	Did you sell any assets using the installment method?
<input type="checkbox"/>	<input type="checkbox"/>	9	Did you receive proceeds from a prior year installment sale?
<input type="checkbox"/>	<input type="checkbox"/>	10	Did you purchase a rental property?
<input type="checkbox"/>	<input type="checkbox"/>	11	Did you exchange any property for other property?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	13	Did you purchase a new vehicle, aircraft or boat?
<input type="checkbox"/>	<input type="checkbox"/>	14	Did any security become worthless during 2025?
<input type="checkbox"/>	<input type="checkbox"/>	15	Did any debts become uncollectible during 2025?
<input type="checkbox"/>	<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		<u>Business and Rental Property Income & Deductions</u>
<input type="checkbox"/>	<input type="checkbox"/>	1	If you own rental property, do you qualify as a Real Estate Professional?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you start or acquire a new business?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you sell any part of an existing business, or sell business assets?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you cease operating any business or rental property?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you remove any of your business assets for personal use?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you use part of your home for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you make any contributions to a Keogh or a self-employed SEP plan for 2025?
<input type="checkbox"/>	<input type="checkbox"/>	8	Do you pay for any health or long term care insurance through your business?
<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	10	Did you purchase any furniture or equipment for your business?
<input type="checkbox"/>	<input type="checkbox"/>	11	Did you make any improvements to your rental properties?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you receive income from raising animals or crops?

Yes	No		<u>Other Deductions</u>
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you incur any travel and entertainment expenses for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you pay expenses for the care of your child or other dependent so you could work?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you purchase a 'clean fuel' or electric hybrid vehicle in 2025?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2025?
<input type="checkbox"/>	<input type="checkbox"/>	8	Did you contribute less than an entire interest in any property to charity?
<input type="checkbox"/>	<input type="checkbox"/>	9	Did you refinance a mortgage or take out a home equity loan during 2025?
<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	11	Did you or your spouse pay any educational expenses for yourselves?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you pay any student loan interest?
<input type="checkbox"/>	<input type="checkbox"/>	13	Did you make any federal or state estimated payments?
<input type="checkbox"/>	<input type="checkbox"/>	14	Did you pay alimony?
<input type="checkbox"/>	<input type="checkbox"/>	15	Did you donate non-cash donations or a vehicle?
<input type="checkbox"/>	<input type="checkbox"/>	16	Did you incur medical or dental expenses?

Yes	No		<u>Miscellaneous</u>
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you make gifts of more than \$19,000 to any one person?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you engage the service of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did your bank account information change within the last twelve months?
<input type="checkbox"/>	<input type="checkbox"/>	4	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	5	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2025?

Yes	No		<u>Return preparation and filing</u>
<input type="checkbox"/>	<input type="checkbox"/>	1	Do you want to e-file your return?
		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)

☐ Other quick refund via a bank product

☐ Certified check Direct Deposit

Type of account: ☐ Checking ☐ Savings

☐

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

☐ Paper check sent with my return ☐ Credit card

☐ Installment Agreement

☐ Direct debit (please provide a voided blank check)

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) _____

[illegible]