Knight Accounting, LLC
www.cpamichele.com
https://knightaccounting.smartvault.com/

2025 Individual Tax Organizer

ph 303-598-4413
fax 303-374-5665
email cpa@cpamichele.com

NOTES: 1) It is your responsibility to retain receipts and backup for all tax items & expenses for at least 7 years.
2) Please upload all docs at one time, not piecemeal, to Client Source Docs folder at https://knightaccounting.smartvault.com/. Please email us once you are finished with your upload, so we know we have all your docs to get started.
3) Please do not send 5498 forms, 1095-B or C, receipts, annual statements or anything not specifically requested.
4) If you own a small business or rental property, please use the organizers found at www.cpamichele.com.

	Taxpayer		Spouse
Name		Name	
SSN		SSN	
Occupation		Occupation	
Date of Birth		Date of Birth	
Email		Email	
Cell Phone #		Cell Phone #	

Driver's License: State, License #, Issue Date, Exp Date

Driver's License: State, License #, Issue Date, Exp Date

If anyone listed on this return has an Identity Protection PIN assigned by the IRS, please report that in the Notes section below, or provide a copy of the letter from the IRS.

Mailing Address (city, state, zip):

Direct Deposit Info:

Bank Name ______ Routing # ______ Account # ______

Dependents' Name	SSN	Date of Birth	Age 12/31/25	Lives with you 50% or more?

Do any dependents have earned income > $15,750 or investment income > $1,350? If yes, do you need us to prepare a tax return?

For Daycare and Summer/Sports Camps (under age 13)

* Add list below if you need more space, must list amount paid per child

Child	Provider's Name	Provider's Address	Tax ID#	Amount Paid

For College & Grad Students: *** Attach 1098-T, 1099-Q, and Savings Bond Info**

Student	# of year's completed as of 12/31/25	Name of School	Tuition Paid in 2025	Other Exp Paid in 2025

Total Annual Contributions to Colorado State's 529 Plan

Any notes on items listed on this page?

NOTES:

Mailing Address:
514 Highwood Ter Box 913, Frisco, CO 80443

Knight Accounting, LLC
www.cpamichele.com
https://knightaccounting.smartvault.com/

ph 303-598-4413
fax 303-374-5665
email cpa@cpamichele.com

INCOME SOURCES - Please include copies of the following source documents:

W-2 Wages or W-2G Gambling Income, SSA-1099 (Social Security Statement)

1099-R (pension), 1099-MISC (miscellaneous), 1099-INT (interest), 1099-DIV (dividends), 1099-G (government payments)

1099-B: Stocks, Bonds, Real Estate - **must provide Purchase Price & Date, Sales Price & Date**

Schedule K-1: Partnerships, S Corporations, Trust or Estate

Other Income: Alimony, jury duty, tips, prizes, awards, unreported tips, 1099-K

1095-A from Connect for Health (or state health insurance) Marketplace (1095-B and 1095-C are NOT needed)

ESTIMATED TAX PAYMENTS - only list amounts you paid to the IRS and state on 2025 estimated tax vouchers
- do not include amounts paid towards 2024 or prior year taxes
- do not include items paid or withheld through payroll, W-2, 1099 or other withholdings

	Date	Amount	Date	Amount	Date	Amount	Date	Amount
Federal		$ -		$ -		$ -		$ -
State		$ -		$ -		$ -		$ -

HEALTH SAVINGS ACCOUNTS **- do not include amounts listed on your W-2, only those made out of pocket**

	Taxpayer's Contribution	Spouse's Contribution
HSA Out of Pocket Contribution Amt	$ -	$ -
Was this a high deductible health plan?	yes / no	
Was this plan for an individual or family?	Individual / Family	

RETIREMENT CONTRIBUTIONS **- do not include amounts listed on your W-2, only those made out of pocket**

	Taxpayer's Contribution	Spouse's Contribution	Date Made
Trad'l IRA Contributions ALREADY made for 2025	$ -	$ -	
Roth IRA Contributions ALREADY made for 2025	$ -	$ -	
SEP Contributions ALREADY made for 2025	$ -	$ -	

If you want Knight Accounting to calculate your allowable contributions, please make note below of how much you have available to contribute before 4/15/2026 (or just write "MAXIMIZE")

Student Loan Interest Deduction **- do not include interest statements from student loan companies**

Loan Company Name	Taxpayer's Interest Paid	Spouse's Interest Paid
	$ -	$ -
	$ -	$ -

Did you receive, sell, send, exchange or acquire any interest in any virtual currency?	yes / no
Do you have any foreign bank accounts that total $10,000 or more?	yes / no
If yes, did you complete the required FBAR disclosure forms?	yes / no
If taxpayer/spouse is a K-12 educator, did you spend $300 or more on supplies?	yes / no

For Divorce prior to 12/31/18	Alimony Paid	$ -	Recipient's SSN	
	Alimony Rcv'd	$ -	Payor's SSN	
Date of Divorce				

Did you adopt a child?	yes / no	Total adoption expenses incurred?	$ -

NOTES:	

Mailing Address:
514 Highwood Ter Box 913, Frisco, CO 80443

ph 303-598-4413
fax 303-374-5665
email cpa@cpamichele.com

ITEMIZED DEDUCTIONS

Actuals only, estimates are not acceptable.

MEDICAL EXPENSES: (only list if you feel they may exceed 7.5% of your income, or if you are self-employed)

Prescription Drugs	$ -	LongTerm Care-taxpayer	$ -
Doctors, Dentists	$ -	LongTerm Care-spouse	$ -
Hospitals, Clinics	$ -	Medical Eqpt & Supplies	$ -
Eyeglasses, Contacts	$ -	# Miles Driven for Medical	

Insurance Premiums paid out of pocket $ - **(do not include Medicare or premiums paid through an employer or paycheck)**

TAXES:

Do you claim a home office for business? (If yes, complete page 2 of small business organizer)		yes / no
Real estate taxes paid on principal residence	$ -	
Real estate taxes paid on add'l homes or land **(NOT RENTAL PROPERTIES)**	$ -	
Car Registration Taxes	$ -	
Total sales tax paid on large purchases (if greater than state income tax paid)	$ -	

HOME MORTGAGE INTEREST - Please include copies of Form 1098 for each loan:

Mortgage Lender/Bank	Interest Paid		
	$ -	Points Paid on Mortgage	$ -
	$ -	Date Points Paid	
	$ -	Length of Mortgage	

* CHARITABLE CONTRIBUTIONS: Attach list if add'l space is needed. Please include whether you itemize or not.

CASH: **NEW FOR 2025** - receipts or letters must be provided for contributions over $250

Name of Charity	$ donated	Name of Charity	$ donated
	$ -		$ -
	$ -		$ -
	$ -		$ -
	$ -	# Charitable Miles Driven?	

NON-CASH: Salvation Army Donation Guide posted on www.cpamichele.com, under Downloads

Charity Name and Addres	Est. Thrift Store Value	Est. Purch Price	Date Donated
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	

NEW FOR 2025 Tax Filings

Auto Loan Interest on New Purchase	Loan Interest Paid in 2025	$ -	must be assembled in US, VIN's start with 1, 4, 5, 7F -> 7Z, 70	
- personal car/truck/motorcyle, no leases	Year / Make / Model		VIN#	

Electric Vehicle	Purchase Date		New/Used?			
- include copy of Sales Receipt & Registration		Year / Make / Model			VIN#	

Energy Efficient Home Improvement Credits	Description of Improvement	Date Installed	Cost	Qualified Manuf ID#
- verify eligibile items at www.irs.gov				

Tip Income	Employer Name	$ Tips Received	Job Title - see list at https://irs.gov/tippedoccupations

Overtime Pay - only report the amount of overtime premium pay (not your regular pay) for a nonexempt FLSA role, and include final paystub

Employer Name	Total Overtime $ at 1.5x	Total Overtime $ at 2x	Job Title

NOTES:	

Mailing Address:
514 Highwood Ter Box 913, Frisco, CO 80443