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INDIVIDUAL TAX ORGANIZER LETTER | (FORM 1040)

Dear valued tax client,

Income tax time is just around the corner! We are happy to announce that we are providing more tax clients such as you with quality tax services. We encourage you to either schedule an appointment or provide us with an estimated date when you can provide us your tax information as soon as possible. Scheduling in advance will help us make sure your tax return is completed promptly.

Enclosed is an income tax organizer to assist you on gathering the information necessary to prepare your **2025** tax return.

The Internal Revenue Service (IRS) matches information returns/forms with amounts reported on tax returns. A negligence penalty may be assessed when income is underreported or when deductions are overstated. Accordingly, all information returns reflecting amounts reported to the IRS also are mailed or delivered to the taxpayers in an envelope clearly marked "IMPORTANT TAX DOCUMENTS ENCLOSED" and should be submitted with this organizer.

Forms such as:

W-2 (Wages) 1099-R (Retirement) 1099-INT (Interest) 1099-DIV (Dividends) 1099-B (Brokerage Sales) 1099-MISC (Rents, etc) 1099 (any other) 1098-T (Education) Schedules K-1 (Forms 1065, 1120S, 1041)

Annual Brokerage Statements 1098-Mortgage Interest Other tax information statements 8886, Reportable transactions Form Hud-1 for Real Estate Sales/ Purchases

To itemize deductions, bring receipts and documentation for these types of expenses:

Prescriptions, first-aid
Mortgage interest
Gambling losses
Medical/Dental/Vision expenses

State/local income taxes
Tax preparation fees
Donations to charity
Real estate and personal property taxes

To continue providing quality services on a timely basis, we urge you to collect your information as soon as possible. If information from "pass-through" entities such as partnerships, trusts and S corporations is the only data you are missing, please send the data you have assembled and forward the missing information as soon as it is available.

The filing deadline for your income tax return is **April 15, 2026**. In order to meet this filing deadline your completed tax organizer needs to be received no later than **March 20, 2026**. Any information received after that date may require that an extension of time be filed for your return.

If an extension of time is required, any tax due must be paid with that extension. Any taxes not paid by the filing deadline may be subject to late payment penalties and interest.

Please note: **The IRS is no longer issuing paper refund checks.** We'll need to collect or confirm your **bank account information** before filing your return.

We look forward to providing services to you. Should you have questions regarding any items, please do not hesitate to contact us at **517-714-4965**.

Sincerely, A.J. Gross, C.P.A, E.A. President The ALG Group

PS..... Your colleagues, friends, and family can schedule a 15 minute call with a CPA! They simply go to www.thealggroup.com/ask-alg to schedule a 15 minute call or contact our office at 517-714-4965. Business tax, rental questions, retirement tax planning, tax withholdings, filling out a W-4, any IRS or state tax matters...This is a free call for both non-ALG clients and ALG clients. Help us spread the word!

2025 Tax Organizer Personal Information

| Street address, city, Taxpayer Spouse Taxpayer email Spouse email Filing status at the | Occupation | the taxpayer | Daytime Phone | SSN Evening Ph | IP | | nte of Birth | | |
|---|---|--------------|------------------------|-----------------|-----------------|---|----------------------------|--|--|
| Spouse Name of person to whole Street address, city, Taxpayer Spouse Taxpayer email Spouse email Filing status at the Single Main | Occupation Occupation end of 2025 | he taxpayer | Daytime Phone | Evening Ph | one | Cell | Phone | | |
| Street address, city, Taxpayer Spouse Taxpayer email Spouse email Filing status at the | Occupation Occupation end of 2025 | the taxpayer | Daytime Phone | Evening Ph | one | Cell | Phone | | |
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| Spouse email Filing status at the | _ | | | | | | | | |
| Filing status at the | _ | | | | | | | | |
| Single Ma | _ | | | | | | | | |
| Are you Are you Do you o At any ti (a) rec (b) se Identification Inf axpayer's type of Driver's license hoto ID number tate photo ID was is | Are you or your spouse disabled? Are you or your spouse a full-time student? Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund? At any time during 2025 did you: (a) receive (as a reward, award, or payment for property or service) a digital asset? (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? **Intification Information** **ayer's type of photo ID** **Driver's license** State-issued photo ID* Driver's license* State-issued photo ID* State-issued photo ID* State-issued photo ID* Calculate the property or service and the property or service and the property of the pr | | | | | | | | |
| | sation for Deposits and Withdra | | Date photo ID expires | | | | | | |
| | Name of Bank | | Bank Account Number | Type of Acco | ount Savings | Use this A | Account for Withdrawals | | |
| Appointment Inf | | | | | | | | | |

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Dependent and Other Information

| Federal Resident State Resident City Date Paid Amount Date Paid Amount Date Paid Amount Date Paid Am | lame: | | | | | | | | SSN | : |
|--|---|--------------|--------|------|--------------|----|---------------|----------|------------|-------------|
| SSN IP PIN Relationship in Nome Date of Birth Disabled time Expenses IP PIN Relationship in Nome Date of Birth Disabled Student Expenses SSN IP PIN Relationship in Nome Date of Birth Disabled Student Expenses Student St | Dependent Information | 1 | | | | | | | | |
| Name of Care Provider Address SSN or EIN Amount Paid SST or EIN Amount Paid SSN or EIN Amount Paid Amount Paid SSN or EIN Amount Paid Amount Pai | | | | | Relationship | in | Date of Birth | Disabled | time | |
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| Name of Care Provider Address SSN or EIN Amount Paid Settimates Federal Date Paid Amount Date Paid Da | | | | | | | | | | |
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| Name of Care Provider Address SSN or EIN Amount Paid Date Paid Amount Dat | st dependents required to fil | le a retum | | | | | | | | |
| Federal Resident State Resident City Date Paid Amount Date Paid Amount Date Paid Amount verpayment applied om 2024 irist quarter econd quarter hird quarter ourth quarter | Child and Other Depen | dent Care Ex | penses | | | | | | | |
| Pederal Resident State Resident City Date Paid Amount Date Paid Amount Date Paid Amount Date Paid Amount Description 2024 irist quarter decond quarter courth quarter | Name of Care Provider | | | | Address | | | SSN or E | IN | Amount Paid |
| Federal Resident State Resident City Date Paid Amount Date Paid Amount Date Paid Amount Overpayment applied om 2024 irist quarter econd quarter hird quarter ourth quarter | | | | | | | | | | |
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| Checklist |
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| Name: | SSN: |
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| Checklist | |
|-------------|--|
| | ist is provided to help you gather necessary information for us to prepare your 2025 income tax return. Return ng with the supporting documentation, to our office and let us know of any significant changes from your 202 |
| General Inf | formation and Prior Year Documentation |
| [] | Proof of identity for those claimed on the return (driver's license or state issued ID, Social Security card, |
| | birth certificates for children. etc.) |
| [] | Income tax returns from the prior two years |
| | If there were losses from business activities in prior years, include prior five years of returns instead of |
| | two |
| [] | Depreciation schedules from prior years for businesses, rentals, etc. |
| Current Ye | ar Income Documentation |
| [] | Wage and tax statements (Form W-2) |
| [] | Gambling income (Form W2-G) |
| [] | IRA distributions, pensions, and annuities (Form 1099-R) |
| [] | Dividend income (Form 1099-DIV) |
| [] | Interest income (Form 1099-INT) |
| [] | Miscellaneous income (Form 1099-MISC) |
| [] | Nonemployee compensation (Form 1099-NEC) |
| [] | Unemployment compensation and other government payments (Form 1099-G) |
| [] | Credit card, debit card, and third-party network transactions (Form 1099-K) |
| [] | Reportable payment transactions |
| [] | Social Security benefits (Form SSA-1099) |
| | Railroad retirement benefits (Form RRB-1099) |
| [] | Income from partnerships, S corporations, estates, and trusts (Schedule K-1) |
| | [] Basis information for any partnerships and S corporations |
| [] | Documentation of brokerage transactions and disposition of capital assets (Form 1099-B) |
| [] | Digital asset proceeds from brokerage transactions (Form 1099-DA) |
| [] | Proceeds from real estate transactions (Form 1099-S) |
| [] | Self-employed business income (Schedule C) |
| | Farm income (Schedule F) |
| | Farm rental income (Form 4835) |
| [] | Income from rental real estates and royalties (Schedule E) |
| | me (provide supporting documentation for income received for the following items) |
| [] | Sale of assets or property |
| [] | Cancellation of debt |
| [] | Other income |
| Payments | (provide supporting documentation for payments made for the following items) |
| [] | Educator classroom expenses |
| [] | Employee business expenses |
| [] | Contributions to a Health Savings Account |
| [] | Expenses related to work relocation with the military |
| [] | Alimony |
| [] | Student loan interest |
| [] | Refunded student loan interest payments |
| [] | Student loan forgiveness |
| [] | Tuition and fees for higher education |
| [] | Expenses related to child or dependent care |
| [] | Contributions to a Retirement Savings Account |
| ii | Medical and dental expenses |

[] Real estate taxes

| 2025 | | F | Page 2 |
|-----------|--|------|--------|
| | Checklist | | |
| Name: | | SSN: | |
| Checklist | | | |
| Checklist | Mortgage interest Investment interest Cash contributions Noncash contributions (provide organization name) | SSN: | |
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| | | Questionnaire | |
|------------|--------|--|----------------|
| Name: | | | SSN: |
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| Question | naire | | |
| | | | |
| Personal I | | ation | |
| | No | Did your movital status shange during the year? | |
| [] | [] | Did your marital status change during the year? If "Yes," explain | |
| [] | [] | Did your name change during the tax year? | |
| | . 1 | If "Yes," explain. | |
| [] | [] | If your filing status is married, but you are filing separately from your spouse, did you and you | spouse |
| | | live apart for the last six months of 2025? | |
| [] | [] | Can you or your spouse be claimed as a dependent by someone else? | |
| [] | [] | Did your address change during the year? | |
| [] | [] | Were you, your spouse, or any dependents a victim of identity theft? If "Yes," explain | |
| [] | [] | Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)? | |
| | | If "Yes," provide Notice CP01A from the IRS. | |
| Pro | vide p | roof of identity to be eligible to e-file your tax return (driver's license or state-issued pho | oto ID) |
| Dependent | Infor | mation | |
| = | No | mation | |
| | [] | Did you have any changes in dependents during the year? | |
| | | If "Yes," explain | |
| [] | [] | Can another person qualify to claim any of your dependents? | |
| [] | [] | Did you have any child or dependent care expenses during the year? | |
| [] | [] | Did you have any adoption expenses during the year? | |
| [] | [] | Did you have any children under age 18 or a full-time student under age 24 with more than \$2 | ,700 of |
| | | unearned income? | |
| Pro | vide d | ocumentation for proof of dependent credits (school records, medical records, daycare | records, etc.) |
| Health Car | o Info | rmation | |
| | No | mation | |
| | [] | Did any member of your household have healthcare coverage through the Marketplace (Oban | nacare)? |
| | | If "Yes," provide copies of Form 1095-A. | |
| [] | [] | Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medi | care Advantage |
| | | MSA during the year? | |
| | | | |
| | | ses, Sales, and Debt Information | |
| | No | Did you receive any tipe not reported to your employer? | |
| [] | [] | Did you receive any tips not reported to your employer? Did you receive any disability income during the year? | |
| [] | [] | Did you cash in any U.S. savings bonds during the year? | |
| [] | | Did you start a new business or purchase any rental property during the year? | |
| [] | | Did you sell an existing business, rental property, or other property during the year? | |
| [] | | Did you purchase any business assets or convert any assets to business use? | |
| | | If "Yes," provide the cost of the asset, the date it was placed in service, and the business of | use |
| | | percentage. | |
| [] | [] | Did you purchase any gasoline, diesel, or special fuels for off-road business use? | |
| [] | [] | Did you buy or sell any stocks, bonds, or other investments during the year? | |
| [] | [] | Did you sell a principal residence during the year? | |
| | | If "Yes," provide closing documentation for the purchase and sale of the home. | |
| [] | [] | Did you have a principal residence or a piece of real property foreclosed on during the year? | |
| [] | [] | Did you abandon a principal residence or a piece of real property during the year? Did you refinance your principal home or second home or take out a home equity loan during | the year? |
| ιJ | ιJ | If "Yes," provide all escrow, closing, and other pertinent documentation and information. | ano year : |
| [] | [] | Did you receive any principal or interest during this year from property sold in prior years? | |
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| | Questionnaire |
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| Name: | SSN: |
| Questionnaire | |
| | Did you want out your home or you it for hypinass? |
| [][] | Did you rent out your home or use it for business? Did you sell, exchange, or purchase any real estate during the year? |
| [][] | Did you sell, exchange, or purchase any real estate during the year? Did you acquire a new or additional interest in a partnership or S corporation? |
| [][] | Did you have any debts canceled or forgiven this year? |
| [][] | Does anyone owe you money that has become uncollectible? |
| [][] | Did you purchase a new or previously owned clean vehicle (electric vehicle, plug-in hybrid, fuel-cell |
| | vehicle, qualified commercial clean vehicle) during the year? |
| | If "Yes," provide the report the dealer or seller is required to provide to you and the vehicle |
| | identification number (VIN). |
| [][] | Did you receive income or incur expenses associated with a fantasy sports league? |
| | If "Yes," provide documentation. |
| [][] | Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)? |
| | If "Yes," attach Form 1099-MISC, Form 1099-NEC, or Form 1099-K. |
| [][] | Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)? |
| [] [] | If "Yes," attach Form 1099-K or Form W-2. |
| [][] | Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)? If "Yes," provide documentation. |
| [][] | Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)? |
| | If "Yes," attach Form 1099-K. |
| [][] | Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb, VRBO or |
| | HomeAway)? |
| | If "Yes," provide documentation. |
| [][] | Did you receive income or incur expenses as an independent contractor (e.g., Shipt, Instacart, DoorDash)? |
| | If "Yes," provide documentation. |
| [][] | Did you receive any other income you have not provided information for with this organizer? |
| | If "Yes," explain |
| Itemized Deduct | tion Information |
| Yes No | |
| [][] | Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the |
| | year? |
| [][] | Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year? |
| [][] | Did you receive any state or local income tax refunds from prior years? |
| [][] | Did you make any major purchases (vehicle, boat, etc.) during the year? |
| [][] | Did you pay any real estate property taxes or personal taxes during the year? |
| [][] | Did you pay mortgage interest during the year? |
| [][] | Did you make cash donations to charity during the year? Did you make noncash donations to charity (clothes, furniture, etc.) during the year? |
| [][] | Did you donate a boat or vehicle during the year? |
| [][] | If "Yes," attach Form 1098-C. |
| [][] | Did you have gambling winnings or losses during the year? |
| [][] | Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety |
| | equipment, etc.)? |
| [][] | Did you use your vehicle on the job other than for commuting to work? |
| [][] | Did you work out of town at any time during the year? |
| Detinent and in the | |
| Retirement Info | rmation |
| [] [] | Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement |
| | plan during the year? |
| [][] | Did you make any withdrawals or receive distributions from a pension or profit-sharing plan, IRA, Roth, |
| | Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year? |
| [][] | Did you execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified |
| | retirement plan during the year? |
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| | Questionnaire |
|-------------------|---|
| Name: | SSN: |
| Questionnaire | |
| [][] | Did you receive any Social Security benefits during the year? |
| [][] | Did you receive any decide decany benefite during the your. |
| Education Infor | mation |
| Yes No | |
| [][] | Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another |
| | year)? |
| [][] | Did anyone in your household attend a post-secondary school during the year? |
| [][] | Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified |
| | Tuition Program during the year? |
| [][] | Did you pay student loan interest for yourself, your spouse, or your dependents during the year? If "Yes," provide the amount of interest that was refunded. |
| [][] | Did you receive forgiveness on a qualifying federal student loan? |
| | |
| Foreign Tax Info | ormation |
| Yes No [] [] | Did you have a financial interest in or signature authority over a financial account or asset located in |
| | a foreign country? |
| [][] | Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust? |
| [][] | Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year? |
| [][] | Did you have any income from, or pay taxes to, a foreign country? |
| [][] | Did you receive a Schedule K-3 from a partnership or S corporation? Did you have ownership in a foreign corporation at any time during the year? |
| [][] | Did you own property in a foreign country? |
| | |
| | Iding, and Estimated Tax Information |
| Yes No [] [] | If you have an overpayment of 2025 taxes, do you want the refund applied to your 2026 estimated taxes? |
| [][] | Did you make any estimated payments toward your 2025 taxes? |
| [][] | Did you apply an overpayment of your 2024 taxes to your 2025 estimated taxes? |
| [][] | Do you want to have any refund or balance due directly deposited or withdrawn? NOTE: Due to Executive |
| | Order 14247, Modernizing Payments to and from America's Banking Account, refunds received by check will |
| | be delayed at least six weeks. Direct deposit of refunds is recommended. If "Yes," provide a canceled checking or savings slip. |
| [][] | Do you anticipate your income or withholdings to be different for 2026? |
| | |
| | ul Bill Implications |
| Yes No [] [] | Did you receive qualified tips reported on Form W-2 or a statement provided by your employer? |
| () () | If "Yes," provide documentation or amount. |
| [][] | Did you receive overtime pay reported on Form W-2 or a statement provided by your employer? |
| | If "Yes," provide documentation or amount. |
| [][] | Did you purchase a new passenger vehicle for personal use during 2025? If "Yes," are the following true: |
| | Yes No [] [] The final assembly was in the U.S.? |
| | [] [] The final assembly was in the 0.5.? [] [] The gross vehicle weight is under 14,000 pounds? |
| | [] [] The vehicle was not purchased with a lease? |
| | [] The vehicle was used to secure the loan? |
| [][] | If you have a dependent born during 2025, do you want to establish a Trump Account? |
| | Yes No [] [] If "Yes," do you want to receive a \$1,000 pilot program contribution? |
| | [] [] If "Yes," do you want to receive a \$1,000 pilot program contribution? |
| Miscellaneous I | nformation |

| | Questionnaire |
|----------------|---|
| Name: | SSN: |
| Questionnaire | |
| Yes No | |
| [][] | Did you receive, sell, exchange, gift, or otherwise dispose of any digital asset or financial interest in any digital asset? If "Yes," provide any Forms 1099-DA received. |
| [][] | Did you incur a gain or loss due to damaged or stolen property, while living in a federally declared disaster area? If "Yes," provide the incident date, value of the property, amount of insurance reimbursements, and the declaration number assigned by FEMA. |
| [][] [][] | Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)? Did you make gifts to any one person in excess of \$19,000 during the year? Yes No |
| [][] | [] [] If "Yes," are you splitting the gift with your spouse? Did you incur moving expenses with the military during the year? |
| | Did you make any energy-efficient improvements to your main home during the year? |
| [][] [][] | Are you a business owner who paid health insurance premiums for your employees during the year? Did you receive a cash payment or digital asset of more than \$10,000 in one transaction or two or more related transactions during the year? Yes No |
| | [] [] If "Yes," was Form 8300, Report of Cash Payment over \$10,000 Received in Trade or Business, filed? |
| [][] | Do you own interest or shares in or did you dispose of a Qualified Opportunity Fund during the year? Did you make any purchases subject to use tax during the year? If "Yes," provide details. |
| [][] | Did you receive any notices from the IRS or state taxing authority? If "Yes," explain. |
| [][] | May the IRS discuss your tax return with your preparer? Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy? |
| Preparer Notes | |
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