



CSI GROUP

2025 TAX ORGANIZER

NEW MEMBERS If this is your first year with CSI Group, please provide prior year tax return.

Please complete this booklet & include with your tax documents.

ALL MEMBERS Please provide a copy of your driver's license via the Client Portal upload or at the time of your appointment.

**Reminder: Please do not submit bank statements, paid bills or receipts.*

Marital Status (please circle)- *SINGLE*

MARRIED

WIDOWED

DIVORCED

	TAXPAYER	SPOUSE
SOCIAL SECURITY NUMBER:		
FIRST NAME:		
LAST NAME:		
DATE OF BIRTH:		
OCCUPATION:		
PHONE NUMBER:		
EMAIL:		
PHYSICAL ADDRESS:		
MAILING ADDRESS (IF DIFFERENT)		

DEPENDENT INFORMATION

Did you have a child in 2025? ☐ YES ☐ NO

Did you adopt a child in 2025? ☐ YES ☐ NO

FIRST & LAST NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP	IN COLLEGE Y/N

CHILD CARE FEES PAID TO CHILD CARE PROVIDER:

PROVIDERS NAME:	
ADDRESS:	
TAX ID NUMBER:	
AMOUNT PAID:	
NAME OF CHILD/CHILDREN WHOM CARE SERVICES WERE PROVIDED:	

GENERAL INFORMATION QUESTIONNAIRE

Are you or your spouse a veteran?	TAXPAYER <input type="checkbox"/>	SPOUSE <input type="checkbox"/>
Did you buy/sell your primary home?	YES	NO
Did you buy/sell any other home or property?	YES	NO
Did you receive unemployment benefits? **If yes, please provide 1099-G. <i>This form is only available online through your unemployment portal.</i>	YES	NO
Did you work overtime? **If yes, please provide Year End Paystub.	YES	NO
Did you receive tips? **If yes, please provide Year End Paystub.	YES	NO
Any RSU or stock options?	YES	NO
Did you receive, sell, restock, exchange, or otherwise dispose of any financial interest in any virtual currency?	YES	NO
Did you contribute to or withdraw from a 529 plan?	YES	NO
Did you take an H S A distribution? **If yes, please provide 1099-SA.	YES	NO
Did you have health insurance year round?	YES	NO
Did you purchase health insurance through the Marketplace? **If yes, please provide 1095-A.	YES	NO

FOREIGN ACCOUNT INFO

Do you have foreign bank accounts and/or assets? ☐ YES ☐ NO

Was the total balance of all foreign accounts over \$10,000 at any time during 2025? ☐ YES ☐ NO

If yes, please provide:

Financial Institution's Name: _____

Financial Institution's Address: _____

Account Number: _____ Type of currency: _____

Highest value on the account in 2024 in foreign currency: _____

Account owners name (if it's a joint account please list all owners) _____

(If you have multiple foreign accounts please list them all on a separate page)

DIVORCED

Did you pay or receive alimony in 2025? ☐ YES ☐ NO

If yes, please provide:

Date of divorce ___ / ___ / _____ Amount of alimony paid/received: \$ _____

DIRECT DEPOSIT OF FEDERAL AND/OR STATE REFUND

Do you wish to have your Federal and/or State refund direct deposited into your bank account? If so, please specify the name of the bank, routing number & account number.

BANK NAME		
BANK ROUTING NUMBER		
BANK ACCOUNT NUMBER		
TYPE OF ACCOUNT?	CHECKING	SAVING
JOINT ACCOUNT?	YES	NO

WHAT DO I NEED FOR MY TAXES?

INCOME

If any of the following apply, here are the tax forms you'll need to provide.
Some of these forms are found online through your institutions portal system.

TYPE OF INCOME	TAX FORM NEEDED	✓
HAD A JOB	FORM W-2	
OVERTIME AND/OR TIPS	YEAR END PAYSTUB	
SELF EMPLOYED	FILLED OUT PG 5/ 1099-NEC	
INTEREST/DIVIDENDS	1099-INT / 1099-DIV	
STOCK SALES OR BONDS	1099-B	
CRYPTO	GAIN/LOSS STATEMENT	
RENTAL INCOME & EXPENSES	FILL OUT PAGE 6	
RETIREMENT INCOME	1099-R / SSA-1099	
UNEMPLOYMENT	1099-G	
GAMBLING WINNINGS/LOSSES	W-2G & LOSS STATEMENT	
MARKET PLACE HEALTH INSURANCE	1095-A	
H S A WITHDRAWAL CONTRIBUTION	1099-SA / 5498-SA	
CANCELLATION OF DEBT	1099-C	
MISC INCOME	1099-MISC/1099-NEC	
SALE OF PROPERTY	HUD-1 (SETTLEMENT STATEMENT)/ 1099-S / CLOSING DISCLOSURE	
529 PLAN DISTRIBUTION	1099-Q	

DEDUCTIONS

If any of the following apply, here are the tax forms you'll need to provide.
Some of these forms are found online through your institutions portal system.

TYPE OF INCOME	TAX FORM NEEDED	✓
STUDENT LOAN INTEREST PAID	FORM 1098-E	
COLLEGE TUITION	FORM 1098-T FROM COLLEGE	
REAL ESTATE TAXES (PRIMARY HOME & SECOND HOME)	TOTAL REAL ESTATE TAXES PAID IN 2025	
MORTGAGE INTEREST (PRIMARY HOME & SECOND HOME)	FORM 1098 FROM BANK	
529 PLAN CONTRIBUTION	STATEMENT	

WHAT DO I NEED FOR MY TAXES?

WHILE THE IRS IS LIMITING DEDUCTIONS, SOME STATES ARE ALLOWING SOME, IF NOT ALL OF THESE DEDUCTIONS.

EXPENSE	AMOUNT	EXPENSE	AMOUNT
MEDICAL/DENTAL/VISION		DONATIONS	
HEALTH INSURANCE		NON-CASH DONATIONS*	
LONG-TERM CARE PREMIUMS		VOLUNTEER MILAGE	
PRESCRIPTIONS		UNION & PROFESSIONAL DUES	
MEDICAL MILEAGE		UNIFORMS/WORK EXPENSES	
REAL ESTATE TAXES (PRIMARY HOME)		SMALL TOOLS FOR WORK	
REAL ESTATE TAXES (SECOND HOME)		TAX PREPARATION FEES	
TOTAL MORTGAGE INTEREST PAID		TRADITIONAL IRA CONTRIBUTION	
SALES TAX ON CARS/BOATS/ MAJOR PURCHASES		RENT PAID	

***FOR NON-CASH DONATIONS OF MORE THAN \$500 PROVIDE: DATE(S) OF DONATION(S) , AMOUNT & NAME OF CHARITY.**

ADDITIONAL CREDITS TO KEEP IN MIND

Did you make energy efficient home improvements? (Windows, doors, metal roof, boiler, water heater, insulation, circulating fan/ AC unit)

If so, please provide description/amount

Did you purchase an Electric Vehicle before October 1st, 2025? If so, please provide bill of sale.

Did you purchase solar panels on your property? If so, please provide contract.

ESTIMATED PAYMENTS MADE?

****Please provide proof of payment.****

PLEASE LIST OTHER STATES OR LOCALITY BELOW

[illegible]

Self Employed, Independent Contractors, Outside Salespeople, & Farmers

Company Name _____ EIN# _____

Activity on Business _____ Taxpayer ☐ Spouse ☐ Joint ☐

TOTAL GROSS INCOME	\$
COST OF GOODS SOLD:	
Beginning Inventory	
Purchases	
Labor	
Materials	
Ending Inventory	
EXPENSES:	
Advertising	
Car Expenses (Attached List of Repairs, Gas, Insurance, etc.)	
Commissions	
Contract Labor	
Insurance (Excluding Health)	
Interest	
Legal & Professional Fees	
Office Expenses	
Rent	
Repairs & Maintenance	
Supplies	
Taxes, Licenses & Permits	
Travel & Entertainment (Attach List)	
Utilities	
Bank Charges	
Dues, Publications & Association Fees	
Gifts to Clients	
Seminars & Courses Attended	
Telephone—Office & Cellular (Business use)	
Self Employed Health Insurance (Owner)	
SEP Contribution / Solo 401K Contribution	
Provide List of Other Expenses Here:	
AUTO INFORMATION:	
Date Bought	
Total Miles Driven During Year	
Business Miles	
Traveling to Work Each Way	

If your business has employees please provide forms W2/W3

Rental Income & Expenses

Property 1 Address: _____

If under LLC, Name _____ EIN# _____

Type of Property: ☐ Single Family ☐ Multi Family ☐ Land ☐ Lot ☐ Commercial ☐ Other _____

Property 2 Address: _____

If under LLC, Name _____ EIN# _____

Type of Property: ☐ Single Family ☐ Multi Family ☐ Land ☐ Lot ☐ Commercial ☐ Other _____

	Property 1	Property 2
Rents Received		
Advertising		
Auto Travel (mileage)		
Cleaning & Maintenance		
Commissions		
Insurance		
Legal & Professional Fees		
Management Fees		
Mortgage Interest		
Other Interest		
Pest Control/Exterminator		
Repairs		
Supplies		
Taxes		
Utilities (Water/Sewer/Electric/Heating)		
Depreciation		
Depletion		
Other		
Refinancing Points Paid		