January 19, 2026

Hello ,

Tax time is just around the corner! The enclosed packet has been prepared to assist you in gathering information for your 2025 tax returns. **Please review and sign the Engagement letter, fill out the 2 page Questionnaire, update the Personal Information page and bring them to your tax appointment.** The remainder of the organizer is to help you prepare for your tax appointment and identify additional documents necessary for your returns.

You can schedule your appointment here:

Or you can call our office at 541-242-1080 to schedule an appointment.

Bring this packet and all supporting documents, including W-2 and 1099 statements, to your tax-preparation appointment. We appreciate your trust in our business and look forward to working with you. Contact our office at (541)242-1080 if you have any questions or need additional information.

Sincerely,

SUMMIT TAX SOLUTIONS

January 19, 2026

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (541)242-1080.

Sincerely,

SUMMIT TAX SOLUTIONS

January 19, 2026

Subject: Preparation of Your 2025 Tax Returns

:

Thank you for choosing SUMMIT TAX SOLUTIONS to assist you with your 2025 taxes. This letter summarizes the terms of our engagement and outlines the nature and extent of the services we will provide.

We will prepare your 2025 federal and state income tax returns. In so doing, we will rely on you to provide all necessary information to prepare complete and accurate returns. **Please provide all available documentation at our initial meeting including a filled out questionnaire provided in your tax organizer.** Initial meetings are scheduled for 1 hour. If additional information is needed it may be provided in person by appointment, by upload to Tax Dome or by telephone. Email may be used for any documents that do not need security. Please be aware, timely response to documentation requests will limit the need for additional billable hours.

If you are a new client, please provide verification of your personal identity, including government-issued picture identification for you and your spouse, if applicable, social security cards, and/or a recent prior-year tax return. Copies of these documents may be made and included in your tax file. All taxpayers, including non-income earning spouses, must have substantial participation in the tax-preparation process.

All tax documents presented will be examined and inventoried. Generally, your most recent tax returns will be reviewed to ensure all necessary documents are present. We may ask you to clarify certain matters, but we will not audit or otherwise verify the data you submit. We will take notes of our discussions with you and these notes will become part of your tax-preparation record.

Our work does not include procedures for finding irregularities in your data. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other discrepancies. If we discover such issues, we will bring these matters to your attention.

Our fees are based on the time required to prepare your returns at standard billing rates plus out-of-pocket expenses. Our standard billing rate is on a 'per-form' basis. A current abridged forms price list is readily and publicly available in our reception area. Some services may be billed on a hourly basis at an hourly rate of $156.00. If additional substantive accounting services are required, they will be billed at this hourly rate. We will not perform any billable hourly work without prior approval from you.

Invoices are due upon presentation of all completed returns. Your tax returns will not be filed until payment is made.

We will return your original records to you with your completed tax returns. You should securely store your returns along with all supporting documents for a period of at least five years in case these items are needed later. We retain copies of your returns, selected records, and our work papers electronically via Tax Dome (www.taxdome.com). All copies are available in pdf form from your account on the secure Tax Dome website.

Our engagement to prepare your 2025 tax returns will conclude with the delivery of the completed returns. Additionally, the taxpayer and spouse, if applicable, will be required to sign copies of specific federal and state forms.

Review all tax-return documents carefully!

If SUMMIT TAX SOLUTIONS is solely responsible for making errors of consequence on your returns, we will make every effort to rectify the issue at no additional charge. Additionally, we will reimburse you for any interest and/or penalty associated with such errors. You, as the taxpayer, remain responsible for the amount of tax owed.

SUMMIT TAX SOLUTIONS does not provide an unlimited scope of professional practice. Our expertise focuses on individual tax returns; however, we do provide tax services to sole proprietorships, small pass-through entities such as S-Corporations, and Partnerships. Please feel free to bring any questions or tax situatons you have to our attention. If you present us with a tax situation outside our scope of practice, we may recommend a local practitioner whose expertise can best serve your needs.

The original due date for your tax returns is April 15th, 2026. An extension gives more time for the return to be prepared, however all Federal and State tax payments are due April 15th, 2026. After April 15, 2026 penalties and interest will begin to accrue on any tax owed. Due to the high volume of tax returns prepared by our office, please provide the information needed to complete your tax returns no later than March 20, 2026 to decrease the likelyhood of needing an extention filed.

We appreciate your confidence in our firm. Please call our office at (541)242-1080 if you have any questiones or concerns.

After reviewing the engagement letter, please sign below:

Signature:_____ Signature:_____

Checklist

Name: SSN: ***-**-****

Checklist

This checklist is provided to help you gather necessary information for us to prepare your 2025 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2024 tax year.

General Information 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 Year 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)

Other Income (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
- [ ] Medical and dental expenses
- [ ] Real estate taxes

Checklist

Name: SSN: ***-**-****

Checklist

[ ] Other state and local taxes
[ ] Mortgage interest
[ ] Investment interest
[ ] Cash contributions
[ ] Noncash contributions (provide organization name)
[ ] Unreimbursed employee expenses
[ ] Investment expenses
[ ] Gambling losses
[ ] Other payments _____

Questionnaire

Name: SSN: ***-**-****

Questionnaire

Please review this questionnaire carefully and be prepared to provide documentation for any "yes" answers.

Personal Information

[ ] [ ] Did your marital status change during the year?

[ ] [ ] If your filing status is married, but you are filing separately from your spouse, did you and your spouse live apart for the last six months of 2025?

[ ] [ ] Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?
If "Yes," provide Notice CP01A from the IRS.

Dependent Information

Yes No

[ ] [ ] Did you have any changes in dependents during the year?

[ ] [ ] Can another person qualify to claim any of your dependents?

[ ] [ ] Did you have any child or dependent care or 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?

Provide documentation for proof of dependent credits (school records, medical records, daycare records, etc.)

Health Care Information

Yes No

[ ] [ ] Did any member of your household have healthcare coverage through the Marketplace (Obamacare)?
If "Yes," provide copies of Form 1095-A.

[ ] [ ] Did you receive any distributions from a Health Savings Account (HSA)during the year?

Income, Purchases, Sales, and Debt Information

Yes No

[ ] [ ] Did you receive any tips not reported to your employer?

[ ] [ ] Did you start a new business or purchase any rental property during the year?

[ ] [ ] Did you buy or sell an existing business, rental property, or other property or your primary residence during the year?

[ ] [ ] Did you purchase any business assets or convert any assets to business use?
If "Yes," please be prepared to provide the cost of the asset, the date it was placed in service, and the business use percentage.

[ ] [ ] Did you buy or sell any stocks, bonds, or other investments during the year?

[ ] [ ] Did you refinance your principal home or second home or take out a home equity loan during the year?
If "Yes," provide all escrow, closing, and other pertinent documentation and information.

[ ] [ ] Did you rent out your home or use it for business?

[ ] [ ] Did you have any debts canceled or forgiven this year?

[ ] [ ] 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, Lyft, Uber, Airbnb, VRBO, DoorDash, etc? If yes attach form 1099-MISC, 1099-NEC or 1099-K.

[ ] [ ] Did you receive any other income you have not provided information for with this organizer?

Itemized Deduction Information

Yes No

[ ] [ ] Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage) during the year?

[ ] [ ] Did you pay any long-term care premiums for yourself, your spouse, or a dependent 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?

Questionnaire

Name: SSN: ***-**-****

Questionnaire

[ ] [ ] Did you have gambling winnings or losses during the year?

Retirement Information

Yes No

[ ] [ ] Did you make any contributions,withdrawals or rollovers to or from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?

[ ] [ ] Did you receive any Social Security benefits during the year?

Education Information

Yes No

[ ] [ ] Did you pay tuition expenses that were required for attending college for yourself, your spouse, or a dependent during the year (even if classes were attended in another 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 1098-T

[ ] [ ] Did you receive forgiveness on a qualifying federal student loan?

Foreign Tax Information

Yes No

[ ] [ ] Do you have any foreign bank accounts or own foreign property?

Refund, Withholding, and Estimated Tax Information

Yes No

[ ] [ ] Did you make any estimated payments toward your 2025 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?

One Big Beautiful 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?

Yes No

[ ] [ ] The final assembly was in the U.S.?

[ ] [ ] 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?

Miscellaneous Information

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 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?

[ ] [ ] Did you make any energy-efficient improvements to your main home during the year?

Income

Name: SSN: ***-**-****

Wages & Salaries

Provide all copies of Form W-2

TS	Employer Name	2025 Federal Wages

Retirement

Provide all copies of Form 1099-R

TS	Payer Name	2025 Distribution

☐ Yes ☐ No Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?

☐ Yes ☐ No Did you use any of the distributions for disaster relief?

Income

Name: SSN: ***-**-****

Dividend Income

Provide all copies of Form 1099-DIV and other statements that report dividend income.

TSJ	Account Number Payer Name	2025 Ordinary Dividends	2025 Qualified Dividends

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income.

TSJ	Account Number Payer name	2025 Interest

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Sale of Capital Assets

Name: SSN: ***-**-****

Sale of Capital Assets (including items not reported on Form 1099-B)

Provide all brokerage statements

TSJ	Description of Property	Date Purchased	Date Sold	Sales Price	Cost

Installment Sale Income

TSJ _____ Description of property: _____

Date acquired _____ Date sold _____

	2025	Prior Years
Selling price		
Mortgages assumed		
Cost of property sold		
Depreciation allowed		
Commissions and expense of sale		
Gross profit percentage		
Interest received		
Principal payments received		

Property was sold to a related party ☐

Other Income and Adjustments

Name: SSN: ***-**-****

Other Income

	2025 Taxpayer	2025 Spouse
Social Security Benefits (attach Forms 1099-SSA)		
Railroad Retirement Benefits (attach Forms 1099-RRB)		
State income tax refund (attach Forms 1099-G)		
Alimony received Divorce or separation date _____ Amount		
Unemployment compensation (attach Forms 1099-G)		
Unemployment compensation repaid in 2025		
Gambling winnings (attach Forms W2-G)		
Alaska Permanent Fund		
Jury duty pay		
ABLE distributions		
Scholarships or grants not reported on Form W-2		
Other income: _____		
_____		
_____		

Adjustments

	2025 Taxpayer	2025 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)		
Contributions made to a Health Savings Account (HSA)		
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents		
Alimony paid Name _____ SSN _____ Divorce or separation date _____		
Name _____ SSN _____ Divorce or separation date _____		
Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K		
Contributions made to an Individual Retirement Account (IRA)		
Contributions made to a Roth IRA		
Interest paid on a student loan		
Other adjustments: _____		

Schedule C - Profit or Loss from Business

Name: SSN: ***-**-****

General Business Information

TS _____ Professional product or service _____ Employer ID number _____

Business name _____

Business address, city, state, ZIP _____

Accounting Method: ☐ Cash ☐ Accrual ☐ Other (specify) _____

☐ This business started or was acquired during 2025. ☐ This business was disposed of during 2025.

Select if this business is for:

☐ Professional gambler ☐ Newspaper delivery and you are under 18 years of age

☐ Exempt Notary income ☐ A clergy

Yes	No	
☐	☐	Payments of $600 or more were paid to an individual, who is not your employee, for services provided for this business.
☐	☐	If "Yes," did you file Forms 1099 for the individuals?
☐	☐	Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?
☐	☐	If 'Yes," was any portion of the loan forgiven in 2025?

Income

	2025		2025
Gross receipts or sales		Other income	
Returns & allowances			

Expenses

	2025		2025
Advertising		Repairs & maintenance	
Car & truck expenses		Supplies	
Commissions & fees		Taxes & licenses	
Contract labor		Travel	
Depletion		Total meals	
Employee benefit programs		Utilities	
Insurance (other than health)		Wages	
Interest - mortgage		Family health coverage payments for taxpayer, spouse or dependents	
Interest - other		Other expenses (list)	
Legal & professional services			
Office expenses			
Pension & profit-sharing plans			
Rent or lease (vehicles, machinery, & equipment)			
Rent (other business property)			

Cost of Goods Sold

	2025		2025
Inventory at beginning of year		Materials & supplies	
Purchases		Other costs	
Cost of personal use items		Inventory at end of year	
Cost of labor		☐ There was a change in inventory method.	

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: SSN: ***-**-****

General Property Information

TSJ _____

Property description _____

Address, city, state, ZIP _____

Select the property type

- ☐ Single family residence
- ☐ Multi-family residence
- ☐ Vacation / short-term rental
- ☐ Commercial
- ☐ Land
- ☐ Royalties
- ☐ Self-rental
- ☐ Other _____

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

- ☐ This property was placed in service during 2025.
- ☐ This property was disposed of during 2025.
- ☐ This property is your main home or second home.
- ☐ This property was owned as a qualified joint venture.

	Yes	No
Payments of $600 or more were paid to an individual, who is not your employee, for services provided for this rental.	☐	☐
If "Yes," did you file Forms 1099 for the individuals?	☐	☐

Income

	2025		2025
Rent income	_____	Royalties from oil, gas, mineral, copyright or patent	_____

Expenses

	Rental Unit Expenses	Rental and Homeowner Expenses
Advertising	_____	
Auto & travel	_____	
Cleaning & maintenance	_____	_____
Commissions	_____	
Insurance	_____	_____
Legal & professional fees	_____	
Management fees	_____	
Mortgage interest	_____	_____
Other interest	_____	_____
Repairs	_____	_____
Supplies	_____	_____
Taxes	_____	_____
Utilities	_____	_____
Depletion	_____	
Other expenses		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If this Schedule E is for a a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

Income or Loss from Investments in Partnerships, S Corporations, and Fiduciaries

Name: SSN: ***-**-****

Schedule K-1 from Partnerships, S Corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

TS	Entity Name	EIN

Schedule F - Profit or Loss from Farming

Name: SSN: ***-**-****

General Information

TS _____ Principal product _____ Employer ID number _____

Accounting method, if not cash: ☐ Accrual

☐ This farm was disposed of during 2025.

Yes	No	
☐	☐	Payments of $600 or more were paid to an individual, who is not your employee, for services provided for this farm.
☐	☐	If "Yes," did you file Forms 1099 for the individuals?
☐	☐	Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?
☐	☐	If "Yes," was any portion of the loan forgiven in 2025?

Income

	2025		2025
Sale of livestock / other items		Custom hire income	
Cost of items bought for resale		Beginning inventory for accrual	
Sale of products you raised		Ending inventory for accrual	
Total cooperative distributions (Provide 1099-PATR)		☐ You used unit-livestock-price or farm-price inventory method.	
Total agricultural payments		Other income	
Commodity Credit Corporation (CCC) loans:			
CCC loans reported			
CCC loans forfeited			
Crop insurance proceeds:			
Amount received in 2025			
☐ You elect to defer to 2026			
Amount deferred from 2024			

Expenses

	2025		2025
Car & truck expenses		Rent - other (land, animals, etc.)	
Chemicals		Repairs & maintenance	
Conservation expenses		Seeds & plants purchased	
Custom hire (machine work)		Storage & warehousing	
Employee benefit programs		Supplies purchased	
Feed purchased		Taxes	
Fertilizers & lime		Utilities	
Freight & trucking		Veterinary, breeding, & medicine	
Gasoline, fuel, & oil		Family health coverage payments for taxpayer, spouse or dependents	
Insurance (other than health)		Other expenses	
Interest - mortgage (paid to banks, etc.)			
Interest - other			
Non-W-2 labor hired			
W-2 wages paid			
Pension & profit-sharing plans			
Rent - vehicles, machinery, & equipment			

Form 4835 - Farm Rental Income and Expenses

Name: SSN: ***-**-****

General Information

TSJ _____ Employer ID Number _____

Description _____

☐ This farm was disposed of during 2025

Income

	2025		2025
Income from production of livestock, produce, grains, & other crops		Crop insurance proceeds:	
Total cooperative distributions		Amount received in 2025	
Total agricultural payments		☐ You elect to defer to 2026	
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2024	
CCC loans reported		Other income	
CCC loans forfeited			

Expenses

	2025		2025
Car & truck expenses		Seeds & plants purchased	
Chemicals		Storage & warehousing	
Conservation expenses		Supplies purchased	
Custom hire (machine work)		Taxes	
Employee benefit programs		Utilities	
Feed purchased		Veterinary, breeding, & medicine	
Fertilizers & lime		Other expenses (list)	
Freight & trucking			
Gasoline, fuel, & oil			
Insurance (other than health)			
Interest - mortgage (paid to banks, etc.)			
Interest - other			
Labor hired (less jobs credit)			
Pension & profit-sharing plans			
Rent - vehicles, machinery & equipment			
Rent - other (land, animals, etc.)			
Repairs & maintenance			

Expenses Related to Business

Name: SSN: ***-**-****

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

Yes	No		Yes	No	
☐	☐	Was this vehicle available for use during off-duty hours?	☐	☐	Do you have evidence to support your deduction?
☐	☐	Was another vehicle available for personal use?	☐	☐	If "Yes," is the evidence written?

Mileage

Number of miles the vehicle was driven during 2025

Business . . . . . _____ Other . . . . . _____

Commuting . . . . . _____

Expenses

Garage rent . . . . . _____ Repairs . . . . . _____

Gas . . . . . _____ Tires . . . . . _____

Insurance . . . . . _____ Tolls . . . . . _____

Licenses . . . . . _____ Lease addback . . . . . _____

Oil . . . . . _____ Other expenses

Parking fees . . . . . _____ _____ _____

Rental fees . . . . . _____ _____ _____

Interest . . . . . _____ _____ _____

Property tax . . . . . _____ _____ _____

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business? _____

What is the total square footage of your home? _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? _____

How many hours per day was the area used? _____

☐ The daycare facility was in operation for the entire year

Expenses	Office expenses	Home expenses
Mortgage interest	_____	_____
Real estate taxes	_____	_____
Excess mortgage interest	_____	_____
Excess real estate taxes	_____	_____
Insurance	_____	_____
Rent	_____	_____
Repairs & maintenance	_____	_____
Utilities	_____	_____
Other expenses	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Household Employment

Name: SSN: ***-**-****

TSJ_____ Employer Identification Number _____

Yes	No	
☐	☐	Did you pay any one household employee cash wages of $2,700 or more in 2025?
☐	☐	Did you withhold federal income tax during 2025 for any household employee?
☐	☐	Did you pay total cash wages of $1,000 or more in any calendar quarter of 2024 or 2025 to all household employees?
☐	☐	Did you pay unemployment contributions to only one state?
☐	☐	Did you pay all state unemployment contributions for 2025 by April 15, 2026?
☐	☐	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

	2025
Total cash wages subject to Social Security tax	
Total cash wages subject to Medicare tax	
Total cash wages subject to Additional Medicare tax withholding	
Federal income tax withheld	
Qualified sick leave wages	
Qualified family leave wages	
Qualified health plan expenses	

TSJ_____ Employer Identification Number _____

Yes	No	
☐	☐	Did you pay any one household employee cash wages of $2,600 or more in 2025?
☐	☐	Did you withhold federal income tax during 2025 for any household employee?
☐	☐	Did you pay total cash wages of $1,000 or more in any calendar quarter of 2024 or 2025 to all household employees?
☐	☐	Did you pay unemployment contributions to only one state?
☐	☐	Did you pay all state unemployment contributions for 2025 by April 15, 2026?
☐	☐	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

	2025
Total cash wages subject to Social Security tax	
Total cash wages subject to Medicare tax	
Total cash wages subject to Additional Medicare tax withholding	
Federal income tax withheld	
Qualified sick leave wages	
Qualified family leave wages	
Qualified health plan expenses	

Schedule A - Itemized Deductions

Name: SSN: ***-**-****

Medical and Dental Expenses

Health insurance premiums (paid by you, not through work) . . . . . _____

Amount above that is for Medicare premiums . . . . . _____

Long-term care premiums (you) . . . . . _____

Long-term care premiums (your spouse) . . . . . _____

Long-term care premiums (dependents) . . . . . _____

Mileage driven for medical purposes . . . . . _____

Out of pocket medical & dental expenses

- Doctor, dental, etc . . . . . _____
- Prescription medicines . . . . . _____
- Glasses & contacts . . . . . _____
- Hearing aids . . . . . _____
- Medical equipment & supplies . . . . . _____
- Hospital services . . . . . _____
- Laboratory services . . . . . _____
- Nursing services . . . . . _____
- Other _____ _____
- Other _____ _____

Taxes Paid

State and local income taxes . . . . . _____

General sales tax (vehicle, boat, home, etc.) . . . . . _____

Real estate taxes . . . . . _____

Personal property taxes . . . . . _____

Auto registration taxes not deductible for state . . . . . _____

Other taxes (list) _____ _____

_____ _____

_____ _____

Interest Paid

Home mortgage interest paid (attach Form 1098) . . . . . _____

☐ Some of your home mortgage loan was not used to buy, build, or improve your home.

Home mortgage interest paid to an individual . . . . . _____

Paid to:

Name _____

Address _____

City, State, ZIP _____

SSN or EIN _____

Points not reported on Form 1098 . . . . . _____

Investment interest . . . . . _____

Charitable Contributions

Donations to charity	Cash	Noncash	Amount
Church	☐	☐	_____
Boy or Girl Scouts	☐	☐	_____
Goodwill	☐	☐	_____
Red Cross	☐	☐	_____
Salvation Army	☐	☐	_____
United Way	☐	☐	_____
Veterans	☐	☐	_____
Hospital	☐	☐	_____
University	☐	☐	_____
Other _____	☐	☐	_____

Miles driven for charitable purposes . . . . . _____

Other Miscellaneous Deductions

Amortizable bond premiums . . . . . _____

Federal estate tax . . . . . _____

Gambling losses . . . . . _____

Impairment-related work expenses . . . . . _____

Claim repayments . . . . . _____

Unrecovered pension investments . . . . . _____

Loss from other activities from Schedule K-1 . . . . _____

Ordinary loss debt instrument . . . . . _____

Excess deduction on termination . . . . . _____

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer

- Safety equipment, tools, & supplies . . . . . _____
- Uniforms . . . . . _____
- Protective clothing (shoes, hardhats, glasses, etc.) _____
- Dues to professional organizations . . . . . _____
- Books & subscriptions . . . . . _____
- Other _____ _____

Union dues . . . . . _____

Tax preparation fees . . . . . _____

Other nonpersonal expenses related to taxable income

- Safe deposit box fees . . . . . _____
- Investment expenses not entered elsewhere . . _____
- Other _____ _____

Home equity interest . . . . . _____

Other Information

Name: SSN: ***-**-****

Mortgage Interest Provide all copies of Form 1098

TSJ	Lender's Name	Mortgage Interest Received	Mortgage Insurance Premiums	Real Estate Taxes Paid

Employee Business Expenses

TS_____

Select if you are:

- ☐ A qualified performing artist
- ☐ A fee-based state or local government official
- ☐ A disabled employee with impairment-related work expenses
- ☐ An Armed Forces reservist
- ☐ You are a member of the clergy

Select if you:

- ☐ Used your personal vehicle for your job during 2025

	NOT reimbursed by your employer	Reimbursed by your employer not included in box 1 of your W-2
Parking fees, tolls, local transportation		
Meals		
Overnight business travel expenses (Do not include meals & entertainment)		
Other business expenses		

Casualties and Thefts

TSJ_____ FEMA code _____

Property description _____

Property location _____

_____

Date property was acquired _____

Date property was damaged or stolen _____

Cost of property damaged or stolen _____

Fair market value before incident _____

Fair market value after incident _____

Insurance reimbursement _____

TSJ_____ FEMA code _____

Property description _____

Property location _____

_____

Date property was acquired _____

Date property was damaged or stolen _____

Cost of property damaged or stolen _____

Fair market value before incident _____

Fair market value after incident _____

Insurance reimbursement _____

Other Information

Name: SSN: ***-**-****

Health Savings Account

TS _____

The taxpayer's coverage is under a high-deductible health plan for:

☐ Taxpayer only ☐ Family

	2025
HSA contributions made for 2025	
Total distributions from all HSAs during 2025	
Distributions included above that were rolled over into another account	
Qualified medical expenses paid using HSA distributions	

Education Expenses Provide all copies of Form 1098-T

Student name _____ Student name _____

Type of Expense	Amount	Type of Expense	Amount

Student name _____ Student name _____

Type of Expense	Amount	Type of Expense	Amount

Job-related Moving Expenses

TSJ_____

☐ Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

	2025
Number of miles from old home to old workplace	
Number of miles from old home to new workplace	
Expenses to transport and store household goods and personal effects	
Travel and lodging expenses while traveling to your new home	

2025 Tax Organizer
Personal Information

Personal Information

	Name	SSN	Has IP PIN	Date of Birth
Taxpayer		***-**-****		
Spouse				

Name of person to whom all information should be addressed, if not the taxpayer
Street address, city, state, and ZIP

	Occupation	Daytime Phone	Evening Phone	Cell Phone
Taxpayer				
Spouse				

Taxpayer email	
Spouse email	

Filing status at the end of 2025

☐ Single ☐ Married ☐ Widowed - If widowed and your spouse died after December 31, 2023, enter the date of death _____

☐ Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2025? _____

Yes	No	
☐	☐	Are you or your spouse blind?
☐	☐	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)?

Identification Information

Taxpayer's type of photo ID

☐ Driver's license ☐ State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Spouse's type of photo ID

☐ Driver's license ☐ State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use this Account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2025 appointment is scheduled for _____

Dependent and Other Information

Name: SSN: ***-**-****

Dependent Information

First and Last Name SSN	Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full-time Student	Childcare Expenses

List dependents required to file a return _____

Child and Other Dependent Care Expenses

Name of Care Provider	Address	SSN or EIN	Amount Paid

Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2024						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

SUMMIT TAX SOLUTIONS
400 INTERNATIONAL WAY STE 280
SPRINGFIELD, OR 97477

,

ENV 80343

Income

Name: SSN: ***-**-****

Form 1099-MISC Income

Provide all copies of Form 1099-MISC

TS	Payer Name	2025 Amount

Form 1099-NEC Income

Provide all copies of Form 1099-NEC

TS	Payer Name	2025 Amount