James Ridout CPA
2159 Wilton Drive
Wilton Manors, FL 33305

www.jamesridoutcpa.com Office: (954) 368-3817 Fax: (954) 530-0843 info@jamesridoutcpa.com

January 1, 2026 (Please email documents to Info@Jamesridoutcpa.com)

Dear Client,

We look forward to servicing your tax returns this year. This is the 2025 Tax Organizer for your convenience. The 2025 Tax Organizer is a guide for you to use as you gather materials for preparation of your 2025 tax returns. We ask that you use it to notate any changes in your situation from the previous year, such as if you moved in 2025, we would need your new address. For areas that are the same as previous years, you may leave those areas blank. For general changes, please utilize the check boxes. For returning clients, please update the information sheet with changes from the previous year (page 2). Feel free to make notes in the indicated section. When Completed please sign below.

***Must be Filled Out (Please Check Box If Applicable) For Tax Year 2025**

Client Full Name: ______________________________________

- ☐ The IRS Mailed me a 6-digit IP Number in January 2026.
- ☐ I had Marketplace Health Insurance. (Need 1095-A from Healthcare.gov)
- ☐ I began a new business in 2025. Date Started ____/_____/_____
- ☐ I ceased operations of a business in 2025. Date Closed ____/_____/_____
- ☐ I want $3 to go to the presidential campaign (does not change refund/amount due)
- ☐ I moved this year. Date Moved ____/_____/_____
- ☐ I am claiming _______ dependent(s) 2025. (Please don't include spouse)
- ☐ I have more than $10,000 in a foreign bank account. Total $__________________

  Bank Name_______________________ Acct. #____________________________

  Address: ____

Other Notes:

____
____
____

Under penalties of perjury, I declare that I have examined this tax organizer and to the best of my knowledge and belief, they are true, correct, and complete.

X____

☐ I Have A Business (Fill Out Page 4)

☐ I Received Rental Income From My Primary Residence (Fill Out Page 5)

☐ I Received Rental Income From An Investment Property (Fill Out Page 5)

☐ I Own a Home

- ☐ I Made Mortgage Interest Payments (1098 Needed)
- ☐ I Made Real Estate Tax Payments

☐ I Sold/Bought a Home (Fill Out Page 6)

(If a home was sold in 2025, we will need a Settlement Statement (HUD-1) from the purchase and a Settlement Statement from the sale of the home. If a home was bought, we will need the Settlement Statement (HUD-1) from the purchase of the home. You can contact the Title Company to get copies if you do not have them.)

☐ I Had Health Marketplace Insurance (1095-A Needed)

☐ I Had Health Insurance Through My Job

☐ I Got Married, Divorced, Or Became a Widow(er). Date: ____ / ____ /____

☐ I Got Divorced: Ex-Spouse SSN (Must Have) ____-___-_____ Date Divorced: ____ / ____ / ____

If Divorced Before 2018 Alimony: Received: $______________ or Paid: $________________

☐ I Received Unemployment Benefits

☐ I Received Social Security Benefits

☐ I Received W-2s

☐ I Received 1099s

☐ I Received 1099-Rs

☐ I Had Investment Income

☐ I Made Donations. Please Provide Charities Information. Charity Name: __________________________

EIN: ____________________ Amount Donated: ________

Address: ______________________________________ City/State/Zip: ____________________________

☐ I Made IRA Contributions: ☐Roth (or) ☐Traditional $_____________ Spouse: $______________

☐ I Received a mean Letter From the IRS

☐ I Paid IRS Estimated Tax Payments (Please Provide Confirmation Receipt). Total $____________

☐ Other: (Please)

- ____
- ____
- ____
- ____

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2025 Tax Organizer – Please update changes from previous year. Leave unchanged areas blank.

How Did You Hear About Us:

☐Yelp ☐Google ☐Friend (Name): ______________________ ☐Other: ______________________

Client Information

Name:____________________________________ DOB: _____/____/____ SSN:_________________

Street Address:____

City, State, Zip Code:____

Phone Number: ____________________ Email: ____

Driver's License #___________________________________ State: ____ Issued Date: ___ /___ /___

Expiration Date:___ /___ /___ Occupation:____

☐ Filing Jointly ___/___/___ ☐ Filing Separately ___/___/___ ☐ Became Widow(er)___/___/___

(Spouse's Information)

Spouse's Name:__________________________________DOB: ___ /___ /___ SSN:____________________

Phone Number: ____________________ Email: ____

Driver's License #___________________________________ State:____ Issued Date: ___ /___ /___

Expiration Date:___ /___ /___ Occupation: ____

Bank Information: (**If No Bank Information Is Given, Client Will Default to Mailing Amount Due or Refund**)

☐ Use Bank Info for Direct Deposit of Tax Return Refund

☐ Use Bank Info for Direct Withdrawal of Tax Return Taxes Owed

☐ Use Bank Info for Auto Withdraw of Cost of Our Services Upon Completion of Work

Bank Name: ____

Routing#: ______________________ Acct#: ________________________

Dependents Information

Number of Dependents Claimed in 2025: ________

Name___________________________________ DOB: ___ /___ /___

SSN: ___________________ Relationship: ___________________________

☐ Dependent Lived With Me All Year ☐ I Provided More Than Half The Support for Dependent

☐ I Paid For Dependents School/Child Care (If Box Is Checked Please Fill Out Section Below)

School/Child Care Name:____

EIN/Tax #: ________________________________ Amount Paid dependent:________________

Address:___________________________________ City/Sate/Zip: _________________________

Name___________________________________ DOB: ___ /___ /___

SSN: ___________________ Relationship: ___________________________

☐ Dependent Lived With Me All Year ☐ I Provided More Than Half The Support for Dependent

☐ I Paid For Dependents School/Child Care (If Box Is Checked Please Fill Out Section Below)

School/Child Care Name:____

EIN/Tax #: ________________________________ Amount Paid dependent:________________

Address:___________________________________ City/Sate/Zip: _________________________

Name___________________________________ DOB: ___ /___ /___

SSN: ___________________ Relationship: ___________________________

☐ Dependent Lived With Me All Year ☐ I Provided More Than Half The Support for Dependent

☐ I Paid For Dependents School/Child Care (If Box Is Checked Please Fill Out Section Below)

School/Child Care Name:____

EIN/Tax #: ________________________________ Amount Paid dependent:________________

Address:___________________________________ City/Sate/Zip: _________________________

*Check All Applicable For 2024

Business Income/Expense Worksheet

Type Of Business: (We Will Need All Partners Information for Business Tax Return)

(If Business Income/Expenses Form Is filled out First page of Organizer Must Be Signed)

☐Single Member LLC ☐S-Corp ☐C-Corp ☐Non-Profit ☐Trust / Estate ☐Partnership

Name of Business: ____

Address: ____

Income: $__________________ EIN: ________________________

Expenses:

Accounting	___________	Office Phone (Commercial)	___________
Advertising	___________	Office Utilities (Commercial)	___________
Bank Charges	___________	Other Taxes	___________
Business Insurance	___________	Paid to Others	___________
Car & Truck	___________	Parking & Tolls	___________
Cell Phone	___________	Payroll Taxes	___________
Equipment Rental	___________	Postage & Delivery	___________
Dues & Subscription	___________	Printing	___________
Interest	___________	Sales Tax	___________
Home Utilities	___________	Supplies	___________
Janitorial	___________	Travel (Away from Home)	___________
Laundry & Cleaning	___________	Tools	___________
Legal & Professional	___________	Other: (i.e. Equipment Purchased)	
Licenses & Permits	___________	___________	___________
Meals	___________	___________	___________
Office Expense	___________	___________	___________
Office Rent (Commercial)	___________	___________	___________
Office Repairs (Commercial)	___________	___________	___________

Mileage For Business: __________ Personal: __________ Total Mileage: __________

Home Office: Square Ft for Home: _________ Square Feet for Home Office: _________

Total Utilities for Home Office: __________

Rental Property Income/Expense Worksheet (Fill out 1 for Each Property)

Property Address: ____

(If Business Income/Expenses Form Is filled out First page of Organizer Must Be Signed)

Name on Deed (If business use business Name): ______________________________ ☐ LLC

Days Rented: _______ Property Type: __________ Air BnB: ☐ Yes ☐No

Income: $___________ Is the Lease for longer than 1 year: ☐ Yes ☐ No

Expenses:

Advertising	$ ______________	Utilities	$____________
Auto (Rentals)	$_______________	Other Taxes	$____________
Association Fees	$_______________	Other:	
Cleaning	$_______________	_________________	$____________
Commissions	$_______________	_________________	$____________
Insurance	$_______________	_________________	$____________
LLC Fees	$_______________	_________________	$____________
Legal Fees	$_______________	_________________	$____________
Management Fees	$_______________	_________________	$____________
Mortgage Interest	$_______________	_________________	$____________
Real Estate Taxes	$_______________	_________________	$____________
Small Repairs	$_______________	_________________	$____________
Supplies	$_______________	_________________	$____________
Travel	$_______________	_________________	$____________

Renovations In 2025 (List Each Renovation):

____

____

____

____

Mileage: For business ________ For Personal _________ Total _______

Sale of Home Income/Expense Worksheet (1 Sheet Per Property Sold)

Must Have Settlement Statements from Original purchase and Final Sale of Home.
(Contact the title company if you do not have them.)

Please Review Expenses Below and Only Fill Out Expenses That Are not on Settlement Statement

Property Address: ____

Days Rented: _______ Property Type: _________ Short-term: Yes/No____

☐Primary Home ☐Vacation Home ☐Rental (Not Primary Home)

Sale Price & Date: $___________ ___/___/___

Original Purchase Price & Date: $___________ ___/___/___

Expenses:

Realtor Commissions $ _____________

Advertising $ _____________

Auto (Rentals) $ _____________

Cleaning $ _____________

Mortgage Interest $ _____________

Legal Fees $ _____________

Taxes $ _____________

Utilities-after sale $ _____________

Travel to 2nd Home $ _____________

Improvements $______________

Repairs/sale requirement $ _____________

Supplies (pertains to sale) $ _____________

Other (list):

________________ $________

________________ $________

________________ $________

________________ $________

________________ $________

________________ $________

________________ $________

Total Expenses $____________

Mileage: Total________ for Business_________ Personal_______

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Privacy Policy

Types of Non-Public Personal Information We Collect

James Ridout CPA collects non-public personal information about you that you provide to us, or by which is obtained by us with your authorization. Examples of sources from which we collect information include client phone calls, interviews, client emails and letters, client financial planning organizer, tax returns, and questionnaires concerning financial history.

Parties to Whom We Disclose Information

Current and former clients' non-public personal information obtained in the course of providing accounting services is not disclosed except as required or permitted by law. Permitted disclosures include providing client information to *James Ridout CPA* employees and, in limited circumstances, to unrelated third parties who require such information to assist *James Ridout CPA* in providing client services. The confidential nature of the shared information is emphasized in all circumstances.

Protecting the Security and Confidentiality of Current and Former Client Information

James Ridout CPA retains records relating to professional services provided to clients so that we may better assist clients with their professional needs. Additionally, records are retained in some circumstances to comply with professional guidelines and requirements. To protect your non-public personal information, *James Ridout CPA* maintains electronic, physical, and procedural safeguards in compliance with CPA professional standards.

Your privacy, our professional ethics requirements, and our ability to provide quality financial services are important to our firm. If you have any questions regarding *James Ridout CPA*'s privacy policy, please contact us.

We must have a copy of your governmental identification (driver's license; passport) before your consultation. We need this information to confirm that we are communicating with the right person.

Calendar of Due Dates

- January 15, 2026 - Deadline for estimated payments
- January 31, 2026 - 1099s and W-2s to contractors and employees
- February 1, 2026 – Due date for providers to send your tax forms (i.e. Mortgage Interest, W-2, Stock Accounts, etc.)
- March 15, 2026 – S-Corp 1120-S and/or Partnership 1065 filing/extension due
- April 15, 2026 – Personal 1040 and/or Trust/Estate 1041 Tax Return filing/extension due
    - 2025 contributions for IRA, RMDs and/or 401k due
- May 15, 2026 – Tax exempt 990 (Non-Profit Corporations) due
- June 15, 2026 – 1040-NR (Non-Resident aliens) including LLCs for Non-Resident due
- September 15, 2026 – S-Corp 1120 and Partnership 1065 with filed March extension due
- October 15, 2026 – Personal 1040 and Trust/Estate 1040 with filed April extension due
- November 15, 2026 – Tax exempt 990 with filed May extension due

1. **How can I deliver my completed tax organizer and tax documents to you?**
    A. Send attachment to our email (info@jamesridoutcpa.com)
    B. Upload your documents to Dropbox. (Email or call us to set up a Dropbox if you do not already have one with us)
    C. Drop off your documents at our office Monday through Friday 10:00AM – 6:00PM.
    D. Schedule a consultation with James (In office, via telephone, or virtual call) by calling our office at 954-368-3817.
2. **How Long will it take you to process my tax return?**
    A. Once we have all your documents, you will secure your place in line in our queue. We operate on a first come first serve basis.