

CLAUDE BOOSKA TAX
8690 NW 160th ST
FANNING SPRINGS, FL 32693-7017
OFFICE: 813-967-0644 FLORIDA CELLPHONE: 352-888-1169 FAX: 352-658-2047

2025 Tax Organizer

Personal Information

YOUR NAME _____ DOB _____ SS# _____

YOUR
SPOUSE _____ DOB _____ SS# _____

ADDRESS _____ State _____ Zip _____ County _____

Home Phone _____ Cell Phone _____ Work Phone _____

(Call my) Cell____ Home____ Work____ After____ **E-Mail Address** _____

Filing Status

MARRIED _____ SINGLE _____ HD OF HOUSEHOLD _____

DIGITAL ASSETS: At any time during 2023, did you: (a) receive (as a reward, award, or payment for property services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

Yes No

DEPENDENTS

| NAME | DOB | SS# | NAME | DOB | SS# |
|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

INCOME (PLEASE INCLUDE W-2, 1099, INTEREST INCOME, DIVIDENDS ETC)

Source _____ Amount _____ Source _____ Amount _____

Source _____ Amount _____ Source _____ Amount _____

Other Income (CHECK ALL THAT APPLY) (PLEASE PROVIDE INFORMATION FORMS)

Income tax refund (Fed) _____ State _____ Partnerships _____ Alimony received _____ Self-Employed _____

Pension _____ Sale of Property _____ Rental Property _____ IRA Distribution _____

Unemployment _____ All 1099's _____

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EMAIL: Claude@Claude.tax OR CALLCLAUDE@MSN.COM

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ITEMIZED DEDUCTIONS (Include Supporting Documentation)

| | | | |
|----------------------------------|-----------------------|--------------------------------|---------------------------------|
| Medical expenses _____ | Contributions _____ | <u>Interest Paid</u> | <u>Taxes</u> |
| Medical Insurance premiums _____ | Church _____ | 1 st Mortgage _____ | Property taxes _____ |
| Doctors/Dentist _____ | Misc. cash _____ | 2 nd Mortgage _____ | Car Ad Volorem TAX _____ |
| Insurance Reimbursement _____ | Other Donations _____ | Student Loan _____ | |

Buy/Sell home _____ (**Need settlement statement**)

Child Care _____ SS# or Fed I.D. # of Care Provider _____ Amount you paid _____ employer paid _____

Care Provider Name _____ Care Provider Address _____

____ Purchased IRA amount _____ Regular _____ Roth _____ Education _____ Converted to Roth _____ (**provide details**)

____ Contributed to SEP or other personal retirement (**excluding through employer**)

SPECIAL NOTES:

Need mileage logs for business use miles (**MANDATORY**)

Need all expenses deductions listed for business, any related deductions claimed (Need to keep copy on file)

Please check box:

(Quickest) Direct Deposit _____ There will no longer be checks issued by the IRS

Bank Information:

Name of Bank _____ (What kind of account?) Checking Account _____ (or) Savings Account _____

Routing Number # _____ **Account Number** # _____

All preparation fees are due upon completion of tax return.

I will be paying by: (CHECK ONE)

Zelle _____ Check _____

Venmo (add 3.8% if paying as service) _____ Debit/Credit Card (add 3.8%) _____

If you request an extension, a non-refundable fee is required.

• The fee is 50% of your prior year's tax preparation fee, payable at the time the extension request is submitted.

• This amount will be applied toward your preparation fee if your return is completed by my office.

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