

**CLAUDE BOOSKA TAX**  
**8690 NW 160<sup>th</sup> 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 \_\_\_\_\_

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

**ITEMIZED DEDUCTIONS (Include Supporting Documentation)**

Medical expenses \_\_\_\_\_ Contributions \_\_\_\_\_ Interest Paid \_\_\_\_\_ Taxes \_\_\_\_\_

Medical Insurance premiums \_\_\_\_\_ Church \_\_\_\_\_ 1<sup>st</sup> Mortgage \_\_\_\_\_ Property taxes \_\_\_\_\_

Doctors/Dentist \_\_\_\_\_ Misc. cash \_\_\_\_\_ 2<sup>nd</sup> 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.**

**CLAUDE BOOSKA 8690 NW 160<sup>th</sup> ST FANNING SPRINGS, FL 32693-7017**  
**OFFICE: 813-967-0644 FAX: 352-658-2047**  
**EMAIL: [Claude@Claude.tax](mailto:Claude@Claude.tax) OR [CALLCLAUDE@MSN.COM](mailto:CALLCLAUDE@MSN.COM)**