

GRADY & ASSOCIATES

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- 1) Download to your computer.
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PDF Scanner

- The notes app on iPhone can scan documents into PDF. In notes app click new note, click the paperclip, click the camera. We highly prefer PDFs for smaller file size.

Secure file Portal

- Please never send sensitive information via email. Upload documents securely by clicking [HERE](#) or by visiting www.CPABroomfield.com.

No Piecemeal

- Please send 100% of tax documents in a single upload vs. multiple. That cuts down significantly on our administrative time.

Big Beautiful Bill updates

- Taxpayers who had not itemized deductions in the past may now be eligible. Please complete the itemized deductions schedule even if you think you might not itemize.
- Even if you don't itemize it is possible to get an above-the-line deduction for charitable contributions, so please input charitable contributions.

Amounts on Tax Organizer

- The tax organizer asks you to list amounts. For example, maybe you have a 1099 from Fidelity with various dividends, interest, and capital gains. We don't necessarily care what amount you list on the organizer. It is more or less a check for us that you provide the actual 1099 form. We care most that the actual tax form was uploaded.

Joint returns must include two unique email addresses which will be used for digital signature.

TAX ORGANIZER

Taxpayer Information	Spouse Information
Last name	Last name.....
First name	First name
Middle Initial..... Suffix.....	Middle Initial..... Suffix.....
Social security number	Social security number
Occupation	Occupation.....
Work phone Ext ...	Work phone..... Ext ...
Cell phone	Cell phone
E-mail address.....	E-mail address.....
Date of birth.....	Date of birth
Address	Apartment number.....
City	State..... ZIP Code.....
Home phone..... Fax number	

Dependent Information					
First name	MI	Social Security Number	Date of Birth	Months Lived with Taxpayer	Child Care Expense
Last name	Suffix	Relationship			

Child and Dependent Care Provider Expenses			
Name	Address	ID Number	Amount Paid

Education Tuition and Fees
 Attach all Form 1098-Ts and a list of your qualified education expenses.

Student Loan Interest Paid
 student loan interest.....

Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation

Employer Name	Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc

1099-R Payer Name	Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) SSA-1099 – Social Security/Railroad Benefits

	Taxpayer	Spouse
Social Security Benefits from Form SSA-1099	_____	_____
Railroad Retirement Benefits from Form RRB-1099	_____	_____
Medicare B premiums withheld	_____	_____
Medicare C premiums withheld	_____	_____
Medicare D premiums withheld	_____	_____

Attach Form(s) 1099-MISC – Miscellaneous Income and 1099-NEC

ATTACH SCHEDULE C ORGANIZER

1099-MISC Payer Name and 1099-NEC Payer Name

Attach Form(s) 1099-INT – Interest Income

1099-INT Payer Name	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-DIV – Dividend Income

1099-DIV Payer Name	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc

Attach all stock sale transaction information, including initial cost information.

Other Government Forms to attach:

Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

Other Income:

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

	Taxpayer	Spouse
Retirement Plan Contributions		
Traditional IRA contributions made	_____	_____
Roth IRA contributions made	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions	_____	_____

Medical and Dental Expenses	Amount
Prescription medications.....	_____
Health insurance premiums	_____
Doctors, dentists, etc	_____
Hospitals, clinics, etc	_____
Eyeglasses and contact lenses	_____
Miles driven for medical purposes...	_____
Other medical and dental expenses:	_____
_____	_____

Taxes	Amount
Real estate taxes paid on principal residence	_____
Real estate taxes paid on additional homes or land	_____
Auto license registration fees based on the value of the vehicle	_____
Other personal property taxes	_____

Interest Expenses	Amount
Home mortgage interest paid – Attach Form(s) 1098.	
Lender's Name	Amount
_____	_____
Points paid on loan to buy, build or improve main home	
Lender's Name	Amount
_____	_____

Cash/Check/Credit Contributions	Amount	CHECK BOX IF ZERO
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

Noncash Charitable Contributions
 Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.
 _____ If > \$500 attach itemized schedule

Miscellaneous Deductions	Amount
Union and professional dues	_____
Professional subscriptions, books, supplies	_____
Uniforms and protective clothing (including cleaning)	_____
Job search costs	_____
Taxpayer educator expenses	_____
Spouse educator expenses	_____
Tax return preparation fees	_____
Safe deposit box rental	_____
Gambling losses (to the extent of gambling income)	_____
Other expenses (list):	_____
_____	_____

- 1 Did a lender cancel any of your debt in 2025? (Attach any Forms 1099-A or 1099-C).....
- 2 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2025? If **yes**, please attach details.....
- 3 Did you purchase a motor vehicle or boat during 2025?.....
If **yes**, attach documentation showing sales tax paid.
- 4 Did you purchase a hybrid or electric vehicle in 2025? If **yes**, enter year, make, model, and date purchased: _____
- 5 Did you pay qualified passenger vehicle loan interest in 2025?.....
If **yes**, attach documentation showing interest paid.
- 6 Did you donate a vehicle in 2025? If **yes**, attach Form 1098C.....
- 8 Did your marital status change during 2025?.....
If **yes**, explain: _____
- 9 Were you or your spouse permanently and totally disabled in 2025?.....
- 10 Do you have dependents who must file?.....
- 11 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,700?...
- 12 Did you provide over half the support for any other person during 2025?.....
- 13 Did you incur adoption expenses during 2025?.....
- 14 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?.....
- 16 Did you receive tip income **not** reported to your employer?.....
- 17 a Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2025? If **yes**, attach closing or escrow statements, 1099-C or 1099-A forms.....
b If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?.....
- 18 Did you incur any casualty or theft losses during 2025?.....
- 19 Did you incur any non-business bad debts?.....
- 20 Did you pay any individual for domestic services in 2025?.....
- 21 Did you take a retirement account distribution related to a natural disaster?.....
- 22 Did you buy or sell any stocks or bonds in 2025?.....
- 23 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?.....
- 25 Did you receive any income not included in this Tax Organizer?.....
If **yes**, please attach information.
- 26 Do you expect your income and deductions in 2026 to be the same as 2025?.....
If **no**, attach explanation of changes expected.
- 27 Did you receive Form 1095-A (Health Insurance Marketplace Statement)? If so, please attach.....
- 28 At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?.....
- 29 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____
- 30 Enter your state of residence..... **Taxpayer** _____ **Spouse** _____
- 31 a Do you want to change the language with which the IRS communicates with you?.....
b If yes, which language?..... _____

Electronic Filing and Direct Deposit of Refund

Yes

The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.

If you receive a refund, would you like direct deposit?.....

If **yes**, please provide a voided check (not a deposit slip) if your bank account information has changed.

What type of account is this?..... Checking Savings

HEALTH INSURANCE REPORTING REQUIREMENTS

Did you purchase health insurance through a government marketplace exchange?

YES NO

If yes, please include a full copy of form 1095-A. It will look like the image below.

If you purchased insurance through a private plan or your workplace you would receive form 1095-B or 1095-C. We do not need to report B or C for Colorado residents. We only need form 1095-A.

Form 1095-A		Health Insurance Marketplace Statement		<input type="checkbox"/> VOID	OMB No. 1545-2232
Department of the Treasury Internal Revenue Service		Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095A for instructions and the latest information.		<input type="checkbox"/> CORRECTED	2023
Part I Recipient Information					
1 Marketplace identifier		2 Marketplace-assigned policy number		3 Policy issuer's name	
4 Recipient's name			5 Recipient's SSN		6 Recipient's date of birth
7 Recipient's spouse's name			8 Recipient's spouse's SSN		9 Recipient's spouse's date of birth
10 Policy start date		11 Policy termination date		12 Street address (including apartment no.)	
13 City or town		14 State or province		15 Country and ZIP or foreign postal code	

DIRECT DEPOSIT INFORMATION

If you checked yes for direct deposit of refund, please input bank information.

Routing Number (9 Digits)

Account Number

STATE 529 CONTRIBUTIONS

*The owner is the person that can make changes on the account, not the student or beneficiary.

Owner's Name	Owner's SSN	Contribution	State

Auto Loan Interest Deduction – On New Vehicles

- Must be interest on the purchase of a new vehicle and purchased after 12/31/2024.
- It must be a personal non-business use vehicle.
- Do NOT input interest paid on the purchase of used vehicles.
- The loan must be in the taxpayer or spouse's name.
- It is fully phased out at AGI > \$250K married and > \$150k single.
- There is no specific tax form that you will receive. The best document is your December loan statement.
- Final assembly must have occurred in the USA. To test that enter vin [HERE](#).

Total Loan Interest Paid in tax year

Vehicle Identification Number VIN