

# Cardinal Accounting & Tax

2716 Telegraph Road, Suite 203, St. Louis, MO 63125  
314-487-3663 (Fax) 314-487-2515

Please complete the organizer and mail or bring it to our office with **all W2's, 1099's, Forms 1095, and Forms 1098, including Form 1098-T**, as well as any notices or correspondence you have received from the IRS or state department of revenue. Complete information will help us improve our service.

**We are required to electronically file all returns. If you want any refund direct deposited, please submit a voided check to us with your tax information. You may be asked to provide a copy of your driver's license for e-filing.**

**ALL NEW CLIENTS—please bring a copy of your prior year tax return.**

**I attest all information enclosed is complete and accurate.**

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **TAXPAYER INFORMATION**

Taxpayer \_\_\_\_\_ SSN \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse \_\_\_\_\_ SSN \_\_\_\_\_ Birth Date \_\_\_\_\_

Address : \_\_\_\_\_ Date Moved \_\_\_\_\_  
(If address is different from prior year.)

County \_\_\_\_\_

Do you live in the City of St. Louis? ☐ YES ☐ NO

## **EMAIL ADDRESSES:**

Taxpayer \_\_\_\_\_ May we contact you by email with questions? ☐ YES ☐ NO  
Spouse \_\_\_\_\_ May we contact you by email with questions? ☐ YES ☐ NO

Occupation: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Taxpayer \_\_\_\_\_  
Spouse \_\_\_\_\_  
(Please indicate preferred phone number with \*.)

## **STATUS CHANGES THIS YEAR (Enter Dates):**

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Spouse Deceased \_\_\_\_\_ Dependent Deceased \_\_\_\_\_  
Sold Home \_\_\_\_\_ Sold Property \_\_\_\_\_

65 or over? Taxpayer? ☐ YES ☐ NO Spouse? ☐ YES ☐ NO Legally Blind? Taxpayer? ☐ YES ☐ NO Spouse? ☐ YES ☐ NO

Do you want \$3 to go to the Presidential Election Campaign Fund? Taxpayer? ☐ YES ☐ NO Spouse? ☐ YES ☐ NO

## **ESTIMATED TAXES PAID FOR 2025**

	<u>Date Due</u>	<u>Date Paid</u>	<u>Federal</u>	<u>State</u>
Applied From Prior Year's Refund				
First Quarter	April 15th, 2025			
Second Quarter	June 16th, 2025			
Third Quarter	Sept. 15th, 2025			
Fourth Quarter	Jan. 15th, 2026			

**DEPENDENTS**--List names of all dependents that received more than one-half of their support from you.

NAME (Include last name if different):	Soc. Sec. #	Birthdate	**	Income	If over age 18 Student/Disabled?	Education Expenses

\*\*S=Son, D=Daughter, R=Relative, O=Other

**Please attach copies of Form 1098-T for education expenses.**

**Did a dependent child under age 23 have unearned (interest/dividend) income over \$2,700?** \_\_\_\_\_

**Missouri MOST or other 529 plan contributions for education.** Amount \_\_\_\_\_

**CHILD & DEPENDENT CARE EXPENSES (DAY CARE)**

Child Name	Child Name
<b>Child Care Provider:</b>	<b>Child Care Provider:</b>
Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
SSN/EIN _____ Amount Paid _____	SSN/EIN _____ Amount Paid _____

**OTHER INCOME**

	Taxpayer	Spouse
Alimony Received	_____	_____
<b>Unemployment</b>	_____	_____
Jury Duty	_____	_____
Gambling Winnings	_____	_____
Other Income	_____	_____

**Attach all W2's, W2-G's      Attach all Forms 1095-A, B or C**  
**Attach social security/railroad retirement statement**  
**Attach all 1099's/1098's**  
**Attach K-1's from trusts, estates, partnerships, S corporations**

**DEDUCTIONS OR ADJUSTMENTS**

	Taxpayer	Spouse		Taxpayer	Spouse
Deductible IRA	_____	_____	Health Savings Account	_____	_____
Non-Deductible IRA	_____	_____	Self Employed Health Ins	_____	_____
Roth IRA	_____	_____	Student Loan Interest	_____	_____
SEP	_____	_____	Alimony Paid	_____	_____
SIMPLE	_____	_____	To Whom: _____		
			SSN: _____		

**ITEMS THAT NEED TO BE DISCUSSED WITH TAX PRACTITIONER (Check all that apply to 2025):**

_____ Bankruptcy Date: _____	_____ (Incentive) Stock Options Exercised
_____ <b>Foreign accounts</b>	_____ Losses from damaged or stolen property
_____ <b>Conversion to Roth IRA</b>	_____ Disabled child under the age of 22
_____ <b>Cryptocurrency transactions</b>	_____ Adoption Expenses Date: _____
_____ Gifts given or received over \$19,000	
_____ Has your name been added to a deed? (Possible Gift Tax)	
_____ Do you have any stocks that have been deemed worthless?	
_____ Purchased, sold or refinanced home (Submit Documents)	
_____ IRA Distribution before age 59 1/2 <b>Reason for distribution</b> _____	
_____ <b>College &amp; Vocational-Tech expenses (Submit 1098T &amp; list of additional expenses)</b>	
_____ Other _____	

**SCHEDULE A - ITEMIZED DEDUCTIONS**

**MEDICAL EXPENSES PAID**

Amount

Health Insurance Premiums

(Do not include amounts deducted from paychecks.)

Medicare Premiums

Long Term Care Insurance

(Also known as nursing home insurance.)

Medicine & Drugs

Glasses/Contacts, Dentures and

Hearing Aids

Hospital(s)

Doctors (all types)

Ambulance

Travel & Lodging

Medical Miles - Total Miles

Other (list) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MISCELLANEOUS EXPENSES**

Amount

Gambling Losses

Teacher's Supplies

Reservists Expenses

**Energy Credit Improvements**

**Attach paperwork for improvements (windows, doors, etc.)**

**EV Make & Model--Attach copy of paperwork from dealer**

**Need VIN and other information for each vehicle**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TAXES PAID**

Amount

**Real Estate Taxes**

Personal Property (**DO NOT SEND RECEIPT**)

Other \_\_\_\_\_

**INTEREST PAID**

Home Mortgage & points on Form 1098

Boat, Camper or 2nd Home (need information)

Mortgage paid to Individual

Name: \_\_\_\_\_ SSN \_\_\_\_\_

Address: \_\_\_\_\_

**Investment Interest paid**

**CHARITIES\***

Amount

Contributions by Cash or Check

Non-cash donations

Volunteer Mileage - Total Miles

**\*MUST BE QUALIFIED CHARITIES.**

**PLEASE NOTE--RECEIPTS ARE REQUIRED  
FOR ALL CONTRIBUTIONS.**

(We don't need to see all receipts, but you are required to keep receipts with your tax records. Please forward us receipts for cash contributions of \$250 or more.)

**NON-CASH DONATIONS--PLEASE NOTE**

**If total value of non-cash donations claimed exceeds**

**\$500, information must include date acquired, date donated, description of items donated, value of items**

**donated and receipt from organization donated to**

**indicating name and address of organization.**

(Please forward to us **all** receipts for **non-cash** donations.)

**PREPARER USE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RENTAL INCOME & EXPENSES

	Description & Location (Provide Full Address & Type of Property)	Date Acquired
A		
B		
C		

	A	B	C
Number of days property rented during the tax year			
Number of days of personal use during the tax year			
Property disposed of during the tax year?	YES NO	YES NO	YES NO

Income:			
Rents Received			
Expenses:			
Advertising			
Auto Expense miles			
Cleaning & Maintenance			
Commissions			
Insurance			
Legal/professional fees			
Management fees			
Mortgage Interest			
Other Interest			
Repairs			
Supplies			
Taxes			
Utilities			
Other			
Other			
Other			

CAPITAL IMPROVEMENTS TO RENTAL PROPERTY IN 2025

Date Purchased	Description	Amount

PREPARER USE

**SELF-EMPLOYED BUSINESS INCOME & EXPENSES** (Attach Business Card)

Business Owner		
Business Name		
Business Address		
Dates in Business--if NOT full year		
Gross Sales or Receipts		
Returns or Allowances		
Tip Income Received		
Other Income--Explain		
Beginning Inventory		
Purchases		
Personal Use of Inventory		
Ending Inventory		
Advertising		
Auto Expenses (See Page 6)		
Bad Checks		
Bank Charges		
Commissions		
Contract Labor (Any individual paid over \$600--a 1099 should be issued)		
Dues & Publications		
Education		
Freight		
Gifts to Clients (\$25 maximum each gift)		
Insurance - Health		
Insurance - Other--Liability, Workers' Comp. etc. (NOT LIFE INSURANCE)		
Interest paid to banks		
Interest paid to others		
Laundry & Cleaning		
Legal & Professional		
Meals & Entertainment		
Office Expenses & Postage		
Open House Expenses		
Rent or lease-machinery & equipment		
Rent other		
Repairs & Maintenance		
Small Tools		
Supplies		
Taxes, Licenses & Permits		
Telephone-separate line		
Telephone-cellular (LESS PERSONAL USE)		
Travel & Lodging		
Utilities		
Wages		
Other		
Other		

**BUSINESS EQUIPMENT, FURNITURE, FIXTURES, COMPUTERS, CELLULAR PHONES, ETC.**

<u>Date Purchased</u> <u>in 2025</u>	<u>Description of Equipment, etc.</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CHECKLIST OF BUSINESS AUTO EXPENSES**

	<u>Auto #1</u>	<u>Auto #2</u>	<u>Auto #3</u>
Beginning Odometer Reading _____	_____	_____	_____
Ending Odometer Reading _____	_____	_____	_____
Total Mileage for the year _____	_____	_____	_____
Business Mileage _____ (home to office not usually allowable)	_____	_____	_____
Average Daily Roundtrip Commuting Distance _____	_____	_____	_____
Year & Make of Auto _____	_____	_____	_____
Date Purchased _____	_____	_____	_____
Cost of Auto (including sales tax) _____	_____	_____	_____
Gas, Oil, Lubrication _____	_____	_____	_____
Repairs _____	_____	_____	_____
Tires _____	_____	_____	_____
Washes & Supplies for Auto _____	_____	_____	_____
Insurance _____	_____	_____	_____
License, Inspection _____	_____	_____	_____
Motor Club _____	_____	_____	_____
Interest on Loan (May Need to Call Lender) _____	_____	_____	_____
Personal Property Tax _____	_____	_____	_____
Parking Fees & Tolls _____	_____	_____	_____
Short Term Rentals _____	_____	_____	_____
Lease Payment _____	_____	_____	_____

Do you (or your spouse) have another vehicle available for personal purposes? ☐ YES ☐ NODo you have evidence to support your deduction? ☐ YES ☐ NOIf yes, is the evidence written? ☐ YES ☐ NOIf your employer provided you with a vehicle, is personal use during off-duty hours permitted? ☐ YES ☐ NODoes your employer reimburse you for use of your personal auto? ☐ YES ☐ NO

If yes, how much? \_\_\_\_\_

**"OFFICE-IN-HOME" EXPENSES**

Total Square Feet of: Home: \_\_\_\_\_ Office: \_\_\_\_\_ Storage: \_\_\_\_\_

Expenses: Rent: \_\_\_\_\_ Utilities: \_\_\_\_\_ Insurance: \_\_\_\_\_ Taxes: \_\_\_\_\_

Condo/Management Fees: \_\_\_\_\_ Other: \_\_\_\_\_

Maintenance & Repairs (Office): \_\_\_\_\_