

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:

Taxpayer _____ Home Phone: _____ Cell Phone: _____

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

	Date Due	Date Paid	Federal	State
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	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 Care Provider:
Name _____
Address _____
City/State/Zip _____
SSN/EIN _____ Amount Paid _____

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

OTHER INCOME

	Taxpayer	Spouse
Alimony Received	_____	_____
Unemployment	_____	_____
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
Deductible IRA	_____	_____
Non-Deductible IRA	_____	_____
Roth IRA	_____	_____
SEP	_____	_____
SIMPLE	_____	_____

	Taxpayer	Spouse
Health Savings Account	_____	_____
Self Employed Health Ins	_____	_____
Student Loan Interest	_____	_____
Alimony Paid	_____	_____
To Whom:	_____	_____
SSN:	_____	_____

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

Bankruptcy Date: _____	(Incentive) Stock Options Exercised _____
Foreign accounts _____	Losses from damaged or stolen property _____
Conversion to Roth IRA _____	Disabled child under the age of 22 _____
Cryptocurrency transactions _____	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 Reason for distribution _____	
College & Vocational-Tech expenses (Submit 1098T & list of additional expenses) _____	
Other _____	

SCHEDULE A - ITEMIZED DEDUCTIONS

PREPARER USE

RENTAL INCOME & EXPENSESDescription & 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 2025Date 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.Date Purchased
in 2025Description of Equipment, etc.Amount

CHECKLIST OF BUSINESS AUTO EXPENSES

Auto #1 Auto #2 Auto #3

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): _____