**NAME:** ______________________________
**PHONE NUMBER:** ____________________
**E-MAIL:** ______________________________

# Tax Year 2025

Green Room
Tax Service

**www.greenroomtaxservice.com**
**320-296-2510**
**greenroomtaxservice@gmail.com**
**1620 Hwy 36 W #307**
**Roseville, MN 55113**

## Tax Organizer

Please print and fill out this organizer. When finished, either physically mail it to the address listed above or drop it off in person. Make sure to have all the necessary documentation with your organizer *(see checklist).*

***DO NOT E-MAIL YOUR ORGANIZER TO ME.***

Please make sure that ***ALL*** pages are filled out ***COMPLETELY AND ACCURATELY*** before you give me your materials.

# Tax Document Checklist

**Check "Yes" to all documents applicable to you**

| | Yes | No |
|---|---|---|
| Last Year's Tax Return ***(Only if I didn't prepare your previous return)*** | | |
| Copy of Driver's License, Passport, School ID, or other Federal/State Identification Document | | |
| Copy of Social Security Card (all members of your household) | | |
| W2 Forms | | |
| 1099-NEC *(Self Employment Income)* | | |
| 1099-DIV *(Dividend and Capital Gain Income)* | | |
| 1099-INT *(Interest Income)* | | |
| 1098 *(Mortgage Interest Paid)* | | |
| 1099-R *(Distributions from IRA's, 401K's, or other retirement accounts)* | | |
| 1095-A, B, or C *(Proof of Health Insurance)* | | |
| 1099-B *(Sale of Stocks and Bonds)* | | |
| 1099-K *(For credit card transactions from clients)* | | |
| 1099-G *(Certain Government Payments)* | | |
| K1 *(Income from Partnership or Trust)* | | |
| 1099-SSA *(Social Security Income)* | | |
| 1099-Q *(Distributions from 529 plans or Coverdell ESA's)* | | |
| 1099-A or C *(Cancellation of Debt or Property Foreclosure)* | | |
| 1098-T *(College Tuition)* | | |
| Certificate of Rent Paid | | |
| 1098-E *(Student Loan Interest Paid)* | | |
| Proof that children lived with you-**REQUIRED FOR ALL CHILDREN IN YOUR HOUSEHOLD*****(copies of birth certificates, school records, health records, or adoption papers)*** | | |
| Form 8332 *(Claiming a child who did not live with you)* | | |
| W2G *(Gambling Winnings)* | | |
| Written acknowledgement of any **SINGLE** cash, credit, or check donations of $250 or more | | |
| Documentation for **NON-CASH** donations if **TOTAL** donations amount to $500 or more | | |
| Closing Statements **if you bought or sold property** | | |
| Automobile Registration Certificate *(if planning to itemize)* | | |
| Any Documents pertaining to foreign income | | |
| Please list any tax-free interest or any other miscellaneous income on the last page. | | |

**Please make sure to sort and paper clip all W2's and 1099's together separately so I don't have to spend time sorting through your documents.**

# 2025 Tax Preparation Agreement

Client Name(s):____________________________________________________ Date: _____________

Thank you for choosing GREEN ROOM TAX SERVICE to assist you with your 2025 tax return. This letter confirms the terms and limitations of our engagement. Please sign below to confirm your agreement to the terms of our engagement.

I will prepare your 2025 federal and state individual income tax returns. I will depend on you to provide the information I need to prepare complete and accurate returns. I may ask you to clarify some items, but will not audit or otherwise verify the data you submit. The organizer is enclosed to help you collect the data required for your returns. The organizer will help you avoid overlooking important information. By using it properly, you will contribute to an efficient preparation of your returns and help minimize the cost of my services. You are responsible for providing a completed organizer, and required documentation, in a timely manner to meet the filing deadline.

I will perform services only as needed to prepare your federal and state individual tax returns for the year 2025. This engagement does not include any other tax returns due to any taxing authority, nor is this engagement intended to determine whether or not you have filing requirements in other taxing jurisdictions, other than the ones you have informed me about. A similar letter will be issued and signed for any other tax years wherein you chose to engage GREEN ROOM TAX SERVICE.

My work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for me to clarify some of the information you submit. I will, of course, inform you of any material errors, fraud, or other illegal acts I discover. Please note, that the law imposes penalties when taxpayers underestimate their tax liability. Please contact me if you have any concerns.

If I encounter any instances of unclear tax law, or potential conflicts in the interpretation of the law, I will the outline reasonable courses of action, as well as the risks and consequences of each. I will ultimately adopt, on your behalf, the alternative you select.

My fee will be based upon the type of tax forms required, the time required at standard billing rates, and out-of-pocket expenses. Invoices are due and payable upon presentation. Payment will be required prior to the electronic filing of your return.

I will return any original documents you send at the end of this engagement. I will retain copies of these records, along with a digital copy of your tax returns and any other documents I received digitally, for 4 years, after which these documents will be destroyed. You should securely store these records indefinitely, along with all supporting documents (receipts, cancelled checks, etc.) as these may later be needed to prove the accuracy and completeness of the return. You are solely responsible for maintaining any supporting documents to verify your deductions and credits in the event of an audit.

Our engagement to prepare your 2025 individual tax returns will conclude with your signature and my subsequent submittal of your tax return (e-filing). Review all tax return documents carefully before signing them.

In the event of an audit, I will be available to represent you for an additional fee. Please note, that as a member of the Annual Filing Season Program I have the authority to represent you before revenue agents, IRS customer service representatives, the Taxpayer Advocate Service, and similar IRS employees. However, I do not have the authority to represent you regarding appeals or collection issues.

In connection with this engagement, I may communicate with you or others via email transmission. As emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party I cannot guarantee or warrant that emails from me will be properly delivered and read only by the addressee. Therefore, I specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure of emails transmitted by me in connection with the performance of this engagement. In that regard, you agree that GREEN ROOM TAX SERVICE shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect, or special damages, such as loss of revenues or anticipated profits, or disclosure or communication of confidential or proprietary information.

Regardless of where you are domiciled, and regardless of where this agreement is physically signed, this agreement will be deemed to have been entered into at the GREEN ROOM TAX SERVICE office located in Ramsey County, Minnesota, USA. This location will also be the exclusive jurisdiction of resolving any disputes relating to this agreement. This agreement will be interpreted and governed in accordance with the laws of the state of Minnesota.

You affirm that all the information you have provided on the organizer is true and accurate to the best of your knowledge.

You acknowledge that you have received, read, and understand the privacy notice included in your organizer.

Please sign below to affirm your understanding of the terms of this engagement and return this agreement to me along with your organizer. Thank you for your confidence. Please call me at 320-296-2510 if you have any questions.

Sincerely,

Alan Holasek
GREEN ROOM TAX SERVICE

## (Both spouses must sign for preparation of joint returns)

Accepted By:

________________________________________
Taxpayer

________________________________________
Spouse

__________________
Date

## Green Room Tax Service Privacy Notice

**Purpose**

The purpose of this document is to outline the security protocols for handling digital and physical client data. All the data that will be collected and stored with Green Room Tax Service is listed within the tax organizer all clients receive and will be utilized to prepare solely to prepare your tax return. This data includes, but is not limited to, social security numbers, home addresses, salary information, phone numbers, and citizenship status.

**Digital Protection Protocol**

-Never open any attachment or link sent in an email unless I am expecting a specific link or attachment from a specific individual or organization.
-Avoid suspicious looking sites and never click on suspicious looking pop-ups, advertisements, click bait, or anything else that might compromise client data when working online.
-Utilize Windows Security features to prevent and detect potential breaches.
-Always remind clients never to email confidential information. Utilize the Intuit Secure Portal for digitally sending confidential information.
-Permanently delete all client tax documents after the retention period expires.
-Keep the laptop in the office. If the laptop must be transported, keep it locked up, and secured at all times.
-Avoid use of public Wi-Fi.
-Back-up all digital client files onto an external hard drive.

**Physical Protection Protocol**

-Keep clients' physical documents locked away at all times.
-Never allow a stranger, who has not scheduled an appointment, to enter the office area.
-Never leave a client alone in the office area unattended.
-Always keep the keys to the locked drawer in your pocket.

Green Room Tax Service will never discuss, disclose, or share any client tax information to a third party without written consent from the client, or if the client is subject to an exemption under US Treasury Regulations section 301.7216-2.

**If a client becomes a victim to identity theft, Green Room Tax Service will follow the steps listed in IRS Guidelines to Safeguarding Taxpayer Data.**

## Questions

| Questions | Y | N |
|---|---|---|
| Can anyone claim you as a dependent? | | |
| Did you have a tax liability last year? If so, how much? | | |
| Are you or your spouse blind? If so, who is blind? | | |
| Are you or your spouse on total and permanent disability? | | |
| Did you live in or earn income in more than one state in 2025? If so, please list which states you worked or lived in, when you lived or worked in each state, and when you moved to your current state on the last page. | | |
| Has your marital status changed? If so, how has it changed? | | |
| Have any of your claims for Earned Income Credit, Child Tax Credit, or American Opportunity Credit been disallowed or reduced due to reasons other than a clerical math error? | | |
| In 2025 did you provide more than half of the support for a non-child member of your household, who was not your spouse, and whose gross income was less than $5,200 in 2025? If so, please include this individual as one of your dependents. | | |
| Did you have a child, who was under 18 or a full time student between 19 and 23, who had an unearned income of more than $1,350 in 2025? If so, please include all 1099's and applicable forms. | | |
| Did you have a child, who was under 18 or a full time student between 19 and 23, who had an earned income of more than $15,000 in 2025? If so, your child must file a separate return. | | |
| Did you have a child, who was under 18 or a full time student between 19 and 23, who had a total self-employed income of more than $400 in 2025? If so the child must file a separate return. | | |
| Did you earn any tip income in 2025? If so, how much? | | |
| Did you earn any overtime income in 2025? If so, how much? | | |
| At any time during 2025, did you have a financial interest in or signature authority over a financial account in a foreign country? If so, which country? | | |
| Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or have a foreign account? If yes, please list on the last page. | | |
| Did you pay interest on an auto loan, used to purchase a new automobile, made in the US, in 2025? If so, how much interest did you pay? (USED CARS DON'T QUALIFY) | | |
| Did you adopt a child in 2025? If so, please list all related expenses on the last page if the adoption was finalized in 2025. | | |
| Does your total mortgage and home equity loan indebtedness used to acquire or build additions to your home exceed $750,000 ($375,000 if Married Filing Separately)? | | |
| Did you receive any interest from a seller financed mortgage? If so, please provide the name, address, and social security number of the payer along with the amount received in 2025 on the last page. | | |
| Did you contribute to a Health Savings Account in 2025?<br>-If so, how many months were you enrolled in Medicare?<br>-Was your plan out of network?<br>-How many months were you eligible on the FIRST DAY of the month in 2025?<br>Please provide the total contributions for each of the months you were eligible and not enrolled in Medicare for 2025 (minus employer contributions). If the plan was NOT out of network provide the health plan deductible and maximum out of pocket expense limit. | | |
| Did you make or receive any alimony payments required by a divorce executed prior to 2019? If so, please provide the total amount paid as well as the SSN of the recipient. | | |
| Did you sell any stock in 2025? If so, please provide all applicable information on the last page. | | |

| | | |
|---|---|---|
| If you are self-employed, were there any months in 2025 that you were NOT eligible to participate in an employer sponsored health plan from your employer OR your spouse's employer? If so, how much did you pay in health insurance premiums during those months? | | |
| Did you conduct a business like-kind exchange in 2025? If so, please provide a description of the property exchanged as well as the fair market value and adjusted basis of the property you gave up, the fair market value of the property you received, any "boot" or other items received, and any other important information on the last page. | | |
| Did anyone in your household receive a scholarship in 2025? If so, please list the amount of scholarship money, and what education expenses were covered on the last page. | | |
| Did you pay at least $2,800 in 2025 or $1,000 in a calendar quarter to a household employee? If so, please provide your EIN along with the worker's name, date of birth, SSN, the wages paid, and the federal, state, Medicare, and social security taxes you withheld on the last page. | | |
| Did you have any casualty or theft losses in 2025 within a federal disaster area? If so, please provide the fair market value of the properties before and after the event, as well as a description of what happened on the last page? | | |
| Did you incur any bad debt? If so, list how much personal and business you incurred on the last page. | | |
| If you're a homeowner, did you receive a property tax refund in 2025? If so, how much? | | |
| If electing the direct deposit option, is your bank account located outside the US? | | |
| If you are married but filing separately, is your spouse itemizing? | | |
| Would you like to contribute $3 to presidential election? | | |
| Would you like to direct any amount of your refund towards your 2026 estimated tax payments? If so, how much? | | |
| If this is your first time using Green Room, were you referred by a friend? If so, who? | | |
| If this is your first time using Green Room, how did you hear about Green Room? | | |

| **MN Taxpayers** | **Y** | **N** |
|---|---|---|
| Did you donate an organ in 2025? If so, please list all related medical, travel, and lost work expenses on the last page. | | |
| Would you like to contribute $5 to the state election campaigns? If so, which party? | | |
| Would you like to contribute to the Nongame Wildlife Fund? If so, how much? | | |
| Are you claiming a casualty or theft loss deduction? If so, please provide the fair market value of the properties before and after the event, insurance coverage information, any insurance reimbursements you have received, or expect to receive, and a description of what happened on the last page. | | |
| Did you experience the stillbirth of a child in 2025? If so, please include your Certificate of Birth Resulting in Stillbirth. | | |
| If you are a teacher, did you complete a master's degree program, in your licensure field, which started after June 30, 2017? If so, please provide the total amount you paid for tuition, books, instructional materials, and fees, after June 30, 2017, that you did not receive a scholarship or reimbursement for on the last page. | | |
| Did you receive a military pension or other military retirement pay in 2025? If so how much? | | |
| Would you like to direct any amount of your refund towards your 2026 MN estimated tax payments? | | |

# Tax Worksheet

| | | |
|---|---|---|
| Taxpayer's Name: | Spouse's Name: | |
| Taxpayer's SSN: | Spouse's SSN: | |
| Taxpayer's Occupation: | Spouse's Occupation: | |
| Taxpayer's Date of Birth: | Spouse's Date of Birth | |
| Address: | | Apt No: |
| City: | State: | Zip Code: |

## Filing Status (circle one)

Single   Married Filing Jointly   Head of Household   Married Filing Separately   Qualifying Widow/Widower

## If you would like any refund deposited directly into your bank account please provide:

| Account Type (circle one) | Account Number | Routing Number |
|---|---|---|
| Checking   Savings | | |

## Dependents

| Dependent 1 | Dependent 2 | Dependent 3 |
|---|---|---|
| Name: | Name: | Name: |
| SSN: | SSN: | SSN: |
| Relationship: | Relationship: | Relationship: |
| DOB: | DOB: | DOB: |
| K-12 Grade in 2025: | K-12 Grade in 2025: | K-12 Grade in 2025: |
| Care Expenses Listed Below? Y N | Care Expenses Listed Below? Y N | Care Expenses Listed Below? Y N |

## Child/Dependent Care Expenses (CHILD MUST BE UNDER 13 OR MENTALY/PHYSICALLY INCAPACITATED)

| Day Care/Caregiver Name | Address | Phone | EIN/SSN | Amount Paid |
|---|---|---|---|---|
| | | | | |

## K-12 Education Expenses

| Expense type | Dependent 1 | Dependent 2 | Dependent 3 |
|---|---|---|---|
| Private School or College Course Tuition | | | |
| Fees for enrichment or academic classes taken outside the regular school day.<br>**Organization:**<br>**Type of Class:** | | | |
| Fees for individual instruction by a qualified instructor taught outside the regular school day (tutoring or music lessons)<br>**Name of Instructor/Organization:**<br>**Type of Class:** | | | |
| Textbooks, Notebooks, Pencils, Paper, etc. | | | |
| Cost of transportation during regular school days<br>**Transportation Provider:** | | | |
| Computer Hardware or Educational Software | | | |

## Deductions and Other Credits

| | | | |
|---|---|---|---|
| K-12 Educator Expenses **(Full-time only)** | | Non-Cash Charitable Contributions | |
| Student Loan Interest Paid | | Charity Miles Driven | |
| Student Loan Principal Paid | | Gambling Winnings and Losses | |
| Total Amount of Student Loans Taken Out | | Long Term Care Insurance Premiums | |
| College Tuition/Fees | | Car Tabs | |
| Capital Loss Carryover | | State and Local Tax Refunds | |
| Medical/Dental Expenses | | 529 Contributions **(Minus any Withdrawals)** | |
| Medical Miles Driven | | First Time Home-Buyer SA Contributions | |
| State and Local Income Tax Paid | | 2024 State Taxes Paid in 2025 | |
| Real Estate Tax | | 2025 Property Tax Refund | |
| Personal Property Tax | | 2025 Federal Estimated Tax Payments | |
| Mortgage Interest Paid | | 2025 State Estimated Tax Payments | |
| Mortgage Insurance Premiums | | Other: | |
| Cash/Check Charitable Contributions | | Other: | |

**Retirement Contributions (MINUS ANY DISTRIBUTIONS RECEIVED)**

| Description | Your Contributions | Spouse's Contributions |
|---|---|---|
| Traditional IRA | | |
| Roth IRA | | |
| 401K/Roth 401K Plan | | |
| SEP or SIMPLE IRA | | |
| Other Plan: | | |

## Actor/Artist Expenses (USE OTHER BUSINESS PAGE FOR NON-ARTIST BUSINESSES)

| Description | | Your Expenses | | Your Spouse's Expenses | |
|---|---|---|---|---|---|
| | | Non-Union | Union | Non-Union | Union |
| | Gross Income NOT Listed on 1099-NEC Forms | | | | |
| | Gross Income Listed on 1099-NEC Forms | | | | |
| C-8 | Advertising (Headshots, Resumes, Business Cards, Website, Reels) | | | | |
| | Business Gifts ($25 Limit per person) | | | | |
| C-10 | Agent Commissions | | | | |
| | Casting Registries (Twin Cities Casting, IMDB, MN Playlist, etc.) | | | | |
| C-11 | Contract Labor (Accompanist, Cast and Crew) | | | | |
| C-18 | Office Supplies (Paper, Ink Cartridges, Postage, etc.) | | | | |
| C-20B | Space or Studio Rental | | | | |
| C-21 | Repairs or Maintenance of Equipment | | | | |
| | Costume & Dancewear Repairs **(NOT GENERAL STREET WEAR)** | | | | |
| C-22 | Purchase of Costumes and Dancewear (Princess, Clown, Superhero, Tap Shoes, etc. **BUT NOT GENERAL STREET WEAR)** | | | | |
| | Research Supplies (Sheet Music, Books, Scripts, DVD's, etc.) | | | | |
| | Make-Up, Hair Care, & Nails (Only for specific business reasons like live performances or photo shoots) **DAILY MAITENANCE DOES NOT QUALIFY** | | | | |
| C-24A | Travel Expenses (Lodging, Laundry, Air Fare, Taxi Fees, etc.) **NOT FOOD OR AUTO EXPENSES** | | | | |
| C-24B | Meals (Fill out the Travel Meals chart on the next page) | | | | |
| C-27 | Coaching Lessons and Workshops | | | | |
| | Trade Publications (Backstage, Broadway World, etc.) | | | | |
| | Tax Preparation for Schedule C | | | | |
| | Passport **ONLY IF REQUIRED FOR BUSINESS USE** | | | | |
| | Internet (Only portion devoted to business) | | | | |
| | Cell Phone (Only portion devoted to business) | | | | |
| | Research Viewing Expenses (Movie Theater, Live Shows, Netflix, etc.) **MUST DOCUMENT SPECIFIC RESEARCH PURPOSE** | | | | |
| | Other Expenses: | | | | |
| | Other Expenses: | | | | |
| C-9 | Business Miles Driven in 2025 | | | | |
| | Parking and Toll Fees | | | | |

## Vehicle Information

| **Vehicle #1 Owner:** |
|---|
| Year, Make, Model: |
| Date Placed into Service: |
| Business Miles Driven with vehicle in 2025: |
| TOTAL Miles Driven with vehicle in 2025: |

| **Vehicle #2 Owner:** |
|---|
| Year, Make, Model: |
| Date Placed into Service: |
| Business Miles Driven with vehicle in 2025: |
| TOTAL Miles Driven with vehicle in 2025: |

| | | |
|---|---|---|
| Do you (or your spouse) have another vehicle available for personal use? | Yes | No |
| Was your vehicle(s) available for personal use during off-duty hours? | Yes | No |
| Was the vehicle used primarily by the owner listed on the vehicle registration? | Yes | No |
| Do you have evidence to support your deduction? | Yes | No |
| If “Yes,” is the evidence written? | Yes | No |

**If you are claiming actual expenses for your automobile INSTEAD of mileage, please list individually the amounts spent on gas, repairs, maintenance, along with any depreciation taken on the last page.**

**If you sold a vehicle you were using for business purposes in 2025, please list the amount you originally paid for the vehicle, the amount you sold it for, and the number of business miles you claimed each year the vehicle was in service, if you claimed the standard mileage deduction, on the last page. Please list each year separately.**

## Equipment Expenses (Only list equipment expenses over $250 like printers, musical instruments, computers, etc.)

| Description | Date Purchased | Cost* | % of Business Use | Date Sold | Sales Price |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
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*If you converted personal property into business property this year list the fair market value instead of cost

Do you want to treat all individual purchases $2,500 or less as expenses? *(Please Circle One)* Yes No

## Travel Meals

| Dates of Trip | City, State, Country | Total Meal Cost | Total Per Diem* | Total Reimbursement |
|---|---|---|---|---|
| | | | | |
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*You can look up the regional per diem rates on the GSA website.

## Other Self-Employed Businesses (Sole Proprietorship) DO NOT COMBINE BUSINESSES

**If you have non-acting income, not reported on a W2 form, then list it here along with your expenses**

Business Name:________________________ Profession:______________________ EIN:__________________

Business Address:______________________________________________Owner:_______________________

Accounting Method: Cash Accrual Inventory Method: Cost Cost or Market Other

Did you start or acquire the business this year? Yes No
Did you make any payments that require 1099 Form(s)? Yes No
If yes, did you file or will you file the required 1099 Form(s)? Yes No

| **Income** | **Amount** | **Cost of Goods Sold** | **Amount** |
|---|---|---|---|
| Gross receipts and sales | | Beginning of the year inventory | |
| Returns and allowances | | Purchases (excluding personal use items) | |
| Other income | | Labor | |
| | | Materials and supplies | |
| | | End of year inventory | |

| | | | | | |
|---|---|---|---|---|---|
| 8 | Advertising | | 22 | Supplies | |
| 9 | Car Expenses (Fill out the chart on pg. 8 & 9) | | 23 | Taxes and licenses | |
| 10 | Commissions and fees | | 24A | Overnight Travel | |
| 11 | Contract labor | | 24B | Meals | |
| 12 | Depletion | | 25 | Utilities | |
| 13 | Depreciation (Fill out the chart on pg. 9) | | 26 | Wages | |
| 15 | Insurance | | 27 | Cell Phone | |
| 16 | Interest (non-mortgage) | | 27 | Internet | |
| 17 | Legal or professional services | | 27 | Business Tax Preparation | |
| 18 | Office expenses | | | Other: | |
| 20A | Equipment lease | | | Other: | |
| 20B | Other property rent or lease | | | Other: | |
| 21 | Repairs or maintenance | | | Other: | |

## Home Office Expenses

**THIS IS ONLY FOR AREAS OF YOUR HOME USED EXCLUSIVELY FOR BUSINESS.**

| | | | |
|---|---|---|---|
| Sq. footage of office | | Utilities | |
| Sq. footage of entire home | | Other Expenses | |
| Mortgage Interest Paid | | Carryover expenses from previous years | |
| Real estate taxes | | Adjusted basis of your home when you started using your home office | |
| Repairs and maintenance | | | |
| Insurance on home | | Fair Market Value of your home when you started using your home office | |
| Rent paid | | | |

**Attach a statement for any additions or improvements to your home office you wish to depreciate**

## Additional Information

**Please elaborate on any other tax data, facts, or circumstances that I should be aware of.**

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**TAX PREPARER NOTES – PLEASE LEAVE BLANK**

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