Organizer Instructions

The Tax Organizer paperwork will help you to provide Sonrise Tax the information needed to prepare complete and accurate tax return(s). Please complete each question to the best of your ability. Note that the lefthand column is typically for “no” responses. When you have a “yes” response, arrows will point to additional information needed for your tax situation. Please also review “What Do I Need For My Taxes” for additional guidance.

You agree to: provide complete & accurate information needed to prepare your returns, to maintain all records, documents, receipts, & substantiation required by law, review your completed tax return(s) before signing, & notify us of any changes that may affect your tax situation. You acknowledge that you are ultimately responsible for your tax return.

We agree to: prepare your tax return(s) based on the information you provide, perform limited review, electronically file when authorized, & return original documents after completion. We will not audit or verify the information you provide. Tax preparation services does not include bookkeeping, legal services, financial audits, or representation before the IRS unless specifically agreed to in writing.

Communication

The safety of your Personally Identifiable Information (PII) is important to us. We want to ensure that your information is safe.

We offer each client a secure Client Portal through TaxDome which offers a secure chat & document sharing. This is the best method of communication.

If we are **communicating via telephone,** we may ask you information to verify your identity to keep your information safe.

Please do not send SMS/Text or Emails with sensitive information.

When **mailing information to our offices**, please contact our office to follow up and ensure receipt.

We offer **secure drop slots** at both of our locations to allow clients to securely drop information during our closed hours.

DOWNLOAD TAXDOME CLIENT PORTAL TODAY

TWO LOCATIONS TO SERVE YOU BETTER

LEBANON:
419 CUMBERLAND STREET
LEBANON, PA, 17042
PHONE: 717-270-1040 / TEXT: 570-282-9308
FAX: 717-274-1516
EMAIL: lebanon@sonrisetax.com

MYERSTOWN:
634 EAST LINCOLN AVENUE
MYERSTOWN, PA, 17067
PHONE: 717-866-0007 / TEXT: 570-282-9308
FAX: 717-628-1444
EMAIL: myerstown@sonrisetax.com

TAX SEASON OFFICE HOURS: MONDAY-FRIDAY: 9AM-7PM, SATURDAY 9AM-12PM

OFF SEASON OFFICE HOURS: WE PRIDE OURSELVES IN BEING AVAILABLE TO YOU YEAR-ROUND. PLEASE KEEP IN MIND, WE HAVE REDUCED WALK-IN OFFICE

Fees & Payments

Our fee is based on complexity, forms, & time required. Full payment is due before e-filing or release.

Payment Methods:

Cash/Check/ACH, Debit/Credit Cards* (Visa, Mastercard, Discover, AMEX)

*Note: a 3% surcharge applies to debit/credit cards

2025

Basic Tax Organizer

CODE: ________________ *Sonrise Internal Use*

Form completed by:

Taxpayer Name ______________________

Best Phone # ______________________

☐ Home ☐ Cell ☐ Work

Email Address ______________________

☐ None ☐ Refused

Job Title ______________________

Spouse Name ______________________

Best Phone # ______________________

☐ Home ☐ Cell ☐ Work

Email Address ______________________

☐ None ☐ Refused

Job Title ______________________

***CLERGY** - Please complete Clergy Worksheet & Housing Documentation* ***MILITARY** - We must have all orders for out-of-state active duty!!*

Filing Status ☐ Single ☐ Married filing Joint ☐ Married filing Separate ☐ Head of Household ☐ Qualified Surviving Spouse

☐ No Filing Status Change? ☐ Yes → Date __________ ☐ Deceased

☐ No Name Change? ☐ Yes → Provide Copy of SS Card and/or Court Order

**We may need/ask for evidence (Marriage Cert, Divorce Decree, Death Cert, Etc.)*

Street Address ______________________________

City ______________________ State ______ Zip __________

Sonrise Internal Use	PSD Code	Local Code
	______	______

☐ No Address Change? ☐ Yes → *Please provide Settlement Sheets if you bought or sold!

Address on 1/1/2025 ______________________________

Next Address ______________________________ Dates: __________ thru __________

Next Address ______________________________ Dates: __________ thru __________

☐ No Change in Dependents? ☐ Yes → For New Dependent(s), need copy of SS Card(s) / possibly birth certificate

Add	Drop	First Name	M.I.	Last Name	D.O.B.	Sex	Social Security

Banking Account Information:

May incur extra charge to rerun return to add Bank Account Info if provided after submission of Tax Organizer & Documentation

☐ No ☐ Account Same as Last Year

If new account, complete bank information & attach voided check

Bank Name ______________________ Routing # ______________________

Circle One: Joint / Taxpayer Only / Spouse Only Account # ______________________

Circle One: Checking / Savings

X ______________________________ **Date:** __________

I verify that all information provided is true and correct to the best of my knowledge

Distribution: Scan to TaxDome // Original Stapled to File Copy // No Copies - Internal Sonrise Use Only

2025 Tax Organizer

SONRISE TAX

CODE: _______________ *Sonrise Internal Use*

Form completed by:

Direct Deposit/Debit Information:

*We strongly recommend electronic payments if you owe tax instead of mailed checks/payments.

☐ No ☐ Yes Do you want DIRECT DEPOSIT of TAX REFUND?

☐ No ☐ Yes Do you want DIRECT DEBIT of your TAX DUE if ☐ less than $______ ☐ any amount ○ Not Before Date ____________ ○ Anytime

May incur extra charge to rerun return to add Bank Account Info if provided after submission of Tax Organizer & Documentation

Communication Preferences *(check all that apply - Sonrise will only contact you regarding your tax needs)*

☐ Phone ☐ Text ☐ Email ☐ TaxDome Chat (Client Portal Secure Chat)

Tax Return Delivery Preference - How you want to receive the finished product(s)

☐ Pickup ☐ Mail * ☐ TaxDome E-sign/Digital Copy ☐ TaxDome E-sign/Hard Copy Mailed *

☐ By selecting a digital copy, you are opting out of receiving a physical copy of your tax return via mail. Requesting a physical copy at a later time will result in additional charges.

*__***PLEASE READ:***__
All completed tax returns & tax documents will be available in your TaxDome Client Portal. To receive access, provide your email address.
If married, we need both spouses email addresses if you want to electronically sign your tax return with TaxDome.
Mailing of tax return(s) is completed with USPS Priority Mail and will incur a postage charge.

☐ No Did you receive unemployment? ☐ Yes → ☐ Attach a **Form UC-1099G**

☐ No Gambling Wins / Losses? ☐ Yes → ☐ Attach **W-2G's** / Casino Win Loss Reports / Other Docs

☐ No Did you make any out-of-pocket retirement contributions? ☐ Yes → ☐ Trad IRA ☐ Roth IRA → ☐ Taxpayer ☐ Spouse → Amount:$ ________
☐ Provide Documentation

☐ Would you like to make a contribution by 4/15 if it provides tax savings?

☐ No Do you have any financial interest in virtual/cryptocurrency? (i.e. Bitcoin, NFT's) ☐ Yes → ☐ Attach Transaction Reports

☐ No Do you, or does anyone you can sign for, have interest in any foreign bank accounts? ☐ Yes

☐ No Did you receive any distributions from or control any foreign trusts? ☐ Yes

☐ No College Expenses? ☐ Yes → ☐ Tuition- **1098-T**, Financial Transcript ______________________________
☐ Interest- **1098-E** ______________________________

☐ No Any TAP-529 Education Account Contributions? ☐ Yes → Amount $ ____________ Owner Name ___________________________
Beneficiary Name _________________________ SSN ________________
Relation _______________

☐ No Any TAP-529 Education Account Distributions? ☐ Yes → ☐ Attach **1099-Q**

☐ No Day Care Expenses? ☐ Yes → ☐ See attached Receipts ☐ Provide info on provider for each childcare provider

Child Name _____________ Amount $________ Provider Name ____________________________
Provider ID# _________________ Provider Address _____________________________________

☐ No Real Estate Taxes? ☐ Yes → Amount $__________ or ☐ Attach Receipts/tax bill with cancelled checks/**1098's** / Mortgage Docs

☐ No Mortgage Interest/Home Equity Loans? ☐ Yes → ☐ Attach Mortgage Docs / **1098's** / HUD-1 / Settlement etc.

☐ No Charitable Giving? ☐ Yes → Amount $__________ ☐ Attach Documentation (for non-cash giving, need detailed list of charity, date, item type and dollar value of items(s)

☐ No Work Expenses greater than $1,000? ☐ Yes → Amount $__________

☐ Attach Records/Receipts: Union dues, steel tips, tools, safety glasses, uniforms, truck driver overnights, mileage, etc.

☐ School Teacher Class Expenses $__________

☐ No Did you work overtime? ☐ Yes → ☐ Attach final paystub of the year (last pay date in the year)

☐ No Did you buy a new car during the tax year? ☐ Yes →

- Did you pay interest on the car? ☐ Yes ☐ No
- Was vehicle's final assembly in the United States? ☐ Yes ☐ No

**If both "YES", see below*

☐ Need Doc With Vehicle Identification Number (VIN) *

☐ Attach Annual Interest Statement from Lender

**VIN cannot be handwritten. Please provide documentation with VIN. (Ex: Registration Card)*

☐ No Did you have Health Insurance Coverage Through Pennie? ☐ Yes → ☐ Attach **1095-A**

☐ No Do you have an HSA (Health Savings Account)? ☐ Yes → ☐ Self/Individual ☐ Family

Any HSA Distributions? ☐ No ☐ Yes → Was it all used for qualified medical expenses? ☐ Yes ☐ No

☐ Attach **1099-SA**

Any HSA Contributions? ☐ No ☐ Yes → ☐ Attach **5498-SA** or Provide Amount $__________ ☐ Contributions made outside of payroll

☐ No Medical Expenses exceeding 7.5% of your income? ☐ Yes → Amount $__________ or ☐ See Attach Receipts/Notes

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☐ No Have you made any energy improvements to your home? ☐ Yes → ☐ Attach Receipts/Documentation of Home Energy Improvements

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☐ No Do you authorize Sonrise Tax to electronically file your Local Return(s) on your behalf? (if applicable) ☐ Yes

☐ No Do you authorize Sonrise Tax to electronically file your PA-1000 Rebate on your behalf? (if applicable) ☐ Yes

☐ No Do you have an Identity Theft IP Pin? ☐ Yes → ☐ Attach IP Pin Letter (CP01A) or Provide # __________

☐ No Will anyone other than taxpayer be signing return? ☐ Yes → ☐ Provide a copy of POA/EXEC (unless on file)

Sonrise Internal Use **EXP-C | EXP-S | EXP-E | EXP-TD | APPT | MAIL**

Payments to Sonrise Tax for services: *We accept all major credit cards. A 3% surcharge will be added to all card transactions. This charge does not apply when paying by cash or check. Full payment is due before e-filing or release of return(s).*

Initial: __________

X ______________________________ **Date:** __________

I verify that all information provided is true and correct to the best of my knowledge