

INCOME TAX RETURN ORGANIZER

Success with the **Organizer Worksheet**

- 1 Before you start filling in the form, **SAVE the blank form to your computer**
- 2 Open your saved blank form in the latest version of **Adobe Reader**
- 3 Complete the form as fully as possible; return it to **david@davidturrentine.com**



David Turrentine, EA

146 West Grandview Avenue

Arcadia, CA 91006

Phone: 323.394.6239

david@davidturrentine.com

Enrolled to practice before the IRS

Tax Year _____

Personal Information

Taxpayer

Last name: _____

First name: _____ Middle initial: _____

Social Security no. (On file? ☐): _____

Occupation: _____

Date of birth: _____

Email address: _____

Cell phone: _____

Home phone: _____

Work phone: _____ Ext: _____

Spouse

Last name (if different): _____

First name: _____ Middle initial: _____

Social Security no. (On file? ☐): _____

Occupation: _____

Date of birth: _____

Email address: _____

Cell phone: _____

Home phone: _____

Work phone: _____ Ext: _____

Address _____ Apt no. _____
City _____ State _____ ZIP Code _____

Driver's License Information

State: _____ Lic. No.: _____

Date Issued: _____ Expires: _____

Document # (NY only): _____

State: _____ Lic. No.: _____

Date Issued: _____ Expires: _____

Document # (NY only): _____

Presidential Election Campaign Fund

Checking a box below will not change your tax or refund.

Check here if you (or your spouse if filing jointly) want \$3 to go to this fund. ☐ You ☐ Spouse

Federal Filing Status

1 ☐ Single

2 ☐ Married filing jointly

3 ☐ Married filing separately

☐ Check if taxpayer did not live with spouse at any time during year

4 ☐ Head of household

If qualifying person is child but not dependent:

Child's name: _____

Child's social security number: _____

5 ☐ Qualifying widow(er). Year spouse died: _____

Are you or your spouse eligible to be claimed as a dependent on someone else's tax return?

☐ Yes ☐ No

Direct Deposit/Electronic Funds Withdrawal Information

Yes

No

☐☐

Use **direct deposit** for any **federal tax refund** / **state tax refund**

☐☐

Use **electronic funds withdrawal** for **federal balance due**

☐☐

Use **electronic funds withdrawal** for **state balance(s) due**

Financial Institution Information

☐ Check if bank info is same as last year

Account type: Checking ☐

Savings ☐

Routing number: _____

Account number: _____

Dependents

First name	MI	Soc. Sec. number			Number of months lived with taxpayer in U.S. in 2025	2025 Qualified child and dependent care expenses
Last name	Suffix	Relationship	Code*	Date of Birth		
			L			
			L			
			L			
			L			

* **L**–Dependent child who lived with taxpayer; **N**–Dependent child who did not live with taxpayer due to divorce or separation; **O**–Other dependent; **Q**–Not a dependent (but is a qualifying person for the earned income credit and/or the child tax credit and/or the credit for child and dependent care expenses).

Child and Dependent Care Expenses

(a) Care provider's name and phone number	(b) Address, Street, Apt. no., City, State, Zip	(c) Identifying Number (SSN or EIN)	(d) Amount paid in 2025

Unemployment Compensation (Provide Forms 1099-G)

Amount Received	State	Federal Income Tax Withheld	State Income Tax Withheld

Alimony

Payer's/Payee's name	Social Security number	Amount received	Amount paid

What date was the divorce finalized? _____

Educator Expense Deduction

Eligible educators can deduct up to \$300 worth of qualified expenses in 2025. Amount spent on classroom supplies, etc.	
--	--

Income

Wages – Provide copies of all W-2s	
How many W-2 Forms do you have? (Do not enter amounts.)	
Self	
Spouse	

Dividends and Interest Income
Provide all Forms 1099-INT and 1099-DIV which report interest and/or dividend income earned during the year.

Retirement Plan Distributions – Pensions, Annuities, Rollovers, IRA SEP, Lump-Sum Distributions or Other Retirement Plan Withdrawals
Provide all copies of Forms 1099-R received for retirement plan distributions.

Sale of Stock (Form 1099-B)
Provide all Forms 1099-B (including cost basis info)

Partnerships, Estates, Trusts and S Corporations
Provide all year-end reports and/or Schedule(s) K-1 received for tax year 2024

Social Security Benefits (1099-SSA)
Provide Forms SSA-1099

Other Income – Provide All Forms 1099, etc.	
Tips and Gratuities not reported on Forms W-2/1099	
Bonuses and Prizes not reported on Form W-2	
Cancellation of Debt (Form 1099 C)	
Jury Duty – Election Board Fees	
Gambling/Lottery Earnings (Form W-2G)	
Other Income (Describe)	

Self-employment income goes on pages 5 and 7 of the worksheet

If you received any overtime pay in 2025, please enter the amount _____

If you received any tips in 2025, please enter the amount _____

2025 Estimated Tax Payments

	FEDERAL	Date Paid	STATE	STATE ABBR.	Date Paid	Notes
Amount applied from 2024, if any.		XXXXXXXX			XXXXXXXX	<ul style="list-style-type: none">Do not include balance due from prior year in the first estimated payment box.

Residency

What state(s) were you a resident of during 2025?

State Name	Dates of Residency
	to
	to
	to

Itemized Deductions

Note: Complete this portion only if you think your itemized deductions might exceed the IRS standard deduction for your filing status (see below). Please note that expenses related to self-employment can be used in addition to the Standard Deduction.

2025 Standard Deductions

Filing Status

Married Filing Jointly	\$31,500
Single or Married Filing Separately	\$15,750
Head of Household	\$23,625

Medical Expenses

Deductible Only If Net Cost Exceeds 7.5% of AGI

(Do not include amounts paid for or reimbursed by insurance or health insurance premiums paid pre-tax through an employer.)

NOTE: If you are self-employed, don't list health insurance premiums here. Include these on page 5.

Health Insurance Premiums (not withheld pre-tax at work)	
Medicare Insurance Premiums Paid (Form SSA-1099)	
Long-Term Care Insurance Premiums	
Dental Insurance	
Dentists	
Prescribed Drugs and Insulin	
Hospitals, Nurses, Alcoholism Treatment, Ambulance	
Doctors and Clinics	
Glasses, Contact Lenses, Eye Exams	
Lab Tests, Therapy, X-Ray, Anesthesiology	
Prescribed Medical Equipment	
Hearing Aids, Batteries & Related Equipment	
Vasectomy/Tubal Ligation/Abortion Costs	
Nursing or Retirement Home (medical care only)	
Medical Transportation (taxi, bus, ambulance, etc.)	
Medical Miles	
Medical Parking	
Lodging While Obtaining Medical Treatment (Limited to \$50 per night, per person)	

Taxes

Real Estate Taxes	
Property Tax Index Number	
Property Tax Refund	
Other Real Estate Taxes (second home, cabin, boat, etc.)	
Personal Property Taxes	
State Income Taxes Paid This Year for Prior Tax Years	
New Auto or Boat Sales Taxes	

Interest Paid

	Primary Residence	Second Home
First Mortgage Interest (Provide Forms 1098)		
Second Mortgage		
Home Equity/Improvement Loan		
Loan Points		

Cash Contributions (Use separate sheet if needed)

Churches or Synagogues	
United Campaign (Include Payroll Deductions)	
Cancer or Heart	
M.S./M.D./March of Dimes	
Other	
Out-of-Pocket Expenses for Charitable Work	
Charitable Mileage on Auto	Miles

Non-Cash Contributions

*Fair Market Value of Items Given to Charities

If over \$500, we will need more specific details regarding the contribution

Vets/Goodwill/Salvation Army	Amt*	
Organization	Amt*	
Organization	Amt*	

Gambling Losses

Limited to total Gambling Winnings	
------------------------------------	--

Did you pay interest on a car loan related to a new vehicle purchased in 2025?

☐ Yes

☐ No

Section 529 Plan Contributions

Contributions to an Illinois Section 529 college savings plan (Bright Start, College Illinois, Bright Directions) for 2025.	Amount:	Account Number:
	Amount:	Account Number:
	Amount:	Account Number:
	Amount:	Account Number:

HSA (Health Savings Accounts)

Contributions made (or expected to be made) to an HSA for 2025	Amount:
--	---------

Do not include contributions to a Flexible Spending Account (FSA). Do not include employer contributions reported on Form W-2, Box 12, Code W. Please provide me with your year-end statement and any Forms 1099-SA you were issued.

ACA Health Insurance

<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase health insurance through an Affordable Care Act Exchange?
Please provide a copy of any Forms 1095-A that you were issued from the marketplace.	

Self Employed ARTIST Income/Expenses (Schedule C) See descriptions on following page.

Name of Owner		Business Activity	
Business Name (if different)		Federal ID Number (if any)	
Business Address (if different)			

Do you use any part of your home for business? ☐ Yes ☐ No (If Yes, complete the *Office in the Home* section, page 8.)

If this will be your first year filing Schedule C (self-employed), please check here ☐

Are you required to issue 1099s? ☐ Yes ☐ No If Yes, have the 1099s been issued? ☐ Yes ☐ No

Total number of Forms 1099-NEC and 1099-MISC that you were issued for 2025: _____

Income	
Fee Income Reported on Forms 1099-MISC / 1099-NEC / 1099-K	
Fee Income Not Reported on Forms 1099-MISC / 1099-NEC / 1099-K (Do not include W-2 income here)	
TOTAL FEE INCOME	

Expenses (See descriptions on following page)

Expense Category	Total Amount
Advertising	
Business Insurance	
Postage & Shipping	
Office Expense	
Equipment Rental	
Space Rental	
Repairs	
Supplies	
Business Meals	

Expense Category	Total Amount
Telephone	
Tax Preparation	
Local Transportation	
Classes	
Business Gifts	
Legal and Professional	
Liability/Equipment Insurance	
Costumes	
Trade Publications	

Expense Category	Total Amount
Tickets for Research	
Membership Dues	
Fees	
Internet Service*	
Contract Labor	
Software Subscriptions	
Streaming Services	
Other (explain)	

Self-Employed Health Insurance	
--------------------------------	--

* Business amounts only

Equipment

This is anything you use in your business that has an expected life of more than one year: Computer, cell phone, Ear Prompter, musical instruments, audio and video equipment, stage weapons, etc. Software also goes here. Please complete the table below. Include an additional sheet if necessary.

Do NOT include items of equipment that have already been reported on a previous year tax return.

Item/Description	Date of Purchase	Cost	% of Business Use

Artist Expenses In-Town Explanation Sheet

Advertising

Anything you spend to promote yourself. Photos, resumes, copying costs, photographer, makeup and makeup artist. Voice demos and their production costs.

Postage & Shipping

List here any postage and shipping costs not included in other categories.

Office Expense

Toner, paper, paper clips, pens and pencils, organizers, etc.

Equipment Rental

Audio and video equipment, etc.

Space Rental

Rehearsal space, studio space.

Repairs

Repairs related to equipment that is used for business.

Supplies

Sheet music, batteries, cables, makeup, etc.

Business Meals

Business meals are deductible expenses if a business discussion takes place before, during, or after a meal, drinks, coffee, etc. In addition to your receipt, keep track of this in your calendar. Record who you met with, where you met, and what you talked about. Personal meals which do not involve other people are only deductible when overnight travel is involved.

Telephone

Include the business portion of your cellular phone service. The cell phone and accessories should be included in the equipment area of the worksheet.

Fees

Did you pay anybody for anything? To transpose music for you, accompany you at an audition, direct you in a showcase, sub for you on a gig? If you pay an independent contractor \$600 or more in the year, you may need to issue them a 1099-NEC form.

Classes

Training that improves or enhances your present job skills, including the transportation expense of getting back and forth to classes. (Uber/Lyft/Cab and transit fares to Local Transportation; auto mileage is recorded on the Auto Sheet, page 10).

Business Gifts

This deduction is limited to \$25 per recipient per year. Be sure to include opening night gifts and backstage tips.

Costumes

Clothing that is suitable for everyday street wear is not deductible. Here are examples of some types of clothing that are deductible: Period costumes, dance wear, formal gowns and tuxedos for gigs and award shows.

Trade Publications

American Theatre Magazine, Audition News, Act One Reports, Backstage, etc.

Tickets for Research

Tickets for movies and plays can be deducted if the viewings were for research purposes. Make sure to keep good records related to what you saw and why it was necessary for your work. Concerts and museum admissions may also sometimes qualify for a research expense.

Streaming Services

Netflix, Hulu, etc., to the extent that they are used for research.

Software Subscriptions

Software subscriptions used for business.

Local Transportation

Public transportation, Uber/Lyft, etc. related to your self-employment. Don't include your auto expenses here. There is a separate page for this. Don't forget to include transportation related to business meetings, continuing education, and seeing shows for research purposes. Traveling to a regular place of work is considered commuting and is not generally deductible.

Membership Fees

Equity and SAG/AFTRA union dues and initiation fees are no longer deductible for federal tax purposes, as they generally relate to W-2 income. Union dues are still deductible on several state returns as an itemized deduction (CA/NY/PA). However, professional membership fees related to self-employment (1099) income remain deductible. This includes membership fees paid by directors, designers, musicians and fees paid to other professional organizations.

Internet Service

The portion of your internet service that is used for business.

Self Employed NON-ARTIST Income/Expenses (Schedule C) Sole Proprietor

Name of Owner		Business Activity	
Business Name (if different)		Federal ID Number (if any)	
Business Address (if different)			

Do you use any part of your home for business? ☐ Yes ☐ No (If Yes, complete the *Office in the Home* section, page 8.)

If this will be your first year filing Schedule C (self-employed), please check here ☐

Are you required to issue 1099s? ☐ Yes ☐ No If so, have the 1099s been issued? ☐ Yes ☐ No

Total number of Forms 1099-NEC and 1099-MISC that you were issued for 2025 _____

Income	
Fee Income Reported on Forms 1099-MISC / 1099-NEC / 1099-K	
Fee Income Not Reported on Forms 1099-MISC / 1099-NEC / 1099-K (Do not include W-2 income here)	
TOTAL FEE INCOME	

Expenses			
Advertising		Utilities (Not Related to Home Office)	
Bank Charges		Space Rental (Not Related to Home Office)	
Commissions and Fees Paid		Repairs and Maintenance	
Dues and Publications		Supplies	
Insurance (Equipment/Liability)		Telephone (Business amount only)	
Interest (Business)		Business Meals	
Laundry and Cleaning		Business Gifts	
Legal and Professional		Research	
Office Supplies and Postage		Software Subscriptions	
Local Transportation		Streaming Services	
Licenses		Website	
Contract Labor		Other (Describe):	
Accounting/Tax Preparation		Other:	
Internet		Other:	
Seminars/Classes		Other:	

Self-Employed Health Insurance	
--------------------------------	--

Equipment			
<i>Item/Description</i>	<i>Date of Purchase</i>	<i>Cost</i>	<i>% of Business Use</i>

Office in the Home

The home office space must be used **regularly** and **exclusively** for business. Be aware that you do not have to use an entire room as your office—a portion of a room may qualify.

If you live in more than one home during the year, split the home office expenses between the two homes. Provide me with either (A) the number of rooms used for business and the number of rooms in your home, or (B) the square footage of your office space and the total square footage of your home. If you share your home with someone else, include the total costs for the home (not just your share).

Please provide us with the **date of the move**, and any **moving expenses** related to the move.

Date of Move: _____

Moving Expenses: _____

	HOME OFFICE 1	HOME OFFICE 2
Square Footage of House or Apartment (or number of rooms)		
Square Footage of Office (or number of rooms)		
Homeowners only: Deductible mortgage interest		
Homeowners only: Real estate taxes		
Renters only: Total rent paid for the year		
Insurance (homeowner's, condo owner's, renter's)		
Repairs and maintenance		
Utilities (Gas, electric, water, trash, etc. – Do not include phone or internet.)		
Condo/Homeowner's association fees		

Fill in these boxes **ONLY** if you are claiming an office in your home.

Otherwise, see page 10, Part X

If you purchased or refinanced your home this year, please provide me with the closing (settlement) statement. Also include a copy of any property tax bills.

Energy Credits

If you purchase an energy-efficient product or renewable energy system for your home, you may be eligible for a federal tax credit. Examples of qualifying property include: *Biomass Stoves; Heating, Ventilating and Air Conditioning; Insulation; Water Heaters; Roofs; Windows and Doors; Geothermal Heat Pumps.*

Here is a link which provides additional information regarding these energy credits:

<https://www.energystar.gov/about/federal-tax-credits>

Please provide me with a copy of your receipt(s) showing the products purchased and the cost. You will need to save your receipt(s) and a copy of the Manufacturer's Certification Statement for your records.

Education Expenses

	Taxpayer	Spouse
Did you attend a college or university? Enter total cost of tuition, books, and lab fees:		
Did you pay interest on a student loan? How much? Enter total amount of INTEREST ONLY:		
Did you pay for educational expenses for your child(ren) to attend a public or private elementary or secondary school? Enter Total cost of tuition, books, and lab fees: Enter the Grade level(s) for the child(ren):		
Name of School	City/State	

Please include any Forms 1098-T and 1098-E that you or your dependents were issued. I may also need account statements from the college(s) attended.

Expenses Out-of-Town

Below are two charts for your out-of-town expenses. Travel out-of-town means when you are away from your tax home overnight working or looking for work related to self-employment. If the primary purpose of your trip is for business, then the cost of getting there and back is a deductible business expenses, even if you spend some time while you are there doing personal activities.

The top section below is a description of each trip. I need to know the location you were in and the number of days you were there. Each of the columns on the bottom chart corresponds to a trip or row across the top chart.

Do not include business mileage on your own car on this page. Include all business mileage on the auto page of the worksheet.

If you received any per diem payments that were not included in the nonemployee compensation box of your 1099 form, include these payments in the area for "Payments not included on Form 1099." If you want me to calculate a Standard Meal Allowance to account for your meals and incidental expenses, check the "SMA" boxes in the table below.

Employer (or Possible Employer)	City	Inclusive Dates	Number of Days	For Office Use Only	For Office Use Only

	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	Total
Air/Train/Bus travel									
Lodging Expenses									
Tips and Gratuities									
Laundry and Dry Cleaning									
Local Transportation									
Auto Rental									
Gasoline and Oil for Car Rental									
Telephone									
Other (Explain):									
Total Expenses									
Payments not included on Forms 1099/W-2 (per diem payments)									
Meals & Incidentals or Total Standard Meal Allowance (Check "SMA")	SMA <input type="checkbox"/>	SMA <input type="checkbox"/>	SMA <input type="checkbox"/>	SMA <input type="checkbox"/>	SMA <input type="checkbox"/>	SMA <input type="checkbox"/>	SMA <input type="checkbox"/>	SMA <input type="checkbox"/>	SMA <input type="checkbox"/>

Auto Usage

Business mileage related to self-employment can be included as an expense on your Schedule C. If your home is your principal place of business, all of your mileage related to self-employment is deductible. Don't forget to include mileage related to business meetings, continuing education, research, etc. Travelling to a regular place of work is generally considered commuting and is not deductible. Please note that you must have written evidence, such as a paper or electronic mileage log, in order to claim a deduction for the business use of a car.

Standard Mileage Rate

For this method, keep track of your business miles and simply multiply them by the Standard Mileage Rate. If you ever want to make use of the SMR for a particular vehicle, you must use it the first year you use the vehicle for business. You must also own the car or be leasing it in order to use the Standard Mileage Deduction.
(This is the method to use if you do not own the vehicle.)

	Vehicle 1	Vehicle 2
Make and model of vehicle		
Date placed in service		
Business Miles for the Year		
Total Commuting Miles (back and forth to a regular job)		
Total Personal Miles		
Total Miles for the Year		
Is The Vehicle Leased?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parking & tolls FOR BUSINESS		

Is another vehicle available for personal use? ☐ Yes ☐ No

Actual Expense Method

The harder way to claim an auto usage deductible is by using the **Actual Expenses** method. It's a more complicated process but it can be necessary and/or worthwhile for some taxpayers. Using the business and total mileage from above, I will determine the percentage the car is used for business. Then we deduct that percentage of everything it costs you to operate the car. This method requires more record keeping but it can be worthwhile. If you have the records, fill in this table along with the above mileage information and I will figure out the best approach.

	Vehicle 1	Vehicle 2
Cost of the vehicle		
Date placed in service		
Interest on car loan		
Lease payments		
Gas		
Insurance		
Auto club membership		
License fees		
Maintenance (oil change, tires)		
Repairs		
Car washes		

If you purchased a new vehicle this year, please provide me with the bill of sale.

Leased Vehicles: You may use either the standard mileage or the actual expenses method. To use the actual expenses method, I will need the fair market value of the vehicle, the total amount of your lease payments, and the mileage numbers from the top of this page.

Rental Property Income / Expense (including Airbnb)

	Date Acquired	Description of Property	Address	Number of Days Rented During the Year	Number of Days You/Your Family Resided at Location
A					
B					
C					
D					

Income				
	A	B	C	D
Rents Received				
Other				

Expenses (List Only Rental Expenses)				
	A	B	C	D
Real Estate Taxes				
Mortgage Interest				
Insurance				
Cleaning / Maintenance				
Yard / Snow Removal				
Rubbish Hauling / Trash				
Supplies				
Fuel				
Electricity				
Water / Sewer				
Casual Labor				
Management Fees (Commissions)				
Homeowners Association Dues				
Travel Expense				
Auto Travel Mileage				
Telephone				
Advertising				
Legal & Professional				
Repairs / Painting				
Repairs / Plumbing				
Repairs / Electrical				
Repairs / Appliances				
Refunds / Security Deposit				
Other:				
Comments / Questions				

Retirement Contributions

Did you (or will you) make a contribution to a Traditional IRA, SEP-IRA, SIMPLE IRA, or Individual 401k for last year?

Do not include salary deferrals from work reported on Forms W-2.

	Taxpayer Contribution	Spouse Contribution
Traditional IRA		
Roth IRA		
SEP/SIMPLE/Individual 401k		

Did you convert all or part of a Traditional IRA into a **Roth IRA** last year?

Amount converted: _____

The Following Items May Affect Your Tax Return

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are you interested in making additional contributions to a retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Are you or your spouse eligible to participate in an employer's retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a retirement plan withdrawal, rollover or lump sum distribution in 2025? If so, provide Forms 1099R.
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any expenses in 2025 or prior years associated with the adoption of a child? If so, ask us about it.
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell stock, securities, real estate or other property? If yes, provide all Forms 1099-B. Also provide (1) description of the property, (2) date of purchase, (3) date of sale, (4) purchase price, (6) expenses of sale, (7) improvements or other cost/basis and (8) closing statements for purchase and/or sale.
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new home or refinance your home mortgage during 2025? Please provide the settlement (closing) statement
<input type="checkbox"/>	<input type="checkbox"/>	Were any stock options granted to you or by your employer, or did you exercise any stock options in 2025?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have income from a foreign investment, such as interest from a foreign bank account? If yes, provide details.
<input type="checkbox"/>	<input type="checkbox"/>	At any time during 2025, did you (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? <i>This question relates to Cryptocurrency, etc.</i>

Final Checklist / Items We Will Need

<input type="checkbox"/>	Your completed Personal Income Tax Organizer
<input type="checkbox"/>	All Forms W-2 (wages) and all Forms 1099 (1099-INT for interest, 1099-DIV for dividends, 1099-B for sales of securities, 1099-R for annuities and pensions, 1099-R for IRA or other retirement plan withdrawals, 1099-G for state tax refund, SSA-1099 for Social Security 1099-G for unemployment compensation and 1099-MISC for commissions and fees.)
<input type="checkbox"/>	Copies of returns (Schedules K-1) for partnership, joint ventures, S corporations, estates, or trusts. (In some cases, we may have your K-1 on file.)
<input type="checkbox"/>	If you are a new client, provide a copy of last year's tax return (Federal and State)

Electronic Filing

If we are filing your returns electronically, we will email you a copy of your return as a PDF document. We will also email your **signature authorization forms** for you to **electronically sign**.

IMPORTANT. Before I can transmit your returns electronically, I am required by law to have these signed signature forms in my office.