Form ID: INDX

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

Topic	Page
ABLE account distributions	73
Adoption expenses	83
Affordable Care Act Health Coverage	69, 70
Alaska Permanent Fund dividends	18, 77
Alimony paid	49
Alimony received	18
Annuity payments received	10, 24
Automobile information -	
Business or profession	68
Employee business expense	51
Farm, Farm Rental	68
Rent and royalty	68
Bank account information	3
Broker Statement - Consolidated	17b
Business income and expenses	28, 29, 30
Business use of home	67
Cancellation of debt	19
Casualty and theft losses, business	63, 65
Casualty and theft losses, personal	64, 66
Child and dependent care expenses	79
Children's interest and dividend	76, 77
Charitable contributions	59, 61, 62
Contracts and straddles	22
Dependent care benefits received	12
Dependent information	1
Depreciable asset acquisitions and dispositions -	
Business or profession	91, 92
Employee business expense	91, 92
Farm, Farm Rental	91, 92
Rent and royalty	91, 92
Direct deposit information	3
Disability income	24, 83
Dividend income, including foreign	11, 14, 17b
Early withdrawal penalty	13
Education Credits and tuition and fees deduction	54
Education Savings Account & Qualified Tuition Programs	55
Electronic filing	6
Email address	2
Employee business expenses	50
Estate income	10, 39
Farm income and expenses	33, 34, 35
Farm rental income and expenses	36, 37
Federal estimate payments	8
Federal student aid application information (FAFSA)	56
Federal withholding	12, 20, 24, 25
Foreign bank accounts & financial assets	44, 45
Foreign earned income & housing deduction	46, 47
Foreign employer compensation	23
Foreign taxes paid	82

Topic	Page
Fuel tax credit	84, 85, 86
Gambling winnings	10, 18, 20
Gambling losses	59
Health savings account (HSA)	71, 72
Household employee taxes	78
Identity authentication	7
Installment sales	41, 42
Interest income, including foreign	11, 13, 17b
Interest paid	58
Investment expenses	57
Investment interest expenses	58
IRA, Roth IRA contributions	26
IRA distributions	10, 24
Like-kind exchange of property	43
Long-term care services and contracts (LTC)	72
Medical and dental expenses	57
Medical savings account (MSA)	71, 72
Minister earnings and expenses	28, 49, 75
Miscellaneous income	18, 18a, 18b, 18c, 18d
Miscellaneous adjustments	49
Miscellaneous itemized deductions	59, 59a
Mortgage interest expense	58, 60
Moving expenses - Active Military	48
Nonresident Alien	4, 5
Partnership income	10, 38
Payments from Qualified Education Programs (1099-Q)	10, 55
Pension distributions	10, 24
Railroad retirement benefits	25
Real estate taxes, personal property and other taxes paid	57
REMIC's	16
Rent and royalty, vacation home, income and expenses	31, 32
Residential energy credit	81
S corporation income	10, 21, 38
Sale of business property	41, 42
Sale of personal residence	40
Sale of stock, securities, and other capital assets	17, 17a, 17b
Self-employed health insurance premiums	28, 33, 69
Self-employed Keogh, SEP and SIMPLE plan contributions	27
Seller-financed mortgage interest received	15
Social security benefits received	25
State and local income tax refunds	18
State & local estimate payments and withholding	9, 12, 20, 24
Statutory employee	12, 28
Student loan interest paid	53
Trust income	39
Unemployment compensation	18
Unreported tip or unreported wage income	74
U.S. savings bonds educational exclusion	52
Wages and salaries	10, 12

Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [ ] numbers are for preparer use only.

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) ___[1]

Mark if you were married but living apart all year ___[3]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) ___[4]

	Taxpayer	Spouse
Social security number	_____[5]	_____[6]
First name	_____[7]	_____[8]
Last name	_____[9]	_____[10]
Occupation	_____[11]	_____[12]
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	___[13]	___[15]
Mark if dependent of another taxpayer	___[16]	___[17]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	___[18]	
Mark if legally blind	___[21]	___[22]
Date of birth	_____[24]	_____[26]
Date of death	_____[27]	_____[28]
Work/daytime telephone number/ext number	_____[29] _____[30]	_____[31] _____[32]
Home/evening telephone number	_____[33]	_____[34]

Do you authorize us to discuss your return with the IRS? (Y, N) ___[35]

Present Mailing Address

Address _____[41]

Apartment number _____[42]

City, state postal code, zip code _____[43] ___[44] _____[45]

Foreign country name _____[47]

Foreign phone number _____[50]

In care of addressee _____[52]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name[53]	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	***Dep Codes *	**	Care expenses paid for dependent

Name of child who lived with you but is not your dependent _____[54]

Social security number of qualifying person _____[55]

Dependent Codes

***Basic**
1 = Child who lived with you
2 = Child who did not live with you due to divorce/separation
3 = Other dependent
4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)
5 = Qualifying child for Earned Income Credit only
6 = Children who lived with you, but do not qualify for Earned Income Credit
7 = Children who lived with you, but do not qualify for Child Tax Credit
8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit

****Other**
1 = Student (Age 19 - 23)
2 = Disabled dependent
3 = Dependent who is both a student and disabled

*****Months**
77 = Reported on odd year return
88 = Reported on even year return
99 = Not reported on return

Client Contact Information

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) ___[8]

Taxpayer email address _____[9]

Spouse email address _____[10]

	Taxpayer	Spouse
Fax telephone number	_____[11]	_____[20]
Mobile telephone number	_____[12]	_____[21]
Mobile telephone #2 number	_____[13]	_____[22]
Pager number	_____[14]	_____[23]
Other:	_____[15]	_____[24]
Telephone number	_____[16]	_____[25]
Extension	_____[17]	_____[26]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	_____[18]	_____[27]

NOTES/QUESTIONS:

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below. In accordance with Executive Order 14247, the IRS has phased out paper checks for refunds and payments as of September 30, 2025. Failure to provide bank information will delay IRS processing of refunds.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. __[1]

Primary account:

- Financial institution routing transit number _____[6]
- Name of financial institution _____[7]
- Your account number _____[8]
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[9]
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[12]
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[13]
- Enter the maximum dollar amount, or percentage of total refund Dollar _____[14] **or** Percent (xxx.xx) _____[15]

Secondary account #1:

- Financial institution routing transit number _____[24]
- Name of financial institution _____[25]
- Your account number _____[26]
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[27]
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[30]
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[31]
- Enter the maximum dollar amount, or percentage of total refund Dollar _____[16] **or** Percent (xxx.xx) _____[17]

Secondary account #2:

- Financial institution routing transit number _____[32]
- Name of financial institution _____[33]
- Your account number _____[34]
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[35]
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[38]
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[39]
- Enter the maximum dollar amount, or percentage of total refund Dollar _____[18] **or** Percent (xxx.xx) _____[19]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

NOTES/QUESTIONS:

Nonresident Alien - General Information

Please provide copies of all Forms 1042-S, SSA-1042S, 8288A, and 8805

Country where you are a citizen or national during the tax year _____ [2]

Foreign address to use for refund check, if different than mailing address entered on Screen 1040:

- Foreign address _____ [3]
- Foreign city _____ [4]
- Foreign country name _____ [6]
- Foreign province or county _____ [7]
- Foreign postal code _____ [8]

Country of permanent residence for tax purposes _____ [10]

Scholarships and fellowship grants received during tax year:

_____ + _____ [15]

U.S. real property interests that were disposed at a gain during the tax year + _____ [18]

Income Not Effectively Connected with a U.S. Trade or Business

Payer / Description	Tax Rate	Income	U.S. Fed Withholding
Dividends paid by U.S. corporations:			
_____	_____ +	_____ [21]	+ _____
_____	_____ +	_____	+ _____
Dividends paid by foreign corporations:			
_____	_____ +	_____ [23]	+ _____
_____	_____ +	_____	+ _____
Interest received on mortgages:			
_____	_____ +	_____ [27]	+ _____
_____	_____ +	_____	+ _____
Interest paid by foreign corporations:			
_____	_____ +	_____ [29]	+ _____
_____	_____ +	_____	+ _____
Other Interest received:			
_____	_____ +	_____ [31]	+ _____
_____	_____ +	_____	+ _____
Industrial royalties (patents, trademarks, etc.)			
_____	_____ +	_____ [33]	+ _____
Motion picture or T.V. copyright royalties			
_____	_____ +	_____ [35]	+ _____
Other royalties (copyrights, recording, publishing, etc.)			
_____	_____ +	_____ [37]	+ _____
Real property income and natural resources royalties			
_____	_____ +	_____ [39]	+ _____
Pensions and annuities:			
_____	_____ +	_____ [41]	+ _____
Gambling - Residents of Canada only:			
Winnings _____ [42] Losses _____ [44]			+ _____ [43]
Gambling - Residents of countries other than Canada:			
_____	_____ +	_____ [47]	+ _____
Other income:			
_____	_____ +	_____ [49]	+ _____
_____	_____ +	_____	+ _____

Capital Gains & Losses Not Effectively Connected with a U.S. Trade or Business

Description of Property [51]	Date Acquired	Date Sold	Sales Price	Cost/Basis	U.S. Fed W/H
_____	_____	_____ +	_____ +	_____ +	_____
_____	_____	_____ +	_____ +	_____ +	_____
_____	_____	_____ +	_____ +	_____ +	_____
_____	_____	_____ +	_____ +	_____ +	_____
_____	_____	_____ +	_____ +	_____ +	_____

Nonresident Alien - Other Information

Have you ever applied to be a green cared holder of the United States (Y, N) ___[1]
Were you ever a U.S. citizen? (Y, N) ___[2]
Were you ever a green card holder of the U.S? (Y, N) ___[3]
If you had a visa on December 31, 2025, enter your visa type _____[5]
If you did not have a visa, enter your U.S. immigration status on December 31, 2025 _____[6]
Date you first entered U.S. _____[7]
If you've ever changed your visa types (nonimmigrant status) or U.S. immigration status:
Date of visa change _____[9]
Nature of your visa change _____[10]
If you are a resident of Canada or Mexico **AND** commute to work in the U.S. at frequent intervals, enter 1 for Canada or 2 for Mexico ___[11]

List all dates you entered and left the United States during 2025 (NA for residents of Canada or Mexico) [12]:

Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left

Enter the total number of days (including vacation, nonworkdays, partial work days) you were present in the U.S. during:
2023 ____[13]
2024 ____[14]
2025 ____[15]

Latest U.S. income tax return you filed prior to 2025:
Year filed _____[16]
Type of return filed _____[17]

Did you receive total compensation of $250,000 or more during 2025 (Y, N) ___[18]
If "Yes" did you use an alternative method to determine the source of the compensation? (Y, N) ___[20]
If you used an alternative method to determine the source of the compensation, provide details in the space below. [19]

Complete the following if claiming exemption from income tax under a U.S. income tax treaty

Country Name [21]	Tax Treaty Article	Months Claimed in 2024	Exempt Income in 2025

Were you subject to tax in a foreign country on any of the income entered in the "Exempt income 2025" column (Y, N) ___[22]
Are you claiming treaty benefits pursuant to a Competent Authority determination. If yes, attach a copy of the determination (Y, N) ___[23]

If you paid any amounts related to your 2025 nonresident return (i.e. estimates, extension, Form 1040-C), enter the Internal Revenue Service office that received the payments _____[26]

Electronic Filing

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing ___[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) ___[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account ___[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.
Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes. This is not the same as an IRS assigned six-digit Identity Protection PIN (IP PIN).

Taxpayer self-selected Personal Identification Number (PIN) (Not an IRS assigned six-digit IP PIN) _____[7]

Spouse self-selected Personal Identification Number (PIN) (Not an IRS assigned six-digit IP PIN) _____[8]

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) ____[1]
Identification number _____[3]
Issue date _____[4]
Expiration date (mm/dd/yyyy) _____[5]
Location of issuance (State issued only) ____[6]
Document number (New York only) _____[7]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) ____[10]
Identification number _____[12]
Issue date _____[13]
Expiration date (mm/dd/yyyy) _____[14]
Location of issuance (State issued only) ____[15]
Document number (New York only) _____[16]

NOTES/QUESTIONS:

If you have an overpayment of 2025 taxes, do you want the excess:

Refunded ___[53]

Applied to 2026 estimated tax liability ___[54]

Do you expect a considerable change in your 2026 income? (Y, N) ___[55]

If yes, please explain any differences:

_____[56]

_____[57]

_____[58]

_____[59]

Do you expect a considerable change in your deductions for 2026? (Y, N) ___[60]

If yes, please explain any differences:

_____[61]

_____[62]

_____[63]

_____[64]

Do you expect a considerable change in the amount of your 2026 withholding? (Y, N) ___[65]

If yes, please explain any differences:

_____[66]

_____[67]

_____[68]

_____[69]

Do you expect a change in the number of dependents claimed for 2026? (Y, N) ___[70]

If yes, please explain any differences:

_____[71]

_____[72]

_____[73]

_____[74]

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) ___[75]

2025 Federal Estimated Tax Payments

2024 overpayment applied to 2025 estimates + _____[1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. ___[5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due		Amount Paid	Calculated Amount	Method*
1st quarter payment	04/15/25	_____[6]	+	_____[7]	_____	_____
2nd quarter payment	06/16/25	_____[8]	+	_____[9]	_____	_____
3rd quarter payment	09/15/25	_____[10]	+	_____[11]	_____	_____
4th quarter payment	01/15/26	_____[12]	+	_____[13]	_____	_____
Additional payment		_____[14]	+	_____[15]		

***Method of payment indicated in prior year**

EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System

Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

2025 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T, S, J) [1]
State postal code [2]

Amount paid with 2024 return + [3]
2024 overpayment applied to '25 estimates + [4]
Treat calculated amounts as paid [8]

	Date Paid		Amount Paid		Calculated Amount
1st quarter payment	[9]	+	[10]		
2nd quarter payment	[11]	+	[12]		
3rd quarter payment	[13]	+	[14]		
4th quarter payment	[15]	+	[16]		
Additional payment	[17]	+	[18]		

2025 City Estimated Tax Payments

City #1

City name [28]
Amount paid with 2024 return + [31]
2024 overpayment applied to '25 estimates + [32]
Treat calculated amounts as paid [36]

	Date Paid		Amount Paid	Calculated Amount
1st quarter payment	[37]	+	[38]	
2nd quarter payment	[39]	+	[40]	
3rd quarter payment	[41]	+	[42]	
4th quarter payment	[43]	+	[44]	

City #2

City name [50]
Amount paid with 2024 return + [53]
2024 overpayment applied to '25 estimates + [54]
Treat calculated amounts as paid [58]

	Date Paid		Amount Paid	Calculated Amount
1st quarter payment	[59]	+	[60]	
2nd quarter payment	[61]	+	[62]	
3rd quarter payment	[63]	+	[64]	
4th quarter payment	[65]	+	[66]	

City #3

City name [72]
Amount paid with 2024 return + [75]
2024 overpayment applied to '25 estimates + [76]
Treat calculated amounts as paid [80]

	Date Paid		Amount Paid	Calculated Amount
1st quarter payment	[81]	+	[82]	
2nd quarter payment	[83]	+	[84]	
3rd quarter payment	[85]	+	[86]	
4th quarter payment	[87]	+	[88]	

City #4

City name [94]
Amount paid with 2024 return + [97]
2024 overpayment applied to '25 estimates + [98]
Treat calculated amounts as paid [102]

	Date Paid		Amount Paid	Calculated Amount
1st quarter payment	[103]	+	[104]	
2nd quarter payment	[105]	+	[106]	
3rd quarter payment	[107]	+	[108]	
4th quarter payment	[109]	+	[110]	

Income Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Form	T/S/J	Description	1 = Attached 2 = N/A

Interest and Dividend Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all 1099-INT and 1099-DIV you received. To indicate which forms are attached, enter a "1" for attached in the field provided. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided. Otherwise, leave this field blank.

Form	T/S/J	Description	Mark if Foreign	1 = Attached 2 = N/A

Wages and Salaries #1

Please provide all copies of Form W-2.

	2025 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
Employer name	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard, 5 = Diff of Care)	[5]	
Mark if this is your current employer	[6]	
Mark if this is the last year for this employer	[9]	
Federal wages and salaries **(Box 1)**	+ [10]	
Federal tax withheld **(Box 2)**	+ [12]	
Social security wages **(Box 3)** (If different than federal wages)	+ [14]	
Social security tax withheld **(Box 4)**	+ [16]	
Medicare wages **(Box 5)** (If different than federal wages)	+ [18]	
Medicare tax withheld **(Box 6)**	+ [21]	
SS tips **(Box 7)**	+ [23]	
Allocated tips **(Box 8)**	+ [25]	
Dependent care benefits **(Box 10)**	+ [27]	
Box 13 -		
Statutory employee	[29]	
Retirement plan	[30]	
Third-party sick pay	[31]	
State postal code **(Box 15)**	[32]	
State wages **(Box 16)** (If different than federal wages)	+ [34]	
State tax withheld **(Box 17)**	+ [36]	
Local wages **(Box 18)**	+ [38]	
Local tax withheld **(Box 19)**	+ [40]	
Name of locality **(Box 20)**	[43]	

	Control Totals +	

Wages and Salaries #2

Please provide all copies of Form W-2.

	2025 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
Employer name	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard, 5 = Diff of Care)	[5]	
Mark if this your current employer	[6]	
Mark if this is the last year for this employer	[9]	
Federal wages and salaries **(Box 1)**	+ [10]	
Federal tax withheld **(Box 2)**	+ [12]	
Social security wages **(Box 3)** (If different than federal wages)	+ [14]	
Social security tax withheld **(Box 4)**	+ [16]	
Medicare wages **(Box 5)** (If different than federal wages)	+ [18]	
Medicare tax withheld **(Box 6)**	+ [21]	
SS tips **(Box 7)**	+ [23]	
Allocated tips **(Box 8)**	+ [25]	
Dependent care benefits **(Box 10)**	+ [27]	
Box 13 -		
Statutory employee	[29]	
Retirement plan	[30]	
Third-party sick pay	[31]	
State postal code **(Box 15)**	[32]	
State wages **(Box 16)** (If different than federal wages)	+ [34]	
State tax withheld **(Box 17)**	+ [36]	
Local wages **(Box 18)**	+ [38]	
Local tax withheld **(Box 19)**	+ [40]	
Name of locality **(Box 20)**	[43]	

	Control Totals +	

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

***Whole numbers will be treated as $ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.**

T/S/J	Type Code (**See codes below)			Interest Income [1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* $ or %	Tax Exempt* $ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer							
			Amounts	+						
		2	Payer							
			Amounts	+						
		3	Payer							
			Amounts	+						
		4	Payer							
			Amounts	+						
		5	Payer							
			Amounts	+						
		6	Payer							
			Amounts	+						
		7	Payer							
			Amounts	+						
		8	Payer							
			Amounts	+						
		9	Payer							
			Amounts	+						
		10	Payer							
			Amounts	+						

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

***Whole numbers will be treated as $ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.**

T S J	Type Code (**See codes below)			Ordinary Dividends [2]	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* $ or %	Tax Exempt* $ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer											
			Amounts +											
		2	Payer											
			Amounts +											
		3	Payer											
			Amounts +											
		4	Payer											
			Amounts +											
		5	Payer											
			Amounts +											
		6	Payer											
			Amounts +											
		7	Payer											
			Amounts +											
		8	Payer											
			Amounts +											
		9	Payer											
			Amounts +											
		10	Payer											
			Amounts +											

**Dividend Codes	
Blank = Other	3 = Nominee

Form ID: B-3

Seller Financed Mortgage Interest Income

15

Please provide copies of all Form 1099-INT or other statements reporting interest income.

2025 Information | **Prior Year Information**

Taxpayer/Spouse/Joint (T, S, J) _____
Payer's name _____
Payer's street address _____
Payer's city, state, zip code _____ _____ _____
Payer's social security number _____
Interest income amount received in 2025 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____
Payer's name _____
Payer's street address _____
Payer's city, state, zip code _____ _____ _____
Payer's social security number _____
Interest income amount received in 2025 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____
Payer's name _____
Payer's street address _____
Payer's city, state, zip code _____ _____ _____
Payer's social security number _____
Interest income amount received in 2025 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____
Payer's name _____
Payer's street address _____
Payer's city, state, zip code _____ _____ _____
Payer's social security number _____
Interest income amount received in 2025 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____
Payer's name _____
Payer's street address _____
Payer's city, state, zip code _____ _____ _____
Payer's social security number _____
Interest income amount received in 2025 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____
Payer's name _____
Payer's street address _____
Payer's city, state, zip code _____ _____ _____
Payer's social security number _____
Interest income amount received in 2025 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____
Payer's name _____
Payer's street address _____
Payer's city, state, zip code _____ _____ _____
Payer's social security number _____
Interest income amount received in 2025 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____
Payer's name _____
Payer's street address _____
Payer's city, state, zip code _____ _____ _____
Payer's social security number _____
Interest income amount received in 2025 + _____ [1]

Income from REMICs

Please provide all Schedules Q.

Taxpayer/Spouse/Joint (T, S, J) __[1]
Name of activity _____
Employer identification number _____
State postal code ___

Taxpayer/Spouse/Joint (T, S, J) __[1]
Name of activity _____
Employer identification number _____
State postal code ___

NOTES/QUESTIONS:

Form ID: D

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S

Did you have any securities become worthless during 2025? (Y, N) __[9]

Did you have any debts become uncollectible during 2025? (Y, N) __[10]

Did you have any commodity sales, short sales, or straddles? (Y, N) __[11]

Did you exchange any securities or investments for something other than cash? (Y, N) __[13]

Did you receive, sell, exchange, or otherwise dispose of any financial interest in any digital assets? (Y, N) __[4]

T/S/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
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				+	+

	Control Totals +		**Form ID: D**

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S

T/S/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis

NOTES/QUESTIONS:

Form ID: Broker

Consolidated Broker Statement

17b

Please provide copies of the Consolidated Broker Statement - Include all pages and all inserts

☐ **Preparer use only**

T/S/J _____ Employer identification number _____

Broker Name _____ Margin interest _____

Account number _____ Investment management/advisory fees _____

***Whole numbers will be treated as $ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.**

Type Code	1099-INT		Interest Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* $ or %	Tax Exempt* $ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer							
		Amounts	+						
	2	Payer							
		Amounts	+						
	3	Payer							
		Amounts	+						
	4	Payer							
		Amounts	+						
	5	Payer							
		Amounts	+						

Type Code	1099-DIV		Ordinary Dividends	Qualified Dividends	Total Cap Gain Distr	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	US Obligations* $ or %	Tax Exempt* $ or %	Foreign Tax Paid	Prior Year Information
	1	Payer											
		Amounts	+										
	2	Payer											
		Amounts	+										
	3	Payer											
		Amounts	+										
	4	Payer											
		Amounts	+										
	5	Payer											
		Amounts	+										

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
			+	+
			+	+
			+	+
			+	+
			+	+

Description of Account - Aggregate profit/-loss on contracts	-Loss/Gain Entire Yr	1099-B Adjustment	Net 1256 loss carryback

Other Income

	2025 Information	Prior Year Information
State and local income tax refunds	+ _____ [5]	

	T/S	Agreement Date	2025 Information	Prior Year Information
Alimony received	___	_____	+ _____ [3]	
	___	_____	+ _____ [3]	

**Unemployment benefits are taxable income and should be reported on your return. Your 1099-G should show both the amount received and any amount of tax withheld. You may need to go to your state's Department of Labor website to get your 1099-G from your account.

	Taxpayer	Spouse	Prior Year Information
Unemployment compensation**	+ _____ [9]	+ _____ [10]	
Unemployment compensation federal withholding	+ _____ [9]	+ _____ [10]	
Unemployment compensation state withholding	+ _____ [9]	+ _____ [10]	
Unemployment compensation repaid	+ _____ [12]	+ _____ [13]	
Alaska Permanent Fund dividends	+ _____ [18]	+ _____ [19]	

T/S/J	Self-Employment Income ? (Y, N)	Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	2025 Information	Prior Year Information
__	__	_____	+ _____ [15]	
__	__	_____	+ _____	
__	__	_____	+ _____	
__	__	_____	+ _____	
__	__	_____	+ _____	
__	__	_____	+ _____	
__	__	_____	+ _____	
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__	__	_____	+ _____	
__	__	_____	+ _____	
__	__	_____	+ _____	
__	__	_____	+ _____	

NOTES/QUESTIONS:

Form ID: 1099M

Miscellaneous Income #1

18a

Please provide all Forms 1099-MISC

Preparer use only

	2025 Information	Prior Year Information
Name of payer	[3]	
Taxpayer/Spouse/Joint (T, S, J)	[5]	
State postal code	[6]	
Rents **(Box 1)**	+ [13]	
Royalties **(Box 2)**	+ [15]	
Other income **(Box 3)**	+ [17]	
Federal income tax withheld **(Box 4)**	+ [19]	
Fishing boat proceeds **(Box 5)**	+ [21]	
Medical and health care payments **(Box 6)**	+ [23]	
Payer made direct sales of $5,000 or more of consumer products **(Box 7)**	[27]	
Substitute payments in lieu of dividends or interest **(Box 8)**	+ [29]	
Crop Insurance proceeds **(Box 9)**	+ [31]	
Gross proceeds paid to an attorney **(Box 10)**	+ [36]	
Fish purchased for resale **(Box 11)**	+ [38]	
Section 409A deferrals **(Box 12)**	+ [40]	
Excess golden parachute payments		
Nonqualified deferred compensation **(Box 15)**	+ [44]	
State tax withheld **(Box 16)**	+ [46]	
State/Payer's state no. **(Box 17)**	[48]	
State income **(Box 18)**	+ [49]	

Control Totals +

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

	2025 Information	Prior Year Information
Name of payer	[3]	
Taxpayer/Spouse/Joint (T, S, J)	[5]	
State postal code	[6]	
Rents **(Box 1)**	+ [13]	
Royalties **(Box 2)**	+ [15]	
Other income **(Box 3)**	+ [17]	
Federal income tax withheld **(Box 4)**	+ [19]	
Fishing boat proceeds **(Box 5)**	+ [21]	
Medical and health care payments **(Box 6)**	+ [23]	
Payer made direct sales of $5,000 or more of consumer products **(Box 7)**	[27]	
Substitute payments in lieu of dividends or interest **(Box 8)**	+ [29]	
Crop Insurance proceeds **(Box 9)**	+ [31]	
Gross proceeds paid to an attorney **(Box 10)**	+ [36]	
Fish purchased for resale **(Box 11)**	+ [38]	
Section 409A deferrals **(Box 12)**	+ [40]	
Excess golden parachute payments		
Nonqualified deferred compensation **(Box 15)**	+ [44]	
State tax withheld **(Box 16)**	+ [46]	
State/Payer's state no. **(Box 17)**	[48]	
State income **(Box 18)**	+ [49]	

Control Totals +

NOTES/QUESTIONS:

Form ID: 1099NEC

Nonemployee Compensation #1

18b

Please provide all Forms 1099-NEC

Preparer use only

	2025 Information	Prior Year Information
Name of payer	[3]	
Taxpayer/Spouse/Joint (T, S, J)	[5]	
State postal code	[6]	
Nonemployee compensation **(Box 1)**	+ [13]	
Payer made direct sales of $5,000 or more of consumer products **(Box 2)**	[15]	
Excess golden parachute payments **(Box 3)**	+ [17]	
Federal income tax withheld **(Box 4)**	+ [19]	
State tax withheld **(Box 5)**	+ [21]	
State/Payer's state no. **(Box 6)**	[23]	
State income **(Box 7)**	+ [24]	

Control Totals +

Nonemployee Compensation #2

Please provide all Forms 1099-NEC

Preparer use only

	2025 Information	Prior Year Information
Name of payer	[3]	
Taxpayer/Spouse/Joint (T, S, J)	[5]	
State postal code	[6]	
Nonemployee compensation **(Box 1)**	+ [13]	
Payer made direct sales of $5,000 or more of consumer products **(Box 2)**	[15]	
Excess golden parachute payments **(Box 3)**	+ [17]	
Federal income tax withheld **(Box 4)**	+ [19]	
State tax withheld **(Box 5)**	+ [21]	
State/Payer's state no. **(Box 6)**	[23]	
State income **(Box 7)**	+ [24]	

Control Totals +

NOTES/QUESTIONS:

Form ID: 1099K

Payment Card and Third Party Network Transactions #1

18c

Please provide all Forms 1099-K

Preparer use only

	2025 Information	Prior Year Information
Name of payer	[3]	
Taxpayer/Spouse/Joint (T, S, J)	[5]	
State postal code	[6]	
Gross amount of payment card/third party network transactions **(Box 1)**	+ [17]	
Card not present transactions **(Box 1b)**	[19]	
Federal income tax withheld **(Box 4)**	+ [21]	
State postal code **(Box 6)**	[23]	
State identification number **(Box 7)**	[25]	
State tax withheld **(Box 8)**	+ [26]	

	Control Totals +	

Payment Card and Third Party Network Transactions #2

Please provide all Forms 1099-K

Preparer use only

	2025 Information	Prior Year Information
Name of payer	[3]	
Taxpayer/Spouse/Joint (T, S, J)	[5]	
State postal code	[6]	
Gross amount of payment card/third party network transactions **(Box 1)**	+ [17]	
Card not present transactions **(Box 1b)**	[19]	
Federal income tax withheld **(Box 4)**	+ [21]	
State postal code **(Box 6)**	[23]	
State identification number **(Box 7)**	[25]	
State tax withheld **(Box 8)**	+ [26]	

	Control Totals +	

NOTES/QUESTIONS:

Form ID: 1099PATR

Taxable Distributions Received from Cooperatives #1

18d

Please provide all Forms 1099-PATR

Preparer use only

Name of payer		[3]
Taxpayer/Spouse/Joint (T, S, J)		[5]
State postal code		[6]
Patron dividends **(Box 1)**	+	[10]
Nonpatronage distributions **(Box 2)**	+	[12]
Per-unit retain allocations **(Box 3)**	+	[14]
Federal income tax withheld **(Box 4)**	+	[16]
Redeemed nonqualified notices **(Box 5)**	+	[18]
Section 199A(g) deduction **(Box 6)**	+	[23]
Qualified payments (Section 199A(b)(7) **(Box 7)**	+	[24]
Section 199A(a) qual items **(Box 8)**	+	[25]
Section 199A(a) SSTB items **(Box 9)**	+	[26]
Investment credit **(Box 10)**	+	[27]
Work opportunity credit **(Box 11)**	+	[29]
Patron's AMT adjustments	+	[31]
Other credits and deductions #1 **(Box 12)**	+	[33]
Other credits and deductions #2 **(Box 12)**	+	[35]
Specified Coop **(Box 13)**		[37]

	Control Totals +	

Form ID: 1099PATR

Taxable Distributions Received from Cooperatives #2

Please provide all Forms 1099-PATR

Preparer use only

Name of payer		[3]
Taxpayer/Spouse/Joint (T, S, J)		[5]
State postal code		[6]
Patron dividends **(Box 1)**	+	[10]
Nonpatronage distributions **(Box 2)**	+	[12]
Per-unit retain allocations **(Box 3)**	+	[14]
Federal income tax withheld **(Box 4)**	+	[16]
Redeemed nonqualified notices **(Box 5)**	+	[18]
Section 199A(g) deduction **(Box 6)**	+	[23]
Qualified payments (Section 199A(b)(7) **(Box 7)**	+	[24]
Section 199A(a) qual items **(Box 8)**	+	[25]
Section 199A(a) SSTB items **(Box 9)**	+	[26]
Investment credit **(Box 10)**	+	[27]
Work opportunity credit **(Box 11)**	+	[29]
Patron's AMT adjustments	+	[31]
Other credits and deductions #1 **(Box 12)**	+	[33]
Other credits and deductions #2 **(Box 12)**	+	[35]
Specified Coop **(Box 13)**		[37]

	Control Totals +	

NOTES/QUESTIONS:

Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [51]

Taxpayer/Spouse/Joint (T, S, J) __ [5]
State postal code ___ [6]
Name of creditor/lender _____ [3]

Form 1099-C Cancellation of Debt

Date of identifiable event **(Box 1)** _____ [10]
Amount of debt discharged **(Box 2)** + _____ [11]
Interest if included in box 2 **(Box 3)** + _____ [12]
Personally liable for repayment of the debt (if checked) **(Box 5)** __ [13]
Identifiable event code **(Box 6)** (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) __ [14]
Fair market value of property **(Box 7)** + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment **(Box 1)** _____ [16]
Balance of principal outstanding **(Box 2)** + _____ [17]
Fair market value of property **(Box 4)** + _____ [18]
Personally liable for repayment of the debt (if checked) **(Box 5)** __ [19]

	Control Totals +	

Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [51]

Taxpayer/Spouse/Joint (T, S, J) __ [5]
State postal code ___ [6]
Name of creditor _____ [3]

Form 1099-C Cancellation of Debt

Date of identifiable event **(Box 1)** _____ [10]
Amount of debt discharged **(Box 2)** + _____ [11]
Interest if included in box 2 **(Box 3)** + _____ [12]
Personally liable for repayment of the debt (if checked) **(Box 5)** __ [13]
Identifiable event code **(Box 6)** (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) __ [14]
Fair market value of property **(Box 7)** + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment **(Box 1)** _____ [16]
Balance of principal outstanding **(Box 2)** + _____ [17]
Fair market value of property **(Box 4)** + _____ [18]
Personally liable for repayment of the debt (if checked) **(Box 5)** __ [19]

	Control Totals +	

NOTES/QUESTIONS:

Gambling Winnings #1

Please provide all copies of Form W-2G.

	2025 Information		Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
Payer name		[3]	
State postal code		[4]	
Mark if professional gambler		[9]	
Reportable winnings **(Box 1)**	+	[11]	
Date won **(Box 2)**		[13]	
Type of wager **(Box 3)**		[15]	
Federal withholding **(Box 4)**	+	[17]	
Transaction **(Box 5)**		[19]	
Race **(Box 6)**		[21]	
Identical wager winnings **(Box 7)**	+	[23]	
Cashier **(Box 8)**		[25]	
Taxpayer identification number **(Box 9)**		[27]	
Window **(Box 10)**		[28]	
First ID **(Box 11)**		[30]	
Second ID **(Box 12)**		[31]	
Payer's state ID no. **(Box 13)**		[32]	
State winnings **(Box 14)**	+	[33]	
State withholding **(Box 15)**	+	[35]	
Local winnings **(Box 16)**	+	[37]	
Local withholding **(Box 17)**	+	[39]	
Name of locality **(Box 18)**		[42]	

	Control Totals +	

Gambling Winnings #2

Please provide all copies of Form W-2G.

	2025 Information		Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
Payer name		[3]	
State postal code		[4]	
Mark if professional gambler		[9]	
Reportable winnings **(Box 1)**	+	[11]	
Date won **(Box 2)**		[13]	
Type of wager **(Box 3)**		[15]	
Federal withholding **(Box 4)**	+	[17]	
Transaction **(Box 5)**		[19]	
Race **(Box 6)**		[21]	
Identical wager winnings **(Box 7)**	+	[23]	
Cashier **(Box 8)**		[25]	
Taxpayer identification number **(Box 9)**		[27]	
Window **(Box 10)**		[28]	
First ID **(Box 11)**		[30]	
Second ID **(Box 12)**		[31]	
Payer's state ID no. **(Box 13)**		[32]	
State winnings **(Box 14)**	+	[33]	
State withholding **(Box 15)**	+	[35]	
Local winnings **(Box 16)**	+	[37]	
Local withholding **(Box 17)**	+	[39]	
Name of locality **(Box 18)**		[42]	

	Control Totals +	

NOTES/QUESTIONS:

Shareholders Undistributed Capital Gain #1

Please provide all copies of Form 2439

		2025 Information		Prior Year Information
Taxpayer/Spouse (T, S)		[1]		
RIC or REIT name		[3]		
State postal code		[4]		
Total undistributed long-term capital gains **(Box 1a)**	+	[9]		
Unrecaptured section 1250 gain **(Box 1b)**	+	[11]		
Section 1202 gain **(Box 1c)**	+	[13]		
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)		[15]		
Collectibles (28%) gain **(Box 1d)**	+	[17]		
Tax paid by the RIC or REIT on the box 1a gains **(Box 2)**	+	[19]		

	Control Totals +	

Shareholders Undistributed Capital Gain #2

Please provide all copies of Form 2439

		2025 Information		Prior Year Information
Taxpayer/Spouse (T, S)		[1]		
RIC or REIT name		[3]		
State postal code		[4]		
Total undistributed long-term capital gains **(Box 1a)**	+	[9]		
Unrecaptured section 1250 gain **(Box 1b)**	+	[11]		
Section 1202 gain **(Box 1c)**	+	[13]		
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)		[15]		
Collectibles (28%) gain **(Box 1d)**	+	[17]		
Tax paid by the RIC or REIT on the box 1a gains **(Box 2)**	+	[19]		

	Control Totals +	

Shareholders Undistributed Capital Gain #3

Please provide all copies of Form 2439

		2025 Information		Prior Year Information
Taxpayer/Spouse (T, S)		[1]		
RIC or REIT name		[3]		
State postal code		[4]		
Total undistributed long-term capital gains **(Box 1a)**	+	[9]		
Unrecaptured section 1250 gain **(Box 1b)**	+	[11]		
Section 1202 gain **(Box 1c)**	+	[13]		
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)		[15]		
Collectibles (28%) gain **(Box 1d)**	+	[17]		
Tax paid by the RIC or REIT on the box 1a gains **(Box 2)**	+	[19]		

	Control Totals +	

NOTES/QUESTIONS:

Subject to self-employment tax code (T = Taxpayer, S = Spouse, J = Joint) __[1]

Mark to indicate all the elections that apply:

Mixed straddle election __[2]

Mixed straddle account election (Attach explanation)

_____[3]

_____

Straddle-by-straddle identification election __ [4]

Net section 1256 contracts loss election __ [5]

Section 1256 Contracts Marked to Market

Identification of Account A _____[6]

Identification of Account B _____

Identification of Account C _____

	Account A	Account B	Account C
Taxpayer/Spouse/Joint (T, S, J)	__	__	__
State postal code	___	___	___
-Loss/Gain for entire year (Enter losses as a negative amount)	+ _____	+ _____	+ _____
Total Form 1099-B adjustment	+ _____	+ _____	+ _____
Total net 1256 contract loss carryback	+ _____	+ _____	+ _____

Gains and Losses From Straddles

Description of Property A _____[7]

Name of Contract _____

Component _____ Type _____

Description of Property B _____

Name of Contract _____

Component _____ Type _____

Description of Property C _____

Name of Contract _____

Component _____ Type _____

Description of Property D _____

Name of Contract _____

Component _____ Type _____

	Property A	Property B	Property C	Property D
Taxpayer/Spouse/Joint (T, S, J)	__	__	__	__
State postal code	___	___	___	___
Date entered into/acquired	_____	_____	_____	_____
Date closed out/sold	_____	_____	_____	_____
Gross sales price	+ _____	+ _____	+ _____	+ _____
Cost plus expense of sale	+ _____	+ _____	+ _____	+ _____
Unrecognized gain	+ _____	+ _____	+ _____	+ _____

Unrecognized Gain From Positions Held on Last Business Day

Description of Property A _____[8]

Description of Property B _____

Description of Property C _____

	Property A	Property B	Property C
Date acquired	_____	_____	_____
Fair market value on last business day	+ _____	+ _____	+ _____
Cost or other basis as adjusted	+ _____	+ _____	+ _____

Foreign Employer Compensation

Enter foreign employer compensation that was not reported to you on Form 1099-MISC.

Taxpayer/Spouse (T/S) [3]
State [4]

Foreign Employer Identification (ID) number [1]
Foreign Employer Name [2]
Foreign Employer Address
- Foreign street address [6]
- Foreign city [7]
- Foreign country code/name [8] [9]
- Foreign province/county [10]
- Foreign postal code [11]
- Name "in care of" [12]

Employee address, if different from home address on Organizer Form ID: 1040
- Enter U.S. (street, city, state, zip code) OR foreign (street, city, country, province, postal code)
- Street address [13]
- City, state, zip code [14] [15] [16]
- Foreign country code/name [17] [18]
- Foreign province/county [19]
- Foreign postal code [20]

Income

	2025 Information	Prior Year Information
Foreign employer compensation	[22]	

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

	2025 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__[1]	
Name of payer _____	[3]	
State postal code	___[6]	
Gross distributions received **(Box 1)**	+ _____[8]	_____
Taxable amount received **(Box 2a)**	+ _____[10]	_____
Federal withholding **(Box 4)**	+ _____[12]	_____
Distribution code **(Box 7)**	__[15]	__
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	__[17]	
State withholding **(Box 14)**	+ _____[18]	_____
Local withholding **(Box 17)**	+ _____[20]	_____
Amount of rollover	+ _____[22]	_____
Mark if distribution was due to a pre-retirement age disability	__[24]	

	Control Totals +	

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

	2025 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__[1]	
Name of payer _____	[3]	
State postal code	___[6]	
Gross distributions received **(Box 1)**	+ _____[8]	_____
Taxable amount received **(Box 2a)**	+ _____[10]	_____
Federal withholding **(Box 4)**	+ _____[12]	_____
Distribution code **(Box 7)**	__[15]	__
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	__[17]	
State withholding **(Box 14)**	+ _____[18]	_____
Local withholding **(Box 17)**	+ _____[20]	_____
Amount of rollover	+ _____[22]	_____
Mark if distribution was due to a pre-retirement age disability	__[24]	

	Control Totals +	

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

	2025 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__[1]	
Name of payer _____	[3]	
State postal code	___[6]	
Gross distributions received **(Box 1)**	+ _____[8]	_____
Taxable amount received **(Box 2a)**	+ _____[10]	_____
Federal withholding **(Box 4)**	+ _____[12]	_____
Distribution code **(Box 7)**	__[15]	__
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	__[17]	
State withholding **(Box 14)**	+ _____[18]	_____
Local withholding **(Box 17)**	+ _____[20]	_____
Amount of rollover	+ _____[22]	_____
Mark if distribution was due to a pre-retirement age disability	__[24]	

	Control Totals +	

NOTES/QUESTIONS:

Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) __[1]
State postal code ___[3]

Social Security Benefits

	2025 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____[7]	_____
Prescription drug (Part D) premiums	+ _____[9]	_____
Net Benefits for 2025 (Box 3 minus Box 4) **(Box 5)**	+ _____[12]	_____
Voluntary Federal Income Tax Withheld **(Box 6)**	+ _____[14]	

Tier 1 Railroad Benefits

	2025 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2025 **(Box 5)**	+ _____[22]	_____
Federal Income Tax Withheld **(Box 10)**	+ _____[25]	_____
Medicare Premium Total **(Box 11)**	+ _____[27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2025 or receive any prior year benefits in 2025. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

_____[40]
_____[41]
_____[42]
_____[43]
_____[44]

NOTES/QUESTIONS:

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	[1]	[2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	[3]	[4]
Enter the total traditional IRA contributions made for use in 2025	+ [5]	+ [6]

	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2025	+ [5]	+ [6]
Enter the nondeductible contribution amount made in 2026 for use in 2025	+ [7]	+ [8]
Traditional IRA basis	+ [17]	+ [18]
Value of all your traditional IRA's on December 31, 2025:		
_____	+ [19]	+ [20]
_____	+	+
_____	+	+
_____	+	+
_____	+	+
_____	+	+
_____	+	+
_____	+	+
_____	+	+
_____	+	+
_____	+	+

Roth IRA

Please provide copies of any 1998 through 2024 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	[29]	[30]
Enter the total Roth IRA contributions made for use in 2025	+ [31]	+ [32]
Enter the amount a 2025 Roth IRA conversion should be adjusted by	+ [39]	+ [40]
Enter the total contribution Roth IRA basis on December 31, 2024	+ [43]	+ [44]
Enter the total Roth IRA contribution recharacterizations for 2025	+ [45]	+ [46]
Enter the Roth conversion IRA basis on December 31, 2024	+ [47]	+ [48]
Value of all your Roth IRA's on December 31, 2025:		
_____	+ [49]	+ [50]
_____	+	+
_____	+	+
_____	+	+
_____	+	+
_____	+	+
_____	+	+
_____	+	+
_____	+	+
_____	+	+
_____	+	+

NOTES/QUESTIONS:

Keogh, SEP, SIMPLE Contributions

Preparer use only

Business activity or profession name _____ [3]

Taxpayer/Spouse (T, S) __ [4]

State postal code ___ [5]

Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) __ [6]

Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]

Enter the total amount of contributions made to a Keogh plan in 2025 + _____ [8]

Enter the total amount of contributions made to a Solo 401(k) plan in 2025 + _____ [9]

Enter the total amount of contributions made to a SEP plan in 2025 + _____ [10]

Enter the total amount of contributions made to a SARSEP plan in 2025 + _____ [11]

Enter the total amount of contributions made to a defined benefit plan in 2025 + _____ [12]

Enter the total amount of contributions made to a profit-sharing plan in 2025 + _____ [13]

Enter the total amount of contributions made to a money purchase plan in 2025 + _____ [14]

Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2025 + _____ [15]

Enter the total amount of contributions to a SIMPLE IRA plan in 2025 + _____ [16]

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2025 + _____ [17]

Enter the amount of catch-up contributions made to a SIMPLE Plan in 2025 + _____ [18]

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2025 + _____ [19]

Enter the amount of elective deferrals designated as Roth contributions in 2025 + _____ [20]

NOTES/QUESTIONS:

Schedule C - General Information

☐ **Preparer use only**

	2025 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	[2]	
Employer identification number	[3]	
Business name	[5]	
Principal business/profession	[6]	
Business code	[12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	[15]	
City/State/Zip	[16] [17] [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	[19]	
If other:	[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	[22]	
If other enter explanation:		
	[24]	
Enter an explanation if there was a change in determining your inventory:		
	[25]	
Did you "materially participate" in this business? (Y, N)	[26]	
If not, number of hours you did significantly participate	[28]	
Mark if you began or acquired this business in 2025	[30]	
Did you make any payments in 2025 that require you to file Form(s) 1099? (Y, N)	[31]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[33]	
Mark if this business is considered related to qualified services as a minister or religious worker	[35]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	[37]	
Medical insurance premiums paid by this activity	+ [41]	
Long-term care premiums paid by this activity	+ [45]	
Amount of wages received as a statutory employee	+ [48]	

Business Income

	2025 Information	Prior Year Information
Gross receipts and sales		
	+ [53]	
	+	
	+	
	+	
Returns and allowances	+ [56]	
Other income:		
	+ [58]	
	+	
	+	
	+	

Cost of Goods Sold

	2025 Information	Prior Year Information
Beginning inventory	+ [60]	
Purchases	+ [62]	
Labor:		
	+ [64]	
	+	
Materials	+ [66]	
Other costs:		
	+ [68]	
	+	
	+	
	+	
Ending inventory	+ [70]	

Schedule C - Expenses

☐ **Preparer use only**

Principal business or profession _____

	2025 Information		Prior Year Information
Advertising	+	[6]	
Car and truck expenses	+	[8]	
Commissions and fees	+	[10]	
Contract labor	+	[12]	
Depletion	+	[14]	
Depreciation	+	[16]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit):			
_____	+	[18]	
_____	+		
Insurance (Other than health):			
_____	+	[20]	
_____	+		
Interest:			
Mortgage (Paid to banks, etc.)			
_____	+	[22]	
_____	+		
_____	+		
Other:			
_____	+	[24]	
_____	+		
Legal and professional services	+	[26]	
Office expense	+	[29]	
Pension and profit sharing:			
_____	+	[31]	
_____	+		
Rent or lease:			
Vehicles, machinery, and equipment	+	[33]	
Other business property	+	[35]	
Repairs and maintenance	+	[37]	
Supplies	+	[39]	
Taxes and licenses:			
_____	+	[41]	
_____	+		
_____	+		
_____	+		
_____	+		
Travel and meals:			
Travel	+	[43]	
Meals (Enter 100% subject to 50% limitation)	+	[45]	
Meals (Enter 100% subject to DOT 80% limit)	+	[47]	
Meals (Fully deductible)	+	[49]	
Utilities	+	[51]	
Wages (Less employment credit):			
_____	+	[53]	
_____	+		
Other expenses:			
_____	+	[55]	
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
	+		

Schedule C - Carryovers

☐ **Preparer use only**

Principal business or profession _____

Preparer use only

Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating	+ [19]	+ [20]	+ [21]
Short-term capital		+ [22]	+ [23]
Long-term capital		+ [24]	+ [25]
28% rate capital		+ [26]	+ [27]
Section 1231 loss	+ [28]	+ [29]	+ [30]
Ordinary business gain/loss	+ [31]	+ [32]	+ [33]
Section 179	+ [34]	+ [35]	+ [36]

NOTES/QUESTIONS:

Rent and Royalty Property - General Information

Preparer use only

	2025 Information	Prior Year Information
Description	[2]	
Taxpayer/Spouse/Joint (T, S, J) [3]	State postal code [5]	
Physical address: Street	[6]	
City, state, zip code	[7] [8] [9]	
Foreign country	[11]	
Foreign province/county	[12]	
Foreign postal code	[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty)	[14]	
Description of other type (Type code #8)	[15]	
Did you make any payments in 2025 that require you to file Form(s) 1099? (Y,N)	[16]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[18]	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)	[20]	
Percentage of ownership if not 100%	[22]	
Business use percentage, if not 100% (Not vacation home percentage)	[24]	

Rent and Royalty Income

Rents and royalties	2025 Information	Prior Year Information
	+ [33]	

Rent and Royalty Expenses

	2025 Information	Percent if not 100%	Prior Year Information
Advertising	+ [35]	[36]	
Auto	+ [38]	[39]	
Travel	+ [41]	[42]	
Cleaning and maintenance	+ [44]	[45]	
Commissions:			
	+ [47]	[49]	
	+		
Insurance:			
	+ [50]	[52]	
	+		
Legal and professional fees	+ [54]	[55]	
Management fees:			
	+ [57]	[59]	
	+		
Mortgage interest paid to banks, etc (Form 1098)			
	+ [60]	[62]	
	+		
Other mortgage interest	+ [63]	[65]	
Qualified mortgage insurance premiums	+ [66]	[67]	
Other interest:			
	+ [69]	[71]	
	+		
Repairs	+ [72]	[73]	
Supplies	+ [75]	[76]	
Taxes:			
	+ [78]	[80]	
	+		
Utilities	+ [81]	[82]	
Depreciation	+ [84]	[85]	
Depletion	+ [87]	[88]	
Other expenses:			
	+ [90]		
	+		
	+		
	+		

Form ID: Rent-2 **Rent and Royalty Properties - Refinancing Points, Vacation Home, Passive Information** 32

☐ **Preparer use only**

Description _____

Refinancing Points

Preparer - Enter on Screen Rent

	2025 Information	Prior Year Information
Refinancing points paid -		
Recipient's/Lender's name	[92]	
Date of refinance		
Total # Payments		
Reported on 1098 in 2025		
Total points paid		
Points deemed as paid in current year **(Preparer use only)**		
Refinancing points paid -		
Recipient's/Lender's name		
Date of refinance		
Total # Payments		
Reported on 1098 in 2025		
Total points paid		
Points deemed as paid in current year **(Preparer use only)**		
Refinancing points paid -		
Recipient's/Lender's name		
Date of refinance		
Total # Payments		
Reported on 1098 in 2025		
Total points paid		
Points deemed as paid in current year **(Preparer use only)**		

Vacation Home Information

Preparer - Enter on Screen Rent-3

	2025 Information	Prior Year Information
Number of days home was used personally	[5]	
Number of days home was rented	[7]	
Number of day home owned, if not 365	[9]	
Carryover of disallowed operating expenses into 2025	+ [21]	
Carryover of disallowed depreciation expenses into 2025	+ [22]	

Passive and Other Information

Preparer - Enter on Screen Rent-2

Preparer use only

Carryovers	Non-QBI and Tax	For QBI & Tax	AMT
Operating	+ [24]	+ [25]	+ [26]
Short-term capital		+ [27]	+ [28]
Long-term capital		+ [29]	+ [30]
28% rate capital		+ [31]	+ [32]
Section 1231 loss	+ [33]	+ [34]	+ [35]
Ordinary business gain/loss	+ [36]	+ [37]	+ [38]
Section 179	+ [39]	+ [40]	+ [41]

NOTES/QUESTIONS:

Farm Income - General Information

Please provide all Forms 1099-K

☐ **Preparer use only**

	2025 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	[2]	
Employer identification number	[3]	
Description	[4]	
Principal Product	[5]	
State postal code	[6]	
Accounting method (1 = Cash, 2 = Accrual)	[7]	
Agricultural activity code	[9]	
Did you "materially participate" in this business? (Y, N)	[12]	
Did you make any payments in 2025 that require you to file Form(s) 1099? (Y, N)	[14]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[16]	
Mark if Schedule F net income or loss should be excluded from self-employment income	[18]	
Medical insurance premiums paid by this activity	+ [21]	
Long-term care premiums paid by this activity	+ [25]	

Schedule F Income

Sales Code**	Income description	2025 Information	Prior Year Information
		+ [35]	
		+	
		+	
		+	
		+	

**** Sales Codes**

1 = Cash sales of items bought for resale	**4 = Custom hire (machine work)**
2 = Cash sales of items raised	**5 = Other income**
3 = Accrual sales	

	2025 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ [37]	
Beginning inventory of livestock and other items (Accrual method)	+ [39]	
Accrual cost of livestock, produce, grains, and other products purchased	+ [41]	
Ending Inventory of livestock and other items (Accrual method)	+ [43]	

Cooperative distributions you received	2025 Total	2025 Taxable	Prior Year Information
	+	+ [46]	
	+	+	

Agricultural program payments			
	+	+ [49]	
	+	+	
	+	+	

	2025 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	[51]	
Commodity credit loans reported under election:		
	[53]	
Total commodity credit loans forfeited	+ [55]	
Taxable commodity credit loans forfeited	+ [57]	

Total crop insurance proceeds you received in 2025	2025 Total	2025 Taxable	Prior Year Information
	+	+ [60]	
	+	+	
	+	+	

Mark if electing to defer crop insurance proceeds to 2026	[62]	
Crop insurance proceeds deferred from 2024	+ [64]	

Farm Expenses

☐ **Preparer use only**

Description _____

	2025 Information	Prior Year Information
Car and truck expenses	+ [5]	
Chemicals	+ [7]	
Conservation expenses	+ [9]	
Carryover from prior years	+ [11]	
Custom hire (machine work)	+ [13]	
Depreciation	+ [15]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	+ [17]	
Feed purchased	+ [19]	
Fertilizers and lime	+ [21]	
Freight and trucking	+ [23]	
Gasoline, fuel, and oil	+ [25]	
Insurance (Other than health)		
_____	+ [28]	
_____	+	
_____	+	
Mortgage interest (Paid to banks, etc.)		
_____	+ [30]	
_____	+	
_____	+	
Other interest	+ [32]	
Labor hired (Less employment credit)	+ [34]	
Pension and profit sharing	+ [36]	
Rent - vehicles, machinery, and equipment	+ [38]	
Rent - other	+ [40]	
Repairs and maintenance	+ [42]	
Seed and plants purchased	+ [44]	
Storage and warehousing	+ [46]	
Supplies purchased	+ [48]	
Taxes:		
_____	+ [50]	
_____	+	
_____	+	
_____	+	
_____	+	
Utilities	+ [52]	
Veterinary, breeding, and medicine	+ [54]	
Other expenses:		
_____	+ [56]	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
Preproductive period expenses	+ [58]	

Farm Passive and Other Carryover Information

☐ **Preparer use only**

Description _____

Preparer use only

Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating	+ [19]	+ [20]	+ [21]
Short-term capital		+ [22]	+ [23]
Long-term capital		+ [24]	+ [25]
28% rate capital		+ [26]	+ [27]
Section 1231 loss	+ [28]	+ [29]	+ [30]
Ordinary business gain/loss	+ [31]	+ [32]	+ [33]
Section 179	+ [34]	+ [35]	+ [36]

NOTES/QUESTIONS:

Farm Rental - General Information

☐ **Preparer use only**

	2025 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	[2]	
Employer identification number	[3]	
Description	[4]	
State postal code	[5]	
Did you "actively participate" in the operation of this business this year? (Y, N)	[6]	

Income Items

	2025 Information	Prior Year Information
Income from production of livestock, produce, grains, and other crops:		
	+ [15]	
	+	
	+	
	+	
	+	
Total cooperative distributions you received	+ [17]	
Taxable cooperative distributions you received	+ [19]	

	2025 Total	2025 Taxable	Prior Year Information
Agricultural program payments:			
	+ [21]	+ [22]	
	+	+	
	+	+	

	2025 Information	Prior Year Information
Commodity credit loans reported under election:		
	+ [24]	
	+	
Total commodity credit loans forfeited	+ [26]	
Taxable commodity credit loans forfeited	+ [28]	

	2025 Total	2025 Taxable	Prior Year Information
Crop insurance proceeds you received in 2025			
	+ [30]	+ [31]	
	+	+	
	+	+	

	2025 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2026	[33]	
Crop insurance proceeds deferred from 2024	+ [35]	
Other income:		
	+ [38]	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

Preparer use only

Description _____

	2025 Information	Prior Year Information
Car and truck expenses	+ [6]	
Chemicals	+ [8]	
Conservation expenses	+ [10]	
Carryover from prior years	+ [12]	
Custom hire (machine work)	+ [14]	
Depreciation	+ [16]	
Employee benefit programs	+ [18]	
Feed purchased	+ [20]	
Fertilizers and lime	+ [22]	
Freight and trucking	+ [24]	
Gasoline, fuel, and oil	+ [26]	
Insurance (Other than health):		
_____	+ [28]	
_____	+	
_____	+	
Mortgage interest (Paid to banks, etc.):		
_____	+ [30]	
_____	+	
_____	+	
Other interest	+ [33]	
Labor hired (Less employment credit)	+ [35]	
Pension and profit sharing	+ [37]	
Rent - vehicles, machinery, and equipment	+ [39]	
Rent - other	+ [41]	
Repairs and maintenance	+ [43]	
Seed and plants purchased	+ [45]	
Storage and warehousing	+ [47]	
Supplies purchased	+ [49]	
Taxes:		
_____	+ [51]	
_____	+	
_____	+	
_____	+	
_____	+	
Utilities	+ [53]	
Veterinary, breeding, and medicine	+ [55]	
Other expenses:		
_____	+ [57]	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
Preproductive period expenses	+ [59]	

Preparer use only

Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating	+ [68]	+ [69]	+ [70]
Short-term capital		+ [72]	+ [73]
Long-term capital		+ [74]	+ [75]
28% rate capital		+ [76]	+ [77]
Section 1231 loss	+ [78]	+ [79]	+ [80]
Ordinary business gain/loss	+ [82]	+ [83]	+ [84]
Section 179	+ [87]	+ [88]	+ [89]

Partnerships and S Corporations

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) [2]
Employer identification number [6]
Name of entity [13]
State postal code [14]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) [17]

Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7 Operating	[16]	[17]	[18]
Short-term capital		[19]	[20]
Long-term capital		[21]	[22]
28% rate capital		[23]	[24]
Section 1231 loss	[25]	[26]	[27]
Ordinary business gain/loss	[28]	[29]	[30]
Other losses - 1040 Sch 1	[31]	[32]	[33]
Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) [2]
Employer identification number [6]
Name of entity [13]
State postal code [14]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) [17]

Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7 Operating	[16]	[17]	[18]
Short-term capital		[19]	[20]
Long-term capital		[21]	[22]
28% rate capital		[23]	[24]
Section 1231 loss	[25]	[26]	[27]
Ordinary business gain/loss	[28]	[29]	[30]
Other losses - 1040 Sch 1	[31]	[32]	[33]
Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) [2]
Employer identification number [6]
Name of entity [13]
State postal code [14]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) [17]

Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7 Operating	[16]	[17]	[18]
Short-term capital		[19]	[20]
Long-term capital		[21]	[22]
28% rate capital		[23]	[24]
Section 1231 loss	[25]	[26]	[27]
Ordinary business gain/loss	[28]	[29]	[30]
Other losses - 1040 Sch 1	[31]	[32]	[33]
Section 179	[34]	[35]	[36]

Estates and Trusts

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) [2]

Employer identification number [3]

Name of activity [4]

State postal code [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss	[27]	[28]	[29]
	Ordinary business gain/loss	[30]	[31]	[32]

Taxpayer/Spouse/Joint (T, S, J) [2]

Employer identification number [3]

Name of activity [4]

State postal code [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss	[27]	[28]	[29]
	Ordinary business gain/loss	[30]	[31]	[32]

Taxpayer/Spouse/Joint (T, S, J) [2]

Employer identification number [3]

Name of activity [4]

State postal code [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss	[27]	[28]	[29]
	Ordinary business gain/loss	[30]	[31]	[32]

Taxpayer/Spouse/Joint (T, S, J) [2]

Employer identification number [3]

Name of activity [4]

State postal code [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss	[27]	[28]	[29]
	Ordinary business gain/loss	[30]	[31]	[32]

Sale of Principal Residence

Description _____ [1]
Taxpayer/Spouse/Joint (T, S, J) __ [5]
State postal code ___ [6]
Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) __ [7]
Date former residence was acquired _____ [9]
Date former residence was sold _____ [10]
Selling price of former residence + _____ [11]
Expenses related to the sale of your old home + _____ [12]
Original cost of home sold including capital improvements + _____ [13]

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) __ [19]

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [21]	_____ [22]
Number of days each person owned property used as main home	_____ [23]	_____ [24]
Number of days between date of sale of the other home and date of sale of this home	_____ [25]	_____ [26]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____ [28]
Total current year payments received + _____ [29]

Form 6252 - Related Party Installment Sale Information

Related party name _____ [30]
Address _____ [31]
City, State and Zip _____ [32] [33] _____ [34]
Identifying number of related party _____ [35]
Was the property sold as a marketable security? (Y, N) __ [36]
Enter date of second sale if more than 2 years after the first sale _____ [37]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) __ [38]
Selling price of property sold by a related party + _____ [40]

NOTES/QUESTIONS:

Prior Year Installment Sale

Preparer use only

		2025 Information	Prior Year Information
Description		[3]	
Taxpayer/Spouse/Joint (T, S, J)		[7]	
State postal code		[8]	
Date acquired		[19]	
Date sold		[20]	
Gross sales price of property sold	+	[21]	
Mortgage and other debts the buyer assumed	+	[23]	
Cost or other basis	+	[25]	
Commissions and other expenses of the sale	+	[27]	
Gross profit percentage		[29]	
Total current year principal payments received	+	[35]	
Prior year principal payments received	+	[37]	
Total ordinary income to recapture	+	[39]	
Total ordinary income previously recaptured	+	[41]	

Control Totals +

Prior Year Installment Sale

Preparer use only

		2025 Information	Prior Year Information
Description		[3]	
Taxpayer/Spouse/Joint (T, S, J)		[7]	
State postal code		[8]	
Date acquired		[19]	
Date sold		[20]	
Gross sales price of property sold	+	[21]	
Mortgage and other debts the buyer assumed	+	[23]	
Cost or other basis	+	[25]	
Commissions and other expenses of the sale	+	[27]	
Gross profit percentage		[29]	
Total current year principal payments received	+	[35]	
Prior year principal payments received	+	[37]	
Total ordinary income to recapture	+	[39]	
Total ordinary income previously recaptured	+	[41]	

Control Totals +

NOTES/QUESTIONS:

Form 4797 and 6252 - General Information

Preparer use only

Description [3]
Taxpayer/Spouse/Joint (T, S, J) [9]
State postal code [10]
Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1 [16]
Mark if disposition is due to casualty or theft [21]
Mark if disposition was to a related party [22]

Sale Information

Date acquired [24]
Date sold [25]
Gross sales price or insurance proceeds received + [26]
Cost or other basis + [27]
Commissions and other expenses of sale + [28]
Depreciation allowed or allowable + [29]

Form 4797, Part III - Recapture

Additional depreciation after 1975 **(Section 1250)** + [31]
Applicable percentage (if not 100%) **(Section 1250)** [32]
Additional depreciation after 1969 **(Section 1250)** + [33]
Soil, water and land clearing expenses **(Section 1252)** + [34]
Applicable percentage (if not 100%) **(Section 1252)** [35]
Intangible drilling and development costs **(Section 1254)** + [36]
Applicable payments excluded from income under sec. 126 **(Section 1255)** + [37]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + [38]
Total current year payments received + [39]

Form 6252 - Related Party Installment Sale Information

Related party name [40]
Address [41]
City, State, and Zip [42] [43] [44]
Identifying number of related party [45]
Was the property sold as a marketable security? (Y, N) [46]
Enter date of second sale [47]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) [48]
Selling price of property sold by a related party + [50]

NOTES/QUESTIONS:

Preparer use only

Description of property given up [4]
[5]
Taxpayer/Spouse/Joint (T, S, J) [6]
State postal code [7]
Description of property received [10]
[11]

Date Information

Date the like-kind property given up was acquired [17]
Date you transferred your property to the other party [18]
Date the like-kind property received was identified [19]
Date you received the like-kind property from the other party [20]

Gain and Basis Information

Fair market value of other property given up + [21]
Adjusted basis of other property given up + [22]
Cash received + [23]
Fair market value of other (not like-kind) property received + [24]
Installment obligation received in like-kind exchange + [25]
Fair market value of like-kind property you received + [26]
Fair market value of non-section 1245 property you received + [27]
Liabilities, including mortgages, assumed by you + [28]
Cash paid + [29]
Adjusted basis of like-kind property given up + [30]
Adjusted basis of like-kind property from pass through entity
- Cost or other basis + [31]
- Depreciation allowed or allowable excluding Section 179 + [32]
- Section 179 expense deduction passed through + [33]
- Section 179 carryover + [34]

Liabilities, including mortgages, assumed by the other party + [35]
Exchange expenses incurred by you + [36]

Related Party Exchange Information

Name of related party [39]
Address of related party [40]
City [41]
State [42]
Zip code [43]
Identifying number of related party [44]
Relationship to you [45]
During this tax year, did the related party sell or dispose of the property received? (Y, N) [46]
During this tax year, did you sell or dispose of the like-kind property you received? (Y, N) [47]
Indicate if any special conditions apply (1 = Death of either party, 2 = Involuntary conversion, 3 = No tax avoidance) [48]
Mark if this exchange is a prior year like-kind exchange [50]

NOTES/QUESTIONS:

Statement of Specified Foreign Financial Assets

This form is used to report other foreign assets (not held in a foreign financial account), as required by the Internal Revenue Service. Report foreign financial assets held in a foreign financial account on Organizer Form ID: FrgnAcct.

	2025 Information	Prior Year Information
Asset description	[2]	
Asset identifying number or other designation	[3]	
Date asset acquired	[4]	
Date asset disposed	[6]	
Asset jointly owned with spouse	[7]	
Maximum value of asset	[9]	

Asset foreign entity information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type of foreign entity: (P = Partnership, C= Corporation, T = Trust, E = Estate) [14]
Foreign entity name [16]
Foreign entity address [17]
City, state, zip code [18] [19] [20]
Foreign country code/name [21] [22]
Foreign province/county [23]
Foreign postal code [24]

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) [25]
Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate)
If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person)
Individual or organization name
Address of issuer or counterparty
City, state, zip code
Foreign country code/name
Foreign province/county
Foreign postal code

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty)
Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate)
If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person)
Individual or organization name
Address of issuer or counterparty
City, state, zip code
Foreign country code/name
Foreign province/county
Foreign postal code

NOTES/QUESTIONS:

Foreign Financial Accounts

This form is used to report financial accounts in foreign countries, as required by the Internal Revenue Service.

Taxpayer/Spouse/Joint (T, S, J) __[1]

	2025 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)	__[4]	
Type of Account:		
Bank	__[5]	
Securities	__[6]	
Other	_____[7]	
Maximum value of account (in US dollars)	_____[8]	_____
Account number or other designation		
	_____[10]	
Financial institution	_____[12]	
Address of financial institution	_____[13]	
City, state, zip code	_____[14] ___[15] _____[16]	
Foreign country code/name	___[17] _____[18]	
For addresses in Mexico, enter state	_____[20]	
Foreign province/county	_____[23]	
Foreign postal code	_____[24]	
Account jointly owned with spouse	__[25]	
Account opened during the tax year	__[47]	__
Account closed during the tax year	__[49]	
Information is reported for a financial account which is:	__[27]	

2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest

Complete this section if there is a joint owner other than the spouse, or you have signature authority only over the account

Taxpayer identification number of account holder/joint owner	_____[28]
Foreign identification number of account holder/joint owner (If no Taxpayer identification number)	_____[29]
Last name or organization name of account holder/joint owner	_____[30]
First name and middle initial of account holder/joint owner	_____[31] __[32]
Address and apartment	_____[33] _____[34]
City, state, zip code	_____[35] ___[36] _____[37]
Foreign country code/name	___[38] _____[39]
For addresses in Mexico, enter state	_____[41]
Foreign postal code	_____[44]
Number of joint owners (Not including taxpayer, if applicable)	_____[45]
Filer's title with this owner (If applicable)	_____[46]

NOTES/QUESTIONS:

Foreign Earned Income Exclusion

Taxpayer/Spouse (T, S) __[1]
Foreign street address _____[4]
State/Province _____
Country _____
Employer's name _____[2]
U.S. address _____[5]
State postal code ___
Foreign street address _____[6]
State/Province _____
Country _____
Employer type (A = Foreign entity, B = U.S. company, C = Self, D = Foreign affiliate of a U.S. company, E = Other) __[7]
Country of citizenship _____[11]

State postal code ___[3]
City _____
Country code ___
Postal code _____
City _____
Zip code _____
City _____
Country code ___
Postal code _____
If other, specify type _____[8]

If maintained a separate foreign residence for your family due to adverse living conditions, provide city, country, and days:

City/Country _____[12] Days _____
City/Country _____ Days _____

List tax home(s) during the tax year and dates established:

Tax home _____[13] Date _____
Tax home _____ Date _____

Foreign Earned Income Allocation Information

***U.S. Business Days and Travel Type Code: 1=Travel to United States; 2=Travel to restricted country; 3=Travel to foreign country**

U.S. business days and travel information:[16]

Type Code*	Name of Country including United States	Date Arrived	Date Left	No. of U.S. business days
__				
__				
__				
__				
__				
__				

Foreign days worked before and after foreign assignment ___[17] Total days worked before and after foreign assignment ____[18]
Total number of days worked during year (defaults to 240) ____[19]

Bona Fide Residence Test

Date foreign residence began _____[21] Date foreign residence ended _____[22]
Kind of foreign living quarters (A = Purchased house, B = Rented house or apartment, C = Rented room, D = Quarters furnished by employer) __[23]
If any family members lived abroad with you during any part of tax year, list who and for what period:

Relationship _____ Period abroad _____[24]
Relationship _____ Period abroad _____
Relationship _____ Period abroad _____
Relationship _____ Period abroad _____

Mark if you submitted a statement to foreign country authorities that you are not a resident of that country __[25]
Mark if required to pay income tax to that country __[26]
List any contractual terms or other conditions relating to length of employment abroad

_____[27]

Type of visa used to enter foreign country _____[28]
Explanation if visa limited length of stay or employment

_____[29]

If maintained a home in U.S., enter address, whether it was rented, names of occupants and their relationship to you:

Address _____[30] City _____
State postal code ___ Zip code _____
Rented __ Occupant _____ Relationship _____
Address _____[30] City _____
State postal code ___ Zip code _____
Rented __ Occupant _____ Relationship _____

Physical Presence Test

Principal country of employment [31]

Employer's name _____
Taxpayer/Spouse (T, S) __
State postal code ___

Foreign Earned Income

***Please use the Foreign Earned Income Allocation Codes located below**

		Allocation Code*		Amount
Noncash income:				
Home (lodging)	[10]	[11]	+	[12]
Meals	[13]	[14]	+	[15]
Car	[16]	[17]	+	[18]
Other properties or facilities (Please enter code here and description and amount below):		[19]		
			+	[20]
			+	
			+	
			+	
			+	
Allowances, reimbursements or expenses paid on behalf:				
Cost of living and overseas differential		[21]	+	[22]
Family		[23]	+	[24]
Education		[25]	+	[26]
Home leave		[27]	+	[28]
Quarters		[29]	+	[30]
Other purposes (Please enter code here and description and amount below):		[31]		
			+	[32]
			+	
			+	
			+	
			+	
Other foreign earned income (Please enter code here and description and amount below):		[33]		
			+	[34]
			+	
			+	
			+	
			+	
Excludable meals and lodging under section 119			+	[35]

***Foreign Earned Income Allocation Codes**
1 = 100% foreign during assignment
2 = 100% U.S. during assignment
3 = U.S. and foreign days worked during assignment
4 = U.S. and foreign days before/after assignment
5 = Days worked before, during, and after assignment

Deductions Allocable to Foreign Earned Income

	Allocation Code*		Amount
Other allocable deductions	[36]	+	[37]

Housing Exclusion/Deduction

Qualified housing expense + [47]

NOTES/QUESTIONS:

☐ **Preparer use only**

Description of move		[2]
Taxpayer/Spouse/Joint (T, S, J)		[3]
Mark if the move was due to service in the armed forces		[7]
Number of miles from old home to new workplace		[8]
Number of miles from old home to old workplace		[9]
Mark if move is outside United States or its possessions		[10]
Transportation and storage expenses	+	[11]
Travel and lodging (not including meals)	+	[12]
Miles driven to new home		[13]
Total amount reimbursed for moving expenses	+	[15]

NOTES/QUESTIONS:

Other Adjustments

Alimony Paid:

T/S	Date*		2025 Information	Prior Year Information
			+ [4]	
	Recipient name and SSN			
	Address			
	City, state and zip code			
			+	
	Recipient name and SSN			
	Address			
	City, state and zip code			
			+	
	Recipient name and SSN			
	Address			
	City, state and zip code			

*** Date of divorce/separation agreement**

	2025 Information Taxpayer	2025 Information Spouse	Prior Year Information
Educator expenses:			
+	[6]	+ [7]	
+		+	
Other adjustments:			
+	[9]	+ [10]	
+		+	
+		+	
+		+	
+		+	
+		+	
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+		+	
+		+	

NOTES/QUESTIONS:

Employee Business Expenses

Preparer use only

		2025 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[2]	
Occupation in which expenses were incurred		____[3]	
State postal code		____[5]	
If the employee expenses were from an occupation listed below, enter the applicable code		__[6]	__
1 = Qualified performing artist, 2 = Impairment-related work expenses, 3 = Fee-basis official, 5 = Reservist		__	
Parking fees and tolls	+	____[18]	____
Local transportation	+	____[20]	____
Travel expenses	+	____[23]	____
Other business expenses:			
____	+	____[26]	____
____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
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____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
Nonvehicle depreciation	+	____[29]	____
Meals	+	____[32]	____
Meals for individuals subject to DOT hours of service limitation (certain state returns)	+	____[35]	

Employer Reimbursements

Enter Reimbursements not entered on Screen W2, Box 12, Code L

		2025 Information	Prior Year Information
Reimbursements for other expenses not included on Form W-2	+	____[62]	____
Reimbursements for meals not included on Form W-2	+	____[64]	____
Reimbursements for meals for DOT service limitation not included on Form W-2	+	____[66]	

	Control Totals +		**Form ID: 2106**

Employee Business Expenses

☐ **Preparer use only**

Taxpayer/Spouse (T, S) __[2]

Occupation in which expenses were incurred _____[3]

State postal code ___[4]

Vehicle Questions

	2025 Information	Prior Year Information
If you used your automobile for work purposes, please answer the following questions:		
Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	__[5]	__
Was another vehicle available for personal use? (Y, N)	__[7]	__
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	__[9]	

Vehicle Information

Vehicle 1 - Date placed in service _____[11]

Description _____[12]

Comments _____

Vehicle 2 - Date placed in service _____[59]

Description _____[60]

Comments _____

Vehicle 3 - Date placed in service _____[107]

Description _____[108]

Comments _____

Vehicle 4 - Date placed in service _____[155]

Description _____[156]

Comments _____

Vehicles Actual Expenses

Mileage Information	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	_____[18]		_____[66]		_____[114]		_____[162]	
Business miles	_____[20]		_____[68]		_____[116]		_____[164]	
Average daily round trip commuting mileage	_____[23]		_____[71]		_____[119]		_____[167]	
Total commuting mileage	_____[25]		_____[73]		_____[121]		_____[169]	
Gasoline	+ [27]		+ [75]		+ [123]		+ [171]	
Oil	+ _____[29]		+ _____[77]		+ _____[125]		+ _____[173]	
Repairs	+ _____[31]		+ _____[79]		+ _____[127]		+ _____[175]	
Maintenance	+ _____[33]		+ _____[81]		+ _____[129]		+ _____[177]	
Tires	+ _____[35]		+ _____[83]		+ _____[131]		+ _____[179]	
Car washes	+ _____[37]		+ _____[85]		+ _____[133]		+ _____[181]	
Insurance	+ _____[39]		+ _____[87]		+ _____[135]		+ _____[183]	
Interest	+ _____[41]		+ _____[89]		+ _____[137]		+ _____[185]	
Registration	+ _____[43]		+ _____[91]		+ _____[139]		+ _____[187]	
Licenses	+ _____[45]		+ _____[93]		+ _____[141]		+ _____[189]	
Property taxes (Plates, tags, etc)	+ _____[47]		+ _____[95]		+ _____[143]		+ _____[191]	
Vehicle rentals	+ _____[49]		+ _____[97]		+ _____[145]		+ _____[193]	
Inclusion amt **(Preparer only)**	_____[51]		+ _____[99]		+ _____[146]		+ _____[195]	
Other vehicle expenses	+ _____[53]		+ _____[101]		+ _____[149]		+ _____[197]	
Value of employer provided vehicle	+ [55]		+ [103]		+ [151]		+ [199]	
Depreciation	+ _____[57]		+ _____[105]		+ _____[153]		+ _____[201]	

Exclusion of Interest Income from Series EE or I U.S. Savings Bonds

Complete if you cashed qualified U.S. Savings bonds in 2025 that were issued after 1989, and you paid qualified higher education expenses in 2025 for yourself, your spouse, or your dependents.

Taxpayer/Spouse/Joint (T, S, J) _
SSN of person enrolled at eligible educational institution
Name of person enrolled at eligible educational institution (First/Last)
Name of eligible educational institution
Address of eligible educational institution
City, state, and zip code
Qualified higher education expenses you paid in 2025 for person listed above + [1]
Enter any nontaxable educational benefits received for 2025 for person listed above +
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program)
Financial institution name (ESA) or name of program (QTP)
Financial institution address (ESA) or address of program (QTP)
City, state and zip code

Taxpayer/Spouse/Joint (T, S, J) _
SSN of person enrolled at eligible educational institution
Name of person enrolled at eligible educational institution (First/Last)
Name of eligible educational institution
Address of eligible educational institution
City, state, and zip code
Qualified higher education expenses you paid in 2025 for person listed above + [1]
Enter any nontaxable educational benefits received for 2025 for person listed above +
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program)
Financial institution name (ESA) or name of program (QTP)
Financial institution address (ESA) or address of program (QTP)
City, state and zip code

Taxpayer/Spouse/Joint (T, S, J) _
SSN of person enrolled at eligible educational institution
Name of person enrolled at eligible educational institution (First/Last)
Name of eligible educational institution
Address of eligible educational institution
City, state, and zip code
Qualified higher education expenses you paid in 2025 for person listed above + [1]
Enter any nontaxable educational benefits received for 2025 for person listed above +
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program)
Financial institution name (ESA) or name of program (QTP)
Financial institution address (ESA) or address of program (QTP)
City, state and zip code

Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2025 + [3]

NOTES/QUESTIONS:

Student Loan Interest Paid

Complete this section if you paid interest on a qualified student loan in 2025 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2025. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender		2025 Interest Paid		Prior Year Information
__		+		[1]	
__		+			
__		+			
__		+			

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) __[8]
Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit) __
Student's social security number _____
Student's first name _____
Student's last name _____

Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution

Institution's federal identification number _____[8]
Institution's name _____
Institution's street address _____
Institution's city, state, zip code _____ ___ _____

Tuition Paid and Related Information

Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2025.
Enter the amount actually paid during 2025.

	2025 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) **(Box 1)**	+ _____[8]	_____
Educational institution changed its reporting method for 2025 **(Box 3)**	__	
Adjustments made for a prior year **(Box 4)**	_____	
Scholarships or grants **(Box 5)**	_____	
Adjustments to scholarships or grants for a prior year **(Box 6)**	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2026 **(Box 7)**	__	
At least half-time student **(Box 8)**	__	
Graduate student **(Box 9)** (1=Yes, 2=No)	__	
Insurance contract reimbursement/refund **(Box 10)**	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	__	

1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2025

NOTES/QUESTIONS:

Qualified Education Programs

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _[1]
Payer name _____[3]
State postal code ___[4]
Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) ___[6]
Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) ___[7]
Final distribution ___[8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)
Social security number _____[11]
First name _____[12]
Last name _____[13]

		2025 Information	Prior Year Information
Amount contributed in current year	+	_____[14]	_____
Basis of this account at 12/31/24	+	_____[17]	_____
Value of this account at 12/31/25	+	_____[19]	_____
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+	_____[24]	

Payments from Qualified Education Programs

		2025 Information	Prior Year Information
Gross distribution **(Box 1)**	+	_____[30]	_____
Earnings **(Box 2)**	+	_____[32]	_____
Basis **(Box 3)**	+	_____[34]	_____
Trustee-to-trustee rollover **(Box 4)**		___[36]	
Trustee-to-trustee rollover amount if different than Box 1	+	_____[37]	_____
Box 5 -			
Private QTP		___[39]	
State QTP		___[40]	
Coverdell ESA		___[41]	
Check if the recipient is not the designated beneficiary **(Box 6)**		___[42]	
Qualified education expenses	+	_____[43]	_____
Elementary and secondary education expenses	+	_____[45]	

NOTES/QUESTIONS:

Federal Student Aid Application Information #1

Complete a FAFSA information section for both the parent and student. Both may be required to complete the FAFSA. If the parent or student tax return was prepared elsewhere, please provide the completed tax return.

This FAFSA information is for the: [ ] **Preparer use only**

Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies?

(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse) __[1]

The information for the FAFSA worksheet will be:

(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return) __[4]

Child support received but do not include foster care or adoption payments + _____[6]

Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts + _____[7]

Taxpayer's (and spouse's) net worth in investments and real estate, excluding primary residence + _____[8]

Taxpayer's (and spouse's) net worth in current businesses and/or investment farms + _____[9]

	Control Totals +	

Federal Student Aid Application Information #2

This FAFSA information is for the: [ ] **Preparer use only**

Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies?

(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse) __[1]

The information for the FAFSA worksheet will be:

(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return) __[4]

Child support received but do not include foster care or adoption payments + _____[6]

Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts + _____[7]

Taxpayer's (and spouse's) net worth in investments and real estate, excluding primary residence + _____[8]

Taxpayer's (and spouse's) net worth in current businesses and/or investment farms + _____[9]

NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

T/S/J		2025 Information		Prior Year Information
	Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received			
[1]		+	[2]	
		+		
		+		
		+		
		+		
		+		
	Medical insurance premiums you paid: **Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.**			
[4]		+	[5]	
		+		
		+		
		+		
	Long-term care premiums you paid: **Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)**			
[7]		+	[8]	
		+		
	Prescription medicines and drugs:			
[10]		+	[11]	
		+		
		+		
[13]	Miles driven for medical items (21 cents)		[14]	

Schedule A - Tax Expenses

T/S/J		2025 Information		Prior Year Information
	State/local income taxes paid:			
[18]		+	[19]	
		+		
		+		
		+		
		+		
	2024 state and local income taxes paid in 2025:			
[21]		+	[22]	
		+		
		+		
	Real estate taxes paid:			
[24]		+	[25]	
		+		
		+		
	Personal property taxes:			
[27]		+	[28]	
		+		
	Other taxes, such as: foreign taxes and State disability taxes			
[30]		+	[31]	
		+		
		+		
	Sales tax paid on major purchases:			
[36]		+	[37]	
		+		
	Sales tax paid on actual expenses:			
[39]		+	[40]	
		+		
		+		

Interest Expenses

T/S/J		2025 Interest Paid [2]	2025 Points Paid	Type*	Prior Year Information
	Home mortgage interest: From Form 1098				
[1]					

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home **1 = Not used to buy, build, improve home or investment**

T/S/J	Payee's Name	SSN or EIN	2025 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
[4]			[5]	
	Address			
	City, state and zip code			
	Address			
	City, state and zip code			

T/S/J **Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -**

Payer's/Borrower's name [7]

Street Address

City/State/Zip code

Refinancing Points paid in 2025 -

Taxpayer/Spouse/Joint (T, S, J) [11]

Recipient/Lender name

Total points paid at time of refinance

Points deemed as paid in 2025 **(Preparer use only)** [12]

Date of refinance

Term of new loan (in months)

Reported on Form 1098 in 2025

Taxpayer/Spouse/Joint (T, S, J)

Recipient/Lender name

Total points paid at time of refinance

Points deemed as paid in 2025 **(Preparer use only)**

Date of refinance

Term of new loan (in months)

Reported on Form 1098 in 2025

T/S/J		2025 Information	Prior Year Information
	Investment interest expense, other than on Schedule(s) K-1:		
[15]		[16]	

Charitable Contributions

T/S/J | 2025 Information | Prior Year Information

Contributions made by cash or check (including out-of-pocket expenses)

Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.

Individual contributions of $250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

[2] _____ + _____ [3] _____

Volunteer miles driven _____ [6] _____

[5]

Noncash items, such as: Goodwill/Salvation Army/clothing/household goods

[8] _____ + _____ [9] _____

Miscellaneous Deductions

T/S/J | 2025 Information | Prior Year Information

Other expenses

[12] _____ + _____ [13] _____

Gambling losses: (Enter only if you have gambling income)

[15] _____ + _____ [16] _____

NOTES/QUESTIONS:

Form ID: A-St

Miscellaneous Itemized Deductions (State Use Only)

59a

Complete the information below only if you file a state return in AL, AR, CA, HI, MN, NY or PA. Amounts entered here will be used to calculate your state return, but will be ignored for federal return purposes, as the deductions are not allowed.

T/S/J		2025 Information	Prior Year Information
	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
[1]		+ [2]	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
	Union dues, other than amounts reported on Form W-2:		
[4]		+ [5]	
		+	
		+	
		+	
[7]	Tax preparation fees	+ [8]	
	Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees		
[10]		+ [11]	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
[13]	Safe deposit box rental	+ [14]	
	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:		
[16]		+ [17]	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	

NOTES/QUESTIONS:

Home Mortgage Interest Subject To Limitations

Complete this section if either of the following applies:

- **You have home acquisition/improvement debt over $750,000 for loans taken out in 2018 or later**
- **You have home acquisition/improvement debt over $1,000,000 for loans taken out in 2017 or earlier**

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.
Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home

		2025 Information		Prior Year Information
Description of loan/property			[2]	
Taxpayer/Spouse/Joint (T, S, J)			[3]	
Loan origination date			[4]	
If refinanced debt, date of initial loan			[5]	
Fair market value of home	+		[6]	
Number of months loan was outstanding in 2025, if not 12			[8]	
Number of months home was a qualifying home (If different from number of months loan was outstanding)			[10]	
Principal paid in 2025	+		[12]	
Interest paid during 2025	+		[14]	
Points reported on Form 1098 for 2025	+		[17]	
Home mortgage interest you paid, not reported on Form 1098:				
Recipient name			[20]	
Recipient SSN or EIN			[21]	
Recipient address			[22]	
Recipient city, state, zip code		[23] [24]	[25]	
Grandfather debt as of 12/31/24 (or first day mortgage was outstanding)	+		[26]	
Grandfather debt as of 12/31/25 (or last day mortgage was outstanding)	+		[28]	
Home acquisition/improvement debt as of 12/31/24 (or first day mortgage was outstanding)	+		[30]	
Home acquisition/improvement debt as of 12/31/25 (or last day mortgage was outstanding)	+		[32]	
Home equity debt as of 12/31/24*** (or first day mortgage was outstanding)	+		[34]	
Home equity debt as of 12/31/25*** (or last day mortgage was outstanding)	+		[36]	
*** ONLY portion of loan proceeds used to buy, build, or improve qualified residence				
Average balance in 2025 of grandfather debt	+		[41]	
Average balance in 2025 of home acquisition/improvement debt	+		[43]	
Average balance for 2025 all types of debt	+		[45]	

NOTES/QUESTIONS:

Noncash Contributions Exceeding $500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) [1]
Donated property description [4]
Name of donee organization [5]
Address of donee organization [6]
City [7]
State postal code [8]
Zip code [9]
Date contributed [10]
Date acquired by donor [11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) [12]
Donor's cost or basis + [13]
Fair market value + [14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) [15]
If other: [16]

	Control Totals +	

Noncash Contributions Exceeding $500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) [1]
Donated property description [4]
Name of donee organization [5]
Address of donee organization [6]
City [7]
State postal code [8]
Zip code [9]
Date contributed [10]
Date acquired by donor [11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) [12]
Donor's cost or basis + [13]
Fair market value + [14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) [15]
If other: [16]

	Control Totals +	

Noncash Contributions Exceeding $500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) [1]
Donated property description [4]
Name of donee organization [5]
Address of donee organization [6]
City [7]
State postal code [8]
Zip code [9]
Date contributed [10]
Date acquired by donor [11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) [12]
Donor's cost or basis + [13]
Fair market value + [14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) [15]
If other: [16]

	Control Totals +	

Form ID: 1098C

Contributions of Motor Vehicles, Boats & Airplanes

62

Please provide all Forms 1098-C. If you received a different acknowledgment from the donee organization in lieu of Form 1098-C, enter the equivalent donation information in the fields provided below.

Taxpayer/Spouse (T, S) [1]
Donee's name [4]
State postal code [3]
Date of contribution **(Box 1)** [9]
Odometer mileage **(Box 2a)** [10]
Year of vehicle **(Box 2b)** [11]
Make of vehicle **(Box 2c)** [12]
Model of vehicle **(Box 2d)** [13]
Vehicle or other identification number **(Box 3)** [14]
Donee certifies that vehicle was sold in arm's length transaction to unrelated party **(Box 4a)** [15]
Date of sale **(Box 4b)** [16]
Gross proceeds from sale **(Box 4c)** + [17]
Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use **(Box 5a)** [18]
Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose **(Box 5b)** [19]
Detailed description of material improvements or significant intervening use and duration of use **(Box 5c)** [20]
Did you provide goods or services in exchange for the vehicle? **(Box 6a)** Yes [21] No [22]
Value of goods and services provided in exchange for the vehicle **(Box 6b)** + [23]
Donee certifies that the goods and services consisted solely of intangible religious benefits **(Box 6c)** [24]
Description of goods and services **(Box 6c)** [25]
Under the law, the donor may not claim a deduction of more than $500 for this vehicle if this box is checked **(Box 7)** [26]

Other Information for Donated Property

Overall physical condition of property [31]
Date property was acquired by donor [32]
How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange) [33]
Donor's cost or basis + [34]
Fair market value on date of contribution + [35]
Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) [36]
If other: [37]
Bargain sale amount received + [38]
Donee's address, and ZIP code [42]
[43] [44] [45]
Donee's telephone number [46]

NOTES/QUESTIONS:

Casualty and Theft - Business/Income Producing Properties

Preparer use only

Occurrence description _____ [3]
Taxpayer/Spouse/Joint (T, S, J) __ [4]
State postal code ___ [5]
Date of casualty or theft _____ [7]

Casualty and Theft - Business/Income Producing Properties

Description of casualty or theft - Property A _____ [10]
Description of casualty or theft - Property B _____ [23]
Description of casualty or theft - Property C _____ [36]
Description of casualty or theft - Property D _____ [49]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	__ [13]	__ [26]	__ [39]	__ [52]
Date acquired	_____ [17]	_____ [30]	_____ [43]	_____ [56]
Cost or other basis of property	+ _____ [18]	+ _____ [31]	+ _____ [44]	+ _____ [57]
Insurance or other reimbursement	+ _____ [19]	+ _____ [32]	+ _____ [45]	+ _____ [58]
Fair market value before casualty	+ _____ [20]	+ _____ [33]	+ _____ [46]	+ _____ [59]
Fair market value after casualty	+ _____ [21]	+ _____ [34]	+ _____ [47]	+ _____ [60]

Business/Income Use Replacement Information

Description of replacement property A _____ [61]
Description of replacement property B _____ [65]
Description of replacement property C _____ [69]
Description of replacement property D _____ [73]

	A	B	C	D
Mark if property was acquired from a related party	___ [62]	___ [66]	___ [70]	___ [74]
Date acquired	_____ [63]	_____ [67]	_____ [71]	_____ [75]
Cost of replacement property	+ _____ [64]	+ _____ [68]	+ _____ [72]	+ _____ [76]

NOTES/QUESTIONS:

Casualty and Theft - Personal Use Properties

Preparer use only

Occurrence description _____[3]
Taxpayer/Spouse/Joint (T, S, J) __[4]
State postal code ___[5]
Date of casualty or theft _____[8]
Mark if casualty resulted due to a federally declared disaster. Federally declared disasters are determined by the President of the United States to warrant assistance by the Federal Government __[9]
FEMA disaster declaration number (ex. DR-4593-WA) ___[10] - _____[11]

Casualty and Theft - Personal Use Properties

	Type of property	City	State	Zip code
Property A	_____[19]	_____[20]	___[21]	_____[22]
Property B	_____[36]	_____[37]	___[38]	_____[39]
Property C	_____[53]	_____[54]	___[55]	_____[56]
Property D	_____[70]	_____[71]	___[72]	_____[73]

	A	B	C	D
Date acquired	_____[27]	_____[44]	_____[61]	_____[78]
Cost or other basis of property	+ _____[28]	+ _____[45]	+ _____[62]	+ _____[79]
Insurance or other reimbursement	+ _____[29]	+ _____[46]	+ _____[63]	+ _____[80]
Fair market value before casualty	+ _____[31]	+ _____[48]	+ _____[64]	+ _____[81]
Fair market value after casualty	+ _____[32]	+ _____[49]	+ _____[65]	+ _____[82]

Personal Use Replacement Information

Description of replacement property A _____[85]
Description of replacement property B _____[89]
Description of replacement property C _____[93]
Description of replacement property D _____[97]

	A	B	C	D
Mark if property was acquired from a related party	___[86]	___[90]	___[94]	___[98]
Date acquired	_____[87]	_____[91]	_____[95]	_____[99]
Cost of replacement property	+ _____[88]	+ _____[92]	+ _____[96]	+ _____[100]

NOTES/QUESTIONS:

Form ID: 4684PY

Prior Year Casualty and Theft - Business/Income Producing Properties

65

Preparer use only

Occurrence description _____ [3]
Taxpayer/Spouse/Joint (T, S, J) __ [4]
State postal code ___ [5]
Date of casualty or theft _____ [6]

Prior Year Casualty and Theft - Business/Income Producing Properties (Cont'd)

Description of casualty or theft - Property A _____ [8]
Description of casualty or theft - Property B _____ [17]
Description of casualty or theft - Property C _____ [26]
Description of casualty or theft - Property D _____ [35]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	__ [9]	__ [18]	__ [27]	__ [36]
Date acquired	_____ [12]	_____ [21]	_____ [30]	_____ [39]
Cost or other basis of property	+ _____ [13]	+ _____ [22]	+ _____ [31]	+ _____ [40]
Insurance or other reimbursement	+ _____ [14]	+ _____ [23]	+ _____ [32]	+ _____ [41]
Fair market value before casualty	+ _____ [15]	+ _____ [24]	+ _____ [33]	+ _____ [42]
Fair market value after casualty	+ _____ [16]	+ _____ [25]	+ _____ [34]	+ _____ [43]

Current Year Business/Income Use Replacement Information

Description of replacement property A _____ [44]
Description of replacement property B _____ [50]
Description of replacement property C _____ [56]
Description of replacement property D _____ [62]

	A	B	C	D
Date acquired	_____ [45]	_____ [51]	_____ [57]	_____ [63]
Prior year cost of replacement property	+ _____ [46]	+ _____ [52]	+ _____ [58]	+ _____ [64]
Cost of replacement property	+ _____ [47]	+ _____ [53]	+ _____ [59]	+ _____ [65]
Postponed gain	+ _____ [48]	+ _____ [54]	+ _____ [60]	+ _____ [66]
Adjusted basis of replacement property	+ _____ [49]	+ _____ [55]	+ _____ [61]	+ _____ [67]

NOTES/QUESTIONS:

Prior Year Casualty and Theft - Personal Use Properties

Occurrence description [1]
Taxpayer/Spouse/Joint (T, S, J) [2]
State postal code [3]
Date of casualty or theft [4]
Damage to personal residence from corrosive drywall [5]
Amount paid to repair damage to home or household appliances + [6]
25% loss available from 2024 + [7]

Prior Year Casualty and Theft - Personal Use Properties (Cont'd)

Type of property A [15] City A [16]
Type of property B [26] City B [27]
Type of property C [37] City C [38]
Type of property D [48] City D [49]

	A	B	C	D
State postal code	[17]	[28]	[39]	[50]
Zip code	[18]	[29]	[40]	[51]
Date acquired	[20]	[31]	[42]	[53]
Cost or other basis of property	+ [21]	+ [32]	+ [43]	+ [54]
Insurance or other reimbursement	+ [22]	+ [33]	+ [44]	+ [55]
Principal residence exclusion taken	+ [23]	+ [34]	+ [45]	+ [56]
Fair market value before casualty	+ [24]	+ [35]	+ [46]	+ [57]
Fair market value after casualty	+ [25]	+ [36]	+ [47]	+ [58]

Personal Use Replacement Information

Description of replacement property A [59]
Description of replacement property B [65]
Description of replacement property C [71]
Description of replacement property D [77]

	A	B	C	D
Date acquired	[60]	[66]	[72]	[78]
Prior year cost of replacement property	+ [61]	+ [67]	+ [73]	+ [79]
Cost of replacement property	+ [62]	+ [68]	+ [74]	+ [80]
Postponed gain	+ [63]	+ [69]	+ [75]	+ [81]
Adjusted basis of replacement property	+ [64]	+ [70]	+ [76]	+ [82]

NOTES/QUESTIONS:

Home Office General Information

Preparer use only

Principal business or profession _____ [3]

Taxpayer/Spouse/Joint (T, S, J) _____ [4]

State postal code _____ [5]

Business Use of Home

	2025 Information	Prior Year Information
Total area of home	_____ [14]	_____
Area used exclusively for business	_____ [16]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [18]	_____
Total hours used this year, if less than 8760	_____ [20]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [22]	_____
Area used partly for day-care business	_____ [24]	_____

List as direct expenses any expenses which are attributable only to the business part of your home.
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2025 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest:	+ _____ [29]	+ _____ [31]	_____
	_____	_____	_____
Real estate taxes:	+ _____ [37]	+ _____ [39]	_____
Excess mortgage interest	+ _____ [42]	+ _____ [43]	_____
Insurance	+ _____ [48]	+ _____ [50]	_____
Rent	+ _____ [54]	+ _____ [55]	_____
Repairs & maintenance	+ _____ [57]	+ _____ [58]	_____
Utilities	+ _____ [60]	+ _____ [61]	_____
Other expenses, such as: Supplies & Security system			
_____	+ _____ [63]	+ _____ [64]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [66]	
Carryovers:			
Operating expenses		+ _____ [67]	
Casualty losses		+ _____ [68]	
Depreciation		+ _____ [70]	
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ _____ [71]	_____
Depreciation		+ _____ [75]	_____

NOTES/QUESTIONS:

Form ID: Auto

Auto Worksheet

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____[3]

Vehicles

Vehicle 1 - Date placed in service _____[4]
Description _____[5]
Comments _____

Vehicle 2 - Date placed in service _____[9]
Description _____[10]
Comments _____

Vehicle 3 - Date placed in service _____[14]
Description _____[15]
Comments _____

Vehicle 4 - Date placed in service _____[19]
Description _____[20]
Comments _____

Vehicle Questions

If you used your automobile for work purposes, answer the following questions:

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
Was the vehicle available for off-duty personal use? (Y, N)	[60]		[62]		[64]		[66]	
Was another vehicle available for personal use? (Y, N)	[68]		[70]		[72]		[74]	
Do you have evidence to support your deduction? (Y, N)	[76]		[78]		[80]		[82]	
Is this evidence written? (Y, N)	[84]		[86]		[88]		[90]	

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	[32]		[34]		[36]		[38]	
Commuting miles	[40]		[42]		[44]		[46]	
Business miles	[48]		[50]		[52]		[54]	
Parking fees	+ [92]		+ [94]		+ [96]		+ [98]	
Tolls	+ [100]		+ [102]		+ [104]		+ [106]	
Gasoline	+ [108]		+ [110]		+ [112]		+ [114]	
Oil	+ [116]		+ [118]		+ [120]		+ [122]	
Repairs	+ [124]		+ [126]		+ [128]		+ [130]	
Maintenance	+ [132]		+ [134]		+ [136]		+ [138]	
Tires	+ [140]		+ [142]		+ [144]		+ [146]	
Car washes	+ [148]		+ [150]		+ [152]		+ [154]	
Insurance	+ [156]		+ [158]		+ [160]		+ [162]	
Interest	+ [164]		+ [166]		+ [168]		+ [170]	
Registration	+ [172]		+ [174]		+ [176]		+ [178]	
Licenses	+ [180]		+ [182]		+ [184]		+ [186]	
Property taxes	+ [188]		+ [190]		+ [192]		+ [194]	
Other vehicle expenses	+ [196]		+ [198]		+ [200]		+ [202]	
Vehicle rentals	+ [204]		+ [206]		+ [208]		+ [210]	
Inclusion amt **(Preparer only)**	[212]		+ [214]		+ [216]		+ [218]	
Depreciation	+ [220]		+ [222]		+ [224]		+ [226]	

	2025 Information		Prior Year Information
	Taxpayer	Spouse	
Self-employed health insurance premiums: (Not entered elsewhere)			
_____ + _____ [2]	+ _____ [3]		_____
_____ + _____	+ _____		_____
Self-employed long-term care premiums: (Not entered elsewhere)			
_____ + _____ [5]	+ _____ [6]		_____
_____ + _____	+ _____		

NOTES/QUESTIONS:

Form ID: 1095A

ACA - Health Insurance Marketplace Statement #1

70

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) __[1]
Marketplace identifier **(Box 1)** _____[6]
Marketplace-assigned policy number **(Box 2)** _____[7]
Policy issuer's name **(Box 3)** _____[2]
Part III Household Information -

	A. 2025 Monthly Premium Amount	Prior Year Information	B. 2025 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2025 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____[12]		+ _____[25]	+ _____[38]	
February	+ _____[13]		+ _____[26]	+ _____[39]	
March	+ _____[14]		+ _____[27]	+ _____[40]	
April	+ _____[15]		+ _____[28]	+ _____[41]	
May	+ _____[16]		+ _____[29]	+ _____[42]	
June	+ _____[17]		+ _____[30]	+ _____[43]	
July	+ _____[18]		+ _____[31]	+ _____[44]	
August	+ _____[19]		+ _____[32]	+ _____[45]	
September	+ _____[20]		+ _____[33]	+ _____[46]	
October	+ _____[21]		+ _____[34]	+ _____[47]	
November	+ _____[22]		+ _____[35]	+ _____[48]	
December	+ _____[23]		+ _____[36]	+ _____[49]	
Annual total	+ _____[24]		+ _____[37]	+ _____[50]	

	Control Totals +	

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) __[1]
Marketplace identifier **(Box 1)** _____[6]
Marketplace-assigned policy number **(Box 2)** _____[7]
Policy issuer's name **(Box 3)** _____[2]
Part III Household Information -

	A. 2025 Monthly Premium Amount	Prior Year Information	B. 2025 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2025 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____[12]		+ _____[25]	+ _____[38]	
February	+ _____[13]		+ _____[26]	+ _____[39]	
March	+ _____[14]		+ _____[27]	+ _____[40]	
April	+ _____[15]		+ _____[28]	+ _____[41]	
May	+ _____[16]		+ _____[29]	+ _____[42]	
June	+ _____[17]		+ _____[30]	+ _____[43]	
July	+ _____[18]		+ _____[31]	+ _____[44]	
August	+ _____[19]		+ _____[32]	+ _____[45]	
September	+ _____[20]		+ _____[33]	+ _____[46]	
October	+ _____[21]		+ _____[34]	+ _____[47]	
November	+ _____[22]		+ _____[35]	+ _____[48]	
December	+ _____[23]		+ _____[36]	+ _____[49]	
Annual total	+ _____[24]		+ _____[37]	+ _____[50]	

	Control Totals +	

NOTES/QUESTIONS:

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

	2025 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__[1]	
Name of Trustee	_____[4]	
State postal code	___[2]	
Indicate type of health or medical savings account:		
HSA	__[6]	
Archer MSA	__[7]	
MA (Medicare Advantage) MSA	__[9]	
Total HSA/MSA contributions made for 2025 (Enter all amounts contributed, including through employer cafeteria plans)	+ _____[10]	_____
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	__[12]	
Number of months in qualified high deductible health plan in 2025	___[13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	__[14]	
Total HSA/MSA contribution to be made for 2025	+ _____[15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____[16]	_____
Excess contributions for 2024 taken as constructive contributions for 2025	+ _____[19]	_____
Rollover contribution (Form 5498-SA, Box 4)	+ _____[21]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+ _____[24]	_____
Enter compensation from employer maintaining high deductible health plan	+ _____[27]	_____
If self-employed, enter earned income from business under which plan was established	+ _____[31]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2025? (Y, N) __[33]

NOTES/QUESTIONS:

Form ID: 1099SA

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

	2025 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
Name of Trustee	[4]	
State postal code	[2]	
Gross distributions received **(Box 1)**	+ [7]	
Earnings on excess contributions **(Box 2)**	+ [9]	
Distribution code **(Box 3)**	[11]	
Fair Market Value on date of death **(Box 4)**	+ [12]	
Box 5 -		
HSA	[13]	
Archer MSA	[14]	
MA MSA	[15]	
All distributions were used to pay unreimbursed qualified medical expenses	[17]	
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2025	+ [19]	
Withdrawal of excess contributions by the due date of the return	+ [21]	
Amount of distribution rolled over for 2025	+ [23]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ [26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/24	+ [27]	
For HSA accounts:		
Was the high deductible health plan coverage started in 2024 and in effect for the month of December 2024? (Y, N)	[29]	
Was the high deductible health plan coverage ended before 12/31/25? (Y, N)	[30]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2025 Information	Prior Year Information
Name of the insured chronically ill individual	[39]	
Social security number of insured	[40]	
Gross long-term care (LTC) benefits paid **(Box 1)**	+ [42]	
Accelerated death benefits paid **(Box 2)**	+ [44]	
Check one **(Box 3)**		
Per diem	[46]	
Reimbursed amount	[47]	
Qualified contract **(Box 4)**	[48]	
Check, if applicable **(Box 5)**		
Chronically ill	[49]	
Terminally ill	[50]	
Are there other individuals who received LTC payments during 2025? (Y, N)	[52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	[53]	
Number of days during the long-term care period	[54]	
Cost incurred for qualified long-term care services during the long-term care period	+ [55]	

NOTES/QUESTIONS:

ABLE Account Information #1

Please provide all Forms 1099-QA and 5498-QA

		2025 Information	Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
Payer name		[3]	
State postal code		[4]	
Recipient's Social Security Number		[7]	
Recipient's Name	[8]	[9]	
Gross distribution **(Form 1099-QA Box 1)**	+	[10]	
Earnings **(Form 1099-QA Box 2)**	+	[12]	
Basis **(Form 1099-QA Box 3)**	+	[14]	
Program-to-program transfer **(Form 1099-QA Box 4)**		[16]	
Check if ABLE account terminated in 2025 **(Form 1099-QA Box 5)**		[17]	
Check if the recipient is not the designated beneficiary **(Form 1099-QA Box 6)**		[18]	
Qualified disability expenses	+	[19]	
Amount of rollover	+	[21]	
Amount contributed in 2025 **(Form 5498-QA Box 1)**	+	[23]	
Value of account on 12/31/25 **(Form 5498-QA Box 4)**	+	[25]	

	Control Totals +	

ABLE Account Information #2

Please provide all Forms 1099-QA and 5498-QA

		2025 Information	Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
Payer name		[3]	
State postal code		[4]	
Recipient's Social Security Number		[7]	
Recipient's Name	[8]	[9]	
Gross distribution **(Form 1099-QA Box 1)**	+	[10]	
Earnings **(Form 1099-QA Box 2)**	+	[12]	
Basis **(Form 1099-QA Box 3)**	+	[14]	
Program-to-program transfer **(Form 1099-QA Box 4)**		[16]	
Check if ABLE account terminated in 2025 **(Form 1099-QA Box 5)**		[17]	
Check if the recipient is not the designated beneficiary **(Form 1099-QA Box 6)**		[18]	
Qualified disability expenses	+	[19]	
Amount of rollover	+	[21]	
Amount contributed in 2025 **(Form 5498-QA Box 1)**	+	[23]	
Value of account on 12/31/25 **(Form 5498-QA Box 4)**	+	[25]	

	Control Totals +	

NOTES/QUESTIONS:

Social Security Tax on Unreported Tips

Complete if you received cash/charge tips of $20 or less in a month in 2025.

	2025 Information		Prior Year Information
	Taxpayer	Spouse	
Total cash and charge tips under $20 per month and not reported to employer	+ [3]	+ [4]	

Complete if you received cash/charge tips of $20 or more in a month and did not report all of those tips to your employer.

Employer name	Employer identification number	Total tips received in 2025	Total tips reported in 2025
Taxpayer information [1]			
Spouse information [2]			

Social Security Tax on Unreported Wages

Complete if you received pay from a firm for services performed not as an independent contractor and social security and Medicare taxes were not withheld from the pay.

(Please refer to Reason Codes located at the bottom)**

Firm name	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	Mark if 1099-MISC or 1099-NEC received	Total wages received with no social security or Medicare tax withheld
Taxpayer information [6]					
Spouse information [7]					

**** Reason Codes**

A = I filed Form SS-8 and received a determination letter stating that I am an employee of this firm.
C = I received other correspondence from the IRS that states I am an employee.
G = I filed Form SS-8 with the IRS and have not received a reply.
H = I received a Form W-2 and a Form 1099-MISC from this firm for 2025. The amount on Form 1099-MISC should have been included as wages on Form W-2.

	Taxpayer	Spouse	
State postal code	___[1]	___[2]	

	Taxpayer	Spouse	Prior Year Information
If you received a parsonage provided by the church, please complete the following information:			
Fair rental value of parsonage provided by church	+ _____[5]	+ _____[6]	_____
Actual parsonage utilities expense	+ _____[11]	+ _____[12]	_____
If you received a rental or parsonage allowance provided by the church, please complete the following information:			
Utilities allowance, if separate from parsonage allowance	+ _____[17]	+ _____[18]	_____
Actual parsonage expense	+ _____[20]	+ _____[21]	_____
Fair rental value of home	+ _____[23]	+ _____[24]	_____
Actual utilities expense	+ _____[26]	+ _____[27]	_____
Mark if you have claimed exemption from self-employment tax by filing Form 4361 with the IRS	__[29]	__[30]	
If you are a self-employed minister, enter any tax-deductible contributions to a 403(b) retirement plan	+ _____[33]	+ _____[34]	_____
Unreimbursed Business Expenses - net reimbursed and after 50% Meals & Entertainment reduction:			
_____	+ _____[36]	+ _____[37]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____

NOTES/QUESTIONS:

Tax for Children with Unearned Income

Enter parent's information for children under age 19 on 1/1/26 or a full-time student under age 24 with unearned income of more than $2700.

Parent's social security number (Enter the name and social security number of the parent listed first on the return) _____[1]
Parent's first name _____[2]
Parent's last name _____[3]
Parent's filing status (1 = Single, 2 = Married/filing jointly, 3 = Married separately, 4 = Head of household, 5 = Qualifying widow(er)) __[4]

All Other Children's Information

Enter information for each child with unearned income of more than $2700.
Preparer - Enter on Screen 8615Sib

Child #1 social security number _____[1]
Child #1 first name _____[2]
Child #1 last name _____[3]
Child #1 date of birth (mm/dd/yyyy) _____[4]

Child #2 social security number _____[1]
Child #2 first name _____[2]
Child #2 last name _____[3]
Child #2 date of birth (mm/dd/yyyy) _____[4]

Child #3 social security number _____[1]
Child #3 first name _____[2]
Child #3 last name _____[3]
Child #3 date of birth (mm/dd/yyyy) _____[4]

Child #4 social security number _____[1]
Child #4 first name _____[2]
Child #4 last name _____[3]
Child #4 date of birth (mm/dd/yyyy) _____[4]

Child #5 social security number _____[1]
Child #5 first name _____[2]
Child #5 last name _____[3]
Child #5 date of birth (mm/dd/yyyy) _____[4]

Child #6 social security number _____[1]
Child #6 first name _____[2]
Child #6 last name _____[3]
Child #6 date of birth (mm/dd/yyyy) _____[4]

Child #7 social security number _____[1]
Child #7 first name _____[2]
Child #7 last name _____[3]
Child #7 date of birth (mm/dd/yyyy) _____[4]

Child #8 social security number _____[1]
Child #8 first name _____[2]
Child #8 last name _____[3]
Child #8 date of birth (mm/dd/yyyy) _____[4]

Child #9 social security number _____[1]
Child #9 first name _____[2]
Child #9 last name _____[3]
Child #9 date of birth (mm/dd/yyyy) _____[4]

Child #10 social security number _____[1]
Child #10 first name _____[2]
Child #10 last name _____[3]
Child #10 date of birth (mm/dd/yyyy) _____[4]

Child #11 social security number _____[1]
Child #11 first name _____[2]
Child #11 last name _____[3]
Child #11 date of birth (mm/dd/yyyy) _____[4]

Child #12 social security number _____[1]
Child #12 first name _____[2]
Child #12 last name _____[3]
Child #12 date of birth (mm/dd/yyyy) _____[4]

NOTES/QUESTIONS:

Form ID: 8814

Children's Interest Income

77

Please provide copies of all Form 1099-INT or other statements reporting child's interest income.
***Whole numbers will be treated as $ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.**
Complete a separate Organizer Form ID: 8814 for each child.

Child's social security number _____ [1]
Child's date of birth _____ [2]
Child's name _____ [4]
Taxpayer/Spouse/Joint (T, S, J) __ [5]

Type Code (**See codes below)	Payer	Interest [6] Income	Tax Exempt Income	U.S. Obligations* $ or %	Tax Exempt* $ or %	Prior Year Information
		+				
		+				
		+				
		+				
		+				
		+				

**Interest Codes

Blank = Regular Interest | 3 = Nominee Distribution | 4 = Accrued Interest | 5 = OID Adjustment | 6 = ABP Adjustment

Children's Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting child's dividend income.

Type Code (** See codes below)			Ordinary Dividends [8]	Qualified Dividends	Total Capital Gain Distributions	Section 1250	Section 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* $ or %	Tax Exempt* $ or %	Prior Year Information
	1	Payer										
		Amounts +										
	2	Payer										
		Amounts +										
	3	Payer										
		Amounts +										
	4	Payer										
		Amounts +										
	5	Payer										
		Amounts +										
	6	Payer										
		Amounts +										

**Dividend Codes

Blank = Other | 3 = Nominee

	2025 Information [10]	Prior Year Information
Alaska Permanent Fund dividends:		
_____	+ _____	_____
_____	+ _____	

	Control Totals +		Form ID: 8814

Household Employment Tax

Complete if you paid cash wages of $1,000 or more to any household employee.

Taxpayer/Spouse (T, S) [1]
Employer identification number [2]

Total cash wages subject to social security taxes + [4]
Total cash wages subject to Medicare taxes + [5]
Total cash wages subject to Additional Medicare Tax withholding + [6]
Federal income tax withheld + [7]
State disability plan social security & Medicare withheld + [8]

Did you:
(A) pay any household employee cash wages of $2,800 or more in 2025? (Y, N) [9]
(B) withhold Federal income tax for any household employee? (Y, N) [10]
(C) pay household employees cash wages equal to or greater than $1,000 in any quarter of 2024 or 2025? (Y, N) [11]

Federal Unemployment (FUTA) Tax

If you answered "Yes" to question (C) above, complete the following information.
Complete only items marked with an asterisk (*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.

Total cash wages subject to FUTA tax + [12]

State #1 information
- State postal code where you have to pay unemployment contributions * [14]
- State reporting number as shown on state unemployment tax return [15]
- Taxable wages (as defined in state act) + [16]
- State experience rate period:
  - From [17]
  - To [18]
- State experience rate (xxx.xx) [19]
- Contributions paid to state unemployment fund * + [20]
- Contributions for 2025 paid after 04/15/26 + [21]

State #2 information
- State postal code where you have to pay unemployment contributions [22]
- State reporting number as shown on state unemployment tax return [23]
- Taxable wages (as defined in state act) + [24]
- State experience rate period:
  - From [25]
  - To [26]
- State experience rate (xxx.xx) [27]
- Contributions paid to state unemployment fund + [28]
- Contributions for 2025 paid after 04/15/26 + [29]

NOTES/QUESTIONS:

Child and Dependent Care Expenses

Please enter all amounts paid in 2025 for the care of one or more dependents which enables you to work or attend school. Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2024 employer-provided dependent care benefits used during 2025 grace period	+ [3]	+ [4]
Employer-provided dependent care benefits that were forfeited in 2025	+ [5]	+ [6]
Total qualified expenses incurred in 2025		[9]
Were you or your spouse a full time student or disabled? (Yes or No)	[10]	[11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		[12]

Business name of provider
First and last name of provider
Street address of provider
City, State and Zip code
Social security number OR Employer identification number
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)
Amount paid to care provider in 2025 + [7]
Foreign province or state of provider
Foreign country and Foreign postal code of provider

Business name of provider
First and last name of provider
Street address of provider
City, State and Zip code
Social security number OR Employer identification number
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)
Amount paid to care provider in 2025 +
Foreign province or state of provider
Foreign country and Foreign postal code of provider

Business name of provider
First and last name of provider
Street address of provider
City, State and Zip code
Social security number OR Employer identification number
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)
Amount paid to care provider in 2025 +
Foreign province or state of provider
Foreign country and Foreign postal code of provider

Business name of provider
First and last name of provider
Street address of provider
City, State and Zip code
Social security number OR Employer identification number
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)
Amount paid to care provider in 2025 +
Foreign province or state of provider
Foreign country and Foreign postal code of provider

Business name of provider
First and last name of provider
Street address of provider
City, State and Zip code
Social security number OR Employer identification number
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)
Amount paid to care provider in 2025 +
Foreign province or state of provider
Foreign country and Foreign postal code of provider

Form ID: R

Credit For The Elderly or Disabled

80

Please complete if you were age 65 or older at the end of 2025, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

	Taxpayer	Spouse
Nontaxable disability/pension income received in 2025	+ _____ [7]	+ _____ [8]
Taxable disability income received in 2025	+ _____ [9]	+ _____ [10]

NOTES/QUESTIONS:

Residential Energy Credit

The Inflation Reduction Act of 2022 provides credits for clean energy and energy efficient improvements made to personal residences.

Taxpayer/Spouse/Joint (T, S, J) _ [1]
Enter the total amount of costs for qualified solar electric property + _____ [3]
Enter the total amount of costs for qualified solar water heating property + _____ [4]
Enter the total amount of costs for qualified small wind energy property + _____ [5]
Enter the total amount of costs for qualified geothermal heat pump property + _____ [6]
Enter the total amount of costs for qualified battery technology costs with capacity of at least 3 kilowatt hours + _____ [7]
Were the costs incurred made to your main home located in the United States? (Y, N) _ [8]
Enter the total amount of costs for qualified fuel cell property + _____ [9]
Enter the total amount of kilowatt capacity of the qualified fuel cell property _____ [10]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N) _ [16]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain + _____ [17]

	QMID	Cost
Enter the cost and QMID for each exterior door bought	_____	+ _____ [20]
	_____	+ _____
	_____	+ _____
	_____	+ _____
Enter the cost and QMID for each window/ skylight	_____	+ _____ [22]
	_____	+ _____
	_____	+ _____
	_____	+ _____
Enter the QMID cost for each central air conditioner	_____	+ _____ [25]
	_____	+ _____
Enter the QMID and cost for each natural gas, propane or oil hot water heater	_____	+ _____ [27]
	_____	+ _____
Enter the QMID and cost for each natural gas, propane, or oil furnace or hot water boilers	_____	+ _____ [29]
	_____	+ _____
Enter the QMID and cost for panelboards, subpanelboards, branch circuits or feeders	_____	+ _____ [31]
	_____	+ _____
Enter the total amount of costs for qualified home energy audit costs		+ _____ [39]
Enter the QMID and cost for each electric or natural gas heat pump	_____	+ _____ [41]
	_____	+ _____
Enter the QMID and cost for each electric or natural gas heat pump water heater	_____	+ _____ [43]
	_____	+ _____
Enter the QMID and costs for each biomass stoves and biomass boiler	_____	+ _____ [45]
	_____	+ _____

NOTES/QUESTIONS:

Foreign Tax Credit

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2025.

Preparer use only

Description [3]
Taxpayer/Spouse (T, S) [9]
Category of income* [11]
Description of income [12]

*Category of Income	
A = Section 951A income	E = Section 901(j) income
B = Foreign Branch income	F = Certain income re-sourced by treaty
C = Passive income	G = Lump-sum distributions
D = General income	

Foreign Income or Loss

Country code [20]
Country name [21]

	Regular	AMT, if different
Foreign gross income	+ [24]	+ [25]
Definitely related expenses:		
	+ [32]	+ [33]
	+	+
	+	+
	+	+
	+	+
Foreign source losses	+ [46]	+ [47]

Foreign Taxes Paid or Accrued

Foreign taxes paid or accrued:
Date paid or accrued [48]
In foreign currency - taxes withheld on:
Dividends + [49]
Rents & royalties + [50]
Interest + [51]
Other foreign taxes + [52]
In US dollars - taxes withheld on:
Dividends + [54]
Rents & Royalties + [55]
Interest + [56]
Other foreign taxes + [57]

NOTES/QUESTIONS:

Adoption Credit

Complete this form if you paid qualified adoption expenses in 2025. Indicate if the adoption was final in or before 2025. Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home. Please provide copies of legal documents approving the adoption.

	Child 1 [1]	Child 2	Child 3
Taxpayer/Spouse/Joint (T, S, J)			
First name			
Last name			
Child's date of birth			
Mark if this child was:			
born before '08 and was disabled			
a child with special needs			
a foreign child			
Child's identifying number			
Total adoption credit received in prior years for this child			
Total qualified adoption expenses paid in 2024 for this child			
Employer-provided benefits received in 2024 for this child			
Total qualified adoption expenses paid in 2025 for this child			
Employer-provided benefits received in 2025 for this child			
Adoption final in (1 = '25, 2 = Pre '25)			

	Child 4	Child 5	Child 6
Taxpayer/Spouse/Joint (T, S, J)			
First name			
Last name			
Child's date of birth			
Mark if this child was:			
born before '08 and was disabled			
a child with special needs			
a foreign child			
Child's identifying number			
Total adoption credit received in prior years for this child			
Total qualified adoption expenses paid in 2024 for this child			
Employer-provided benefits received in 2024 for this child			
Total qualified adoption expenses paid in 2025 for this child			
Employer-provided benefits received in 2025 for this child			
Adoption final in (1 = '25, 2 = Pre '25)			

Adoption credit carryover from 2024	[2]
Adoption credit carryover from 2023	[3]
Adoption credit carryover from 2022	[4]
Adoption credit carryover from 2021	[5]
Adoption credit carryover from 2020	[6]

NOTES/QUESTIONS:

Fuel Tax Credit

***Select the Type of Use codes from the chart below**

Business name _____[1]
Business EIN _____[3]
Equipment Make _____[5]
Equipment Model _____[6]
Type of equipment in which fuel was used _____[7]

	Type of Use*	Rate	Gallons	Actual fuel cost
Nontaxable use of gasoline -				
Off-highway business use		$0.183	+ _____[8]	_____[9]
Use on a farm		0.183	+ _____[10]	_____[11]
Other nontaxable use	___[12]	0.183	+ _____[13]	_____[14]
Exported		0.184	+ _____[15]	_____[16]
Nontaxable use of aviation gasoline -				
Commercial aviation		0.15	+ _____[17]	_____[18]
Other nontaxable use	___[19]	0.193	+ _____[20]	_____[21]
Exported		0.194	+ _____[22]	_____[23]
Leaking underground storage tank (LUST) tax		0.001	+ _____[24]	_____[25]
Nontaxable use of undyed diesel fuel -				
Explanation of evidence of dyes: _____[26]				
Other nontaxable use	___[27]	0.243	+ _____[28]	_____[29]
Use on a farm		0.243	+ _____[30]	_____[31]
Trains		0.243	+ _____[32]	_____[33]
Intercity / local bus		0.17	+ _____[34]	_____[35]
Exported		0.244	+ _____[36]	_____[37]
Nontaxable use of undyed kerosene (other than aviation) -				
Explanation of evidence of dyes: _____[38]				
Other nontaxable use	___[39]	0.243	+ _____[40]	_____[41]
Use on a farm		0.243	+ _____[42]	_____[43]
Intercity / local buses		0.17	+ _____[44]	_____[45]
Exported		0.244	+ _____[46]	_____[47]
Other nontaxable use taxed at $.044	___[48]	0.043	+ _____[49]	_____[50]
Other nontaxable use taxed at $.219	___[51]	0.218	+ _____[52]	_____[53]
Kerosene used in aviation -				
Kerosene taxed at $.244		0.200	+ _____[54]	_____[55]
Kerosene taxed at $.219		0.175	+ _____[56]	_____[57]
Other nontaxable use taxed at $.244	___[58]	0.243	+ _____[59]	_____[60]
Other nontaxable use taxed at $.219/.044	___[61]	0.218	+ _____[62]	_____[63]
Leaking underground storage tank (LUST) tax		0.001	+ _____[64]	_____[65]

***Type of Use**	
1 = Farming purposes	**8 = Diesel & Kerosene fuel other than train or highway vehicle**
2 = Off highway business use	**9 = Foreign trade**
3 = Export	**10 = Certain helicopter and fixed wing air ambulance uses**
4 = Commercial fishing	**11 = Aviation fuel other than propulsion engines**
5 = Intercity/local bus	**13 = Exclusive use by a nonprofit educational organization**
6 = In a qualified local bus	**14 = Exclusive use by a state, political subdivision or DC**
7 = School bus	**15 = In an aircraft or vehicle owned by an aircraft museum**

NOTES/QUESTIONS:

Fuel Tax Credit

***Select the Type of Use codes from the chart below**

Business name _____ [1]

	Type of Use*	Rate	Gallons	Actual Fuel Cost
Sales by registered ultimate vendors of undyed diesel fuel -				
Registration Number				[3]
Explanation of evidence of dyes:				
_____				[4]
State / local government		0.243	+ [5]	[6]
Intercity / local buses		0.17	+ [7]	[8]
Sales by registered ultimate vendors of undyed kerosene -				
Registration Number				[9]
Explanation of evidence of dyes:				
_____				[10]
Use by state/local government		0.243	+ [11]	[12]
Sales from a blocked pump		0.243	+ [13]	[14]
Intercity / local buses		0.17	+ [15]	[16]
Sales by registered ultimate vendors of kerosene in aviation -				
Registration Number				[17]
Commercial aviation taxed at $.219 (Other than foreign trade)		0.175	+ [18]	[19]
Commercial aviation taxed at $.244 (Other than foreign trade)		0.200	+ [20]	[21]
Nonexempt use in noncommercial aviation		0.025	+ [22]	[23]
Other nontaxable uses taxed at $.244 [24]		0.243	+ [25]	[26]
Other nontaxable uses taxed at $.219/.044 [27]		0.218	+ [28]	[29]
Leaking underground storage tank (LUST) tax		0.001	+ [30]	[31]

*Type of Use	
1 = Farming purposes	**8 = Diesel & Kerosene fuel other than train or highway vehicle**
2 = Off highway business use	**9 = Foreign trade**
3 = Export	**10 = Certain helicopter and fixed wing air ambulance uses**
4 = Commercial fishing	**11 = Aviation fuel other than propulsion engines**
5 = Intercity/local bus	**13 = Exclusive use by a nonprofit educational organization**
6 = In a qualified local bus	**14 = Exclusive use by a state, political subdivision or DC**
7 = School bus	**15 = In an aircraft or vehicle owned by an aircraft museum**

NOTES/QUESTIONS:

Fuel Tax Credit

***Select the Type of Use codes from the chart below**

Business name _____

	Type of Use*	Rate	Gallons	Actual Fuel Cost
Nontaxable use of alternative fuel -				
Liquefied petroleum gas (LPG)	___[3]	0.183	+ _____[4]	_____[5]
"P Series" fuels	___[6]	0.183	+ _____[7]	_____[8]
Compressed natural gas (CNG)	___[9]	0.183	+ _____[10]	_____[11]
Liquefied hydrogen	___[12]	0.183	+ _____[13]	_____[14]
Any liquid fuel derived from coal through the Fischer-Tropsch process	___[15]	0.243	+ _____[16]	_____[17]
Liquid hydrocarbons derived from biomass	___[18]	0.243	+ _____[19]	_____[20]
Liquefied natural gas (LNG)	___[21]	0.243	+ _____[22]	_____[23]
Liquefied gas derived from biomass	___[24]	0.183	+ _____[25]	_____[26]
Registered credit card users -				
Registration Number				_____[27]
Diesel for state / local government		0.243	+ _____[28]	_____[29]
Kerosene for state / local government		0.243	+ _____[30]	_____[31]
Kerosene for aviation use by state / local gov't taxed at $.219/.044		0.218	+ _____[32]	_____[33]
Nontaxable use of a diesel-water fuel emulsion -				
Other nontaxable use	___[34]	0.197	+ _____[35]	_____[36]
Exported		0.198	+ _____[37]	_____[38]
Diesel-water fuel emulsion blending -				
Registration Number				_____[39]
Blender credit		0.046	+ _____[40]	_____[41]
Exported dyed fuels -				
Exported dyed diesel fuel		0.001	+ _____[42]	_____[43]
Exported dyed kerosene		0.001	+ _____[44]	_____[45]

*Type of Use	
1 = Farming purposes	**8 = Diesel & Kerosene fuel other than train or highway vehicle**
2 = Off highway business use	**9 = Foreign trade**
3 = Export	**10 = Certain helicopter and fixed wing air ambulance uses**
4 = Commercial fishing	**11 = Aviation fuel other than propulsion engines**
5 = Intercity/local bus	**13 = Exclusive use by a nonprofit educational organization**
6 = In a qualified local bus	**14 = Exclusive use by a state, political subdivision or DC**
7 = School bus	**15 = In an aircraft or vehicle owned by an aircraft museum**

NOTES/QUESTIONS:

Carryover Information - Preparer Use Only

Qualified Business Income Deduction Carryovers	2024 to 2025 Amounts
Qualified business loss (QBID)	+ [1]
Qualified REIT dividends and PTP loss	+ [2]
Excess business loss deduction portion of NOL	+ [3]

Instructions
Enter carryovers from prior year(s) as positive numbers.
Enter utilizations from prior year(s) as negative numbers.

Indefinite Carryovers	2024 to 2025 Amounts
Minimum tax credit	+ [4]
Investment interest	+ [5]
Investment interest - AMT	+ [6]
Short-term capital loss	+ [7]
Short-term capital loss - AMT	+ [8]
Long-term capital loss	+ [9]
Long-term capital loss - AMT	+ [10]
Residential energy credit	+ [11]
D.C. first-time homebuyer credit	+ [12]
Tax credit bonds	+ [13]

Section 1231 Nonrecaptured Losses

	Section 1231 Nonrecaptured Losses	AMT Section 1231 Nonrecaptured Losses
2020	+ [14]	+ [19]
2021	+ [15]	+ [20]
2022	+ [16]	+ [21]
2023	+ [17]	+ [22]
2024	+ [18]	+ [23]

Charitable Contribution Carryover Items

Prior C/O Year	60% Contributions	50% Contributions	30% Contributions	50/30% Cap Gain Prop	20% Contributions
2020	+ [24]	+ [29]	+ [34]	+ [39]	+ [44]
2021	+ [25]	+ [30]	+ [35]	+ [40]	+ [45]
2022	+ [26]	+ [31]	+ [36]	+ [41]	+ [46]
2023	+ [27]	+ [32]	+ [37]	+ [42]	+ [47]
2024	+ [28]	+ [33]	+ [38]	+ [43]	+ [48]

AMT Charitable Contribution Carryover Items

Prior C/O Year	60% AMT Contributions	50% AMT Contributions	30% AMT Contributions	50/30% AMT Cap Gain Prop	20% AMT Contributions
2020	+ [49]	+ [54]	+ [59]	+ [64]	+ [69]
2021	+ [50]	+ [55]	+ [60]	+ [65]	+ [70]
2022	+ [51]	+ [56]	+ [61]	+ [66]	+ [71]
2023	+ [52]	+ [57]	+ [62]	+ [67]	+ [72]
2024	+ [53]	+ [58]	+ [63]	+ [68]	+ [73]

NOTES/QUESTIONS:

Qualified Conservation Contribution Carryover Items

Enter carryovers from prior year(s) as positive numbers. Enter utilizations from prior year(s) as negative numbers.

Prior C/O Year	50% Qualified Conservation Contributions	50% AMT Qual Conservation Contributions	100% Qualified Conservation Contributions	100% AMT Qual Conservation Contributions
2010	+ [1]	+ [16]	+ [31]	+ [46]
2011	+ [2]	+ [17]	+ [32]	+ [47]
2012	+ [3]	+ [18]	+ [33]	+ [48]
2013	+ [4]	+ [19]	+ [34]	+ [49]
2014	+ [5]	+ [20]	+ [35]	+ [50]
2015	+ [6]	+ [21]	+ [36]	+ [51]
2016	+ [7]	+ [22]	+ [37]	+ [52]
2017	+ [8]	+ [23]	+ [38]	+ [53]
2018	+ [9]	+ [24]	+ [39]	+ [54]
2019	+ [10]	+ [25]	+ [40]	+ [55]
2020	+ [11]	+ [26]	+ [41]	+ [56]
2021	+ [12]	+ [27]	+ [42]	+ [57]
2022	+ [13]	+ [28]	+ [43]	+ [58]
2023	+ [14]	+ [29]	+ [44]	+ [59]
2024	+ [15]	+ [30]	+ [45]	+ [60]

NOTES/QUESTIONS:

Business Credit Carryover Information - Preparer Use Only

	Description	
A		[2]
B		[2]
C		[2]
D		[2]

Prior C/O Year	A	B	C	D
	[1]	[1]	[1]	[1]
2005	+ [3]	+ [3]	+ [3]	+ [3]
2006	+ [4]	+ [4]	+ [4]	+ [4]
2007	+ [5]	+ [5]	+ [5]	+ [5]
2008	+ [6]	+ [6]	+ [6]	+ [6]
2009	+ [7]	+ [7]	+ [7]	+ [7]
2010	+ [8]	+ [8]	+ [8]	+ [8]
2011	+ [9]	+ [9]	+ [9]	+ [9]
2012	+ [10]	+ [10]	+ [10]	+ [10]
2013	+ [11]	+ [11]	+ [11]	+ [11]
2014	+ [12]	+ [12]	+ [12]	+ [12]
2015	+ [13]	+ [13]	+ [13]	+ [13]
2016	+ [14]	+ [14]	+ [14]	+ [14]
2017	+ [15]	+ [15]	+ [15]	+ [15]
2018	+ [16]	+ [16]	+ [16]	+ [16]
2019	+ [17]	+ [17]	+ [17]	+ [17]
2020	+ [18]	+ [18]	+ [18]	+ [18]
2021	+ [19]	+ [19]	+ [19]	+ [19]
2022	+ [20]	+ [20]	+ [20]	+ [20]
2023	+ [21]	+ [21]	+ [21]	+ [21]
2024	+ [22]	+ [22]	+ [22]	+ [22]

NOTES/QUESTIONS:

20 Year Carryovers - Pre-TCJA

Prior C/O Year	Net Operating Loss	AMT Net Operating Loss
2005	+ [1]	+ [21]
2006	+ [2]	+ [22]
2007	+ [3]	+ [23]
2008	+ [4]	+ [24]
2009	+ [5]	+ [25]
2010	+ [6]	+ [26]
2011	+ [7]	+ [27]
2012	+ [8]	+ [28]
2013	+ [9]	+ [29]
2014	+ [10]	+ [30]
2015	+ [11]	+ [31]
2016	+ [12]	+ [32]
2017	+ [13]	+ [33]

Indefinite Carryovers - Starting in 2018

	Net Operating Loss	AMT Net Operating Loss
Post-TCJA	+ [20]	+ [40]

NOTES/QUESTIONS:

Tax Return History

This page has been prepared to present the details of prior year income tax returns and is provided for informational purposes only.

	2021 Amounts	2022 Amounts	2023 Amounts	2024 Amounts
Filing Status (1 = Single, 2 = MFJ, 3 = MFS, 4 = HOH, 5 = QW)				
Salaries and wages				
Interest income				
Tax-exempt interest				
Dividend income				
Qualified dividends				
Business income/loss				
Capital gains and losses				
Other gains and losses				
IRA distributions, pensions, annuities				
Rent, royalty, farm rental income				
Partnership/S corp income				
Estate or trust income				
Farm income/loss				
Other income/loss				
Total income -				
Total adjustments to income				
Adjusted gross income -				
Medical expenses				
State and local taxes				
Interest expenses				
Charitable contributions				
Other itemized deductions				
Allowable itemized deductions				
Standard deduction				
Standard or itemized deduction taken -				
Qualified business income deduction				
Additional deductions				
Taxable income -				
Tax on taxable income				
Alternative minimum tax				
Total credits				
Net tax liability -				
Self-employment taxes				
Other taxes				
Total tax -				
Income tax withheld				
Estimated tax payments				
Other payments				
Total payments -				
Tax due/-refund -				
Penalties and interest				
Net tax due/-refund -				
Refund applied to estimated tax payments				
Refund received				
Marginal tax rate -	%	%	%	%
Effective tax rate -	%	%	%	%

NOTES/QUESTIONS:

General: 1040

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) ___

Mark if you were married but living apart all year ___ Mark if your nonresident alien spouse does not have an ITIN ___

	Taxpayer	Spouse
Social security number		
First name		
Last name		
Occupation		
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)	___	___
Mark if legally blind	___	___
Mark if dependent of another taxpayer	___	___
Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N)	___	
Date of birth		
Date of death		
Work/daytime telephone number/ext number		
Do you authorize us to discuss your return with the IRS (Y, N)	___	

General: 1040, Contact

Present Mailing Address

Address
Apartment number
City/State postal code/Zip code
Foreign country name
Foreign phone number
Home/evening telephone number
Taxpayer email address
Spouse email address

General: 1040

Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent

Credits: 2441

Child and Dependent Care Expenses

Provider information:
- Business name
- First and Last name
- Street address
- City, state, and zip code
- Social security number OR Employer identification number
- Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP)
- Amount paid to care provider in 2025

	Taxpayer	Spouse
Employer-provided dependent care benefits that were forfeited		

NOTES/QUESTIONS:

Income: W2

Salary and Wages

Please provide all copies of Form W-2 that you receive.
Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Retirement: 1099R

Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.
Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: K1, K1T

Schedules K-1

Please provide all copies of Schedule K-1 that you receive.
Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: W2G

Gambling Income

Please provide all copies of Form W-2G that you receive.
Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___

Educate: 1099Q

Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.
Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___

NOTES/QUESTIONS:

Income Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Form	T/S/J	Description	1 = Attached 2 = N/A

Income: B1

Interest Income

Please provide all copies of Form 1099-INT or other statements reporting interest income.

T/S/J	Payer Name	Interest Income	Prior Year Information

Income: B3

Seller Financed Mortgage Interest

T, S, J ___ Payer's name _____ Payer's social security number _____

Payer's address, city, state, zip code _____ _____ ___ _____

Amount received in 2025 _____ Amount received in 2024 _____

Income: B2

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information

Income: D

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis

Income: Income

Other Income

Please provide copies of all supporting documentation.

	2025 Information	Prior Year Information
State and local income tax refunds		

	T/S	Agreement Date	2025 Information	Prior Year Information
Alimony received				

	Taxpayer	Spouse	Prior Year Information
Unemployment compensation			
Unemployment compensation repaid			
Social security benefits			
Medicare premiums to be reported on Schedule A			
Railroad retirement benefits			

T/S/J	Other Income:	2025 Information	Prior Year Information

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

	Taxpayer	Spouse
Traditional IRA Contributions for 2025 -		
If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)		
Enter the total traditional IRA contributions made for use in 2025		
Roth IRA Contributions for 2025 -		
Mark if you want to contribute the maximum Roth IRA contribution		
Enter the total Roth IRA contributions made for use in 2025		

Educate: Educate2

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2025 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2025 Information	Prior Year Information

Complete this section if you paid qualified education expenses for higher education costs in 2025.
Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.
Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information

***Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction**
The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home due to service in the armed forces.

Description of move	
Taxpayer/Spouse/Joint (T, S, J)	
Mark if the move was due to service in the armed forces	
Number of miles from old home to new workplace	
Number of miles from old home to old workplace	
Mark if move is outside United States or its possessions	
Transportation and storage expenses	
Travel and lodging (not including meals)	
Total amount reimbursed for moving expenses	

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2025 Information	Prior Year Information

Street address

City, State and Zip code

*Enter the divorce/separation agreement date

	Taxpayer	Spouse	Prior Year Information
Educator expenses:			
Other adjustments:			

Itemized: A1

Medical and Dental Expenses

T/S/J		2025 Information	Prior Year Information
__	Medical and dental expenses		
__	Medical insurance premiums you paid***		
__	Long-term care premiums you paid***		
__	Prescription medicines and drugs		
__	Miles driven for medical items (21 cents)		

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1

Tax Expenses

T/S/J		2025 Information	Prior Year Information
__	State/local income taxes paid		
__	2024 state and local income taxes paid in 2025		
__	Sales tax paid on actual expenses		
__	Real estate taxes paid		
__	Personal property taxes		
__	Other taxes		

Itemized: A2

Interest Expenses

T/S/J		2025 Information	Prior Year Information
__	Home mortgage interest From Form 1098		

Other home mortgage interest paid to individuals:

T/S/J	Payee's Name	SSN or EIN	2025 Information	Prior Year Information
__				

Address	City	State	Zip Code

T/S/J		2025 Information	Prior Year Information
__	Investment interest expense, other than on Sch K-1s:		

Refinancing Information:	Refinance #1	Refinance #2
T/S/J	__	__
Recipient/Lender name		
Total points paid at time of refinance		
Date of refinance		
Term of new loan (in months)	____	____
Reported on Form 1098 in 2025	____	____

Itemized: A3

Charitable Contributions

T/S/J		2025 Information	Prior Year Information
__	Contributions made by cash or check		
__	Volunteer miles driven		
__	Noncash items, such as: Goodwill, Salvation Army		

Itemized: A3, A-St

Miscellaneous Deductions

T/S/J		2025 Information	Prior Year Information
__	Other expenses		
__	Gambling losses (enter only if you have gambling income)		

*****STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA**

T/S/J		2025 Information	Prior Year Information
__	Unreimbursed expenses***		
__	Union dues, other than amounts reported on Form W-2***		
__	Tax preparation fees***		
	Other expenses, subject to 2% AGI limitation***:		
__			
__			
__	Safe deposit box rental***		
__	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***		

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number , and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below. In accordance with Executive Order 14247, the IRS has phased out paper checks for refunds and payments as of September 30, 2025. Failure to provide bank information will delay IRS processing of refunds.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. ___

Primary account:

- Financial institution routing transit number _____
- Name of financial institution _____
- Your account number _____
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) ___
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) ___
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) ___
- Enter the maximum dollar amount, or percentage of total refund Dollar _____ **or** Percent (xxx.xx) _____

Secondary account #1:

- Financial institution routing transit number _____
- Name of financial institution _____
- Your account number _____
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) ___
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) ___
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) ___
- Enter the maximum dollar amount, or percentage of total refund Dollar _____ **or** Percent (xxx.xx) _____

Secondary account #2:

- Financial institution routing transit number _____
- Name of financial institution _____
- Your account number _____
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) ___
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) ___
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) ___
- Enter the maximum dollar amount, or percentage of total refund Dollar _____ **or** Percent (xxx.xx) _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -

- Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) ___
- Identification number _____
- Issue date _____
- Expiration date _____
- Location of issuance ___
- Document number (New York only) _____

Spouse -

- Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) ___
- Identification number _____
- Issue date _____
- Expiration date _____
- Location of issuance ___
- Document number (New York only) _____

NOTES/QUESTIONS:

Form ID: OrgDp

Depreciation - Asset List

Preparer use only

Activity name ______________________________

HOW TO REPORT DISPOSALS: Use the blank line directly below the asset information to indicate any asset disposals. Enter the date of the disposal and/or sale proceeds, if applicable. Enter additional information regarding the asset disposal in the comments section, such as if the asset was sold on installment, traded for other asset(s), disposed of due to casualty, or sold to a related party. See the EXAMPLE asset below.

Asset No.	Description of Property	Date in Service	Cost or Basis
	Comments	Date Sold/Disposed	Sales Price
EXAMPLE	Machinery and equipment (EXAMPLE ASSET)	11/21/14	42,500
	Collected in 5 equal payments over 2 yrs	03/09/25	20,000

Depreciation - Asset Acquisitions

Preparer use only

Activity name _____

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

		Description of Asset Acquired	Date Acquired	Cost or Basis
EXAMPLE		**2025 Model T - (EXAMPLE ASSET)**	**03/09/25**	**25,750**
		Comments: **22,500 job-related miles, 25,000 total miles**		
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