

McMANUS, DOSEN & CO.
Certified Public Accountants

This is a generic organizer and not all pages within will apply and may not be listed. Please refer to the Client Organizer Topical Index to locate the pages that are relevant to your situation.

You are not required to complete or return the organizer to our office. It is merely a tool to assist you in gathering your data to provide to us so we may prepare your tax return.

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 not customized (generic) and may not contain all of the pages listed here.

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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.

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

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

Present Mailing Address

In care of addressee

Dependent Information

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

Months in home	Dep Codes * **	Care expenses paid for dependent
----------------------	----------------------	---

[illegible]

Social security number of qualifying person [55]

Dependent Codes

<p>*Basic</p> <p>1 = Child who lived with you</p> <p>2 = Child who did not live with you due to divorce/separation</p> <p>3 = Other dependent</p> <p>4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)</p> <p>5 = Qualifying child for Earned Income Credit only</p> <p>6 = Children who lived with you, but do not qualify for Earned Income Credit</p> <p>7 = Children who lived with you, but do not qualify for Child Tax Credit</p> <p>8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit</p>	<p>**Other</p> <p>1 = Student (Age 19 - 23)</p> <p>2 = Disabled dependent</p> <p>3 = Dependent who is both a student and disabled</p>
<p>**Months</p> <p>77 = Reported on odd year return</p> <p>88 = Reported on even year return</p> <p>99 = Not reported on return</p>	

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:

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:

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]
 _____ [15]
 U.S. real property interests that were disposed at a gain during the tax year _____ [18]
 _____ [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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Control Totals

Form ID: NRA

Have you ever applied to be a green card 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):

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.

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]

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:

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 #2
City name _____[28]	City name _____[50]
Amount paid with 2024 return _____[31]	Amount paid with 2024 return _____[53]
2024 overpayment applied to '25 estimates _____[32]	2024 overpayment applied to '25 estimates _____[54]
Treat calculated amounts as paid _____[36]	Treat calculated amounts as paid _____[58]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____[37]	_____ [38]	1st quarter payment _____[59]	_____ [60]
2nd quarter payment _____[39]	_____ [40]	2nd quarter payment _____[61]	_____ [62]
3rd quarter payment _____[41]	_____ [42]	3rd quarter payment _____[63]	_____ [64]
4th quarter payment _____[43]	_____ [44]	4th quarter payment _____[65]	_____ [66]

Calculated Amount

1st quarter payment _____
2nd quarter payment _____
3rd quarter payment _____
4th quarter payment _____

Calculated Amount

1st quarter payment _____
2nd quarter payment _____
3rd quarter payment _____
4th quarter payment _____

City #3	City #4
City name _____[72]	City name _____[94]
Amount paid with 2024 return _____[75]	Amount paid with 2024 return _____[97]
2024 overpayment applied to '25 estimates _____[76]	2024 overpayment applied to '25 estimates _____[98]
Treat calculated amounts as paid _____[80]	Treat calculated amounts as paid _____[102]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____[81]	_____ [82]	1st quarter payment _____[103]	_____ [104]
2nd quarter payment _____[83]	_____ [84]	2nd quarter payment _____[105]	_____ [106]
3rd quarter payment _____[85]	_____ [86]	3rd quarter payment _____[107]	_____ [108]
4th quarter payment _____[87]	_____ [88]	4th quarter payment _____[109]	_____ [110]

Calculated Amount

1st quarter payment _____
2nd quarter payment _____
3rd quarter payment _____
4th quarter payment _____

Calculated Amount

1st quarter payment _____
2nd quarter payment _____
3rd quarter payment _____
4th quarter payment _____

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.

[illegible]

[illegible]

Wages and Salaries #1

12

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 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

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

3 = Nominee Distribution

4 = Accrued Interest

5 = OID Adjustment

6 = ABP Adjustment

7 = Series EE & I Bond

Control Totals

Form ID: B-1

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	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

Control Totals

Form ID: B-2

Seller Financed Mortgage Interest Income

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]

Control Totals**Form ID: B-3**

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:

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]

[illegible]

[illegible]

	Form ID: InfoD
--	----------------

Consolidated Broker Statement

17b

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

☐

Preparer use only

T/S/J

Broker Name

Account number

Employer identification number

Margin interest

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

Control Totals

Form ID: Broker

State and local income tax refunds	2025 Information _____ [5]	Prior Year Information _____
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Alimony received	T/S	Agreement Date	2025 Information _____ [3] _____ [3]	Prior Year Information _____ _____
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****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]	<div style="border: 1px solid black; height: 100px; margin: 0;"></div>
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)		2025 Information	Prior Year Information
		Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships		
—	—	_____	_____ [15]	<div style="border: 1px solid black; height: 200px; margin: 0;"></div>
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	

NOTES/QUESTIONS:

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:

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:

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:

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

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**19**

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 DebtDate 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 = Statute 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 PropertyDate 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 DebtDate 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 = Statute 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 PropertyDate 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

20

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]	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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]	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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]	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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	—	—	—

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

Foreign employer compensation

2025 Information [22]

Prior Year Information

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

24

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

25

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:

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:

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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:

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]

Control Totals**Form ID: C-1**

Form ID: C-2

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:

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]
_____ [50] _____ [52]
Insurance: _____ [54] _____ [55]
Legal and professional fees _____ [57] _____ [59]
Management fees: _____ [60] _____ [62]
Mortgage interest paid to banks, etc (Form 1098) _____ [63] _____ [65]
Other mortgage interest _____ [66] _____ [67]
Qualified mortgage insurance premiums _____ [69] _____ [71]
Other interest: _____ [72] _____ [73]
Repairs _____ [75] _____ [76]
Supplies _____ [78] _____ [80]
Taxes: _____ [81] _____ [82]
Utilities _____ [84] _____ [85]
Depreciation _____ [87] _____ [88]
Depletion _____ [90]
Other expenses: _____

☐ **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:

Control Totals

Form ID: Rent-2

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]	

Control Totals

Form ID: F-1

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:

☐ **Preparer use only**

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

Employer identification number

Description

State postal code

Did you "actively participate" in the operation of this business this year? (Y, N)

2025 Information

Prior Year Information

[2]

[3]

[4]

[5]

[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]

Control Totals**Form ID: 4835-2**

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]

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]

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:

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 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]

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	Control Totals		
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Prior Year Installment Sale

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 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]

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	Control Totals		
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NOTES/QUESTIONS:

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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:

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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

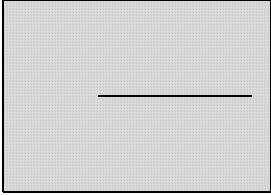
Fair market value of other property given up _____ [21]
 Adjusted basis of other property given up _____ [22]
 Cash received _____ [23]
 Fair market value of other (not like-kind) property received _____ [24]
 Installment obligation received in like-kind exchange _____ [25]
 Fair market value of like-kind 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:

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:

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:

Taxpayer/Spouse (T, S) _____ [1]		State postal code _____ [3]	
Foreign street address _____ [4]		City _____	
State/Province _____		Country code _____	
Country _____		Postal code _____	
Employer's name _____		_____ [2]	
U.S. address _____ [5]		City _____	
State postal code _____		Zip code _____	
Foreign street address _____ [6]		City _____	
State/Province _____		Country code _____	
Country _____		Postal code _____	
Employer type (A = Foreign entity, B = U.S. company, C = Self, D = Foreign affiliate of a U.S. company, E = Other) _____ [7]		If other, specify type _____ [8]	
Country of citizenship _____ [11]			
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)			_____		
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			_____		
Mark if required to pay income tax to that country			_____		
List any contractual terms or other conditions relating to length of employment abroad			_____		

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

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]
		Form ID: 2555

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:

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		

[illegible]

	Control Totals		Form ID: OtherAdj
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Prior Year Information

Nonvehicle depreciation	[29]
Meals	[32]
Meals for individuals subject to DOT hours of service limitation (certain state returns)	[35]

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]

Form ID: 2106

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]	

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:

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:

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 _____

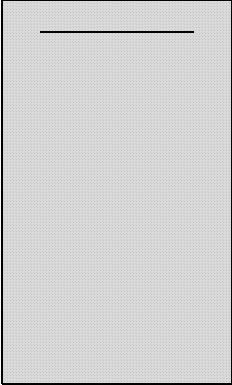
Institution Information

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:

**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:

	Control Totals		Form ID: FAFSA
--	-----------------------	--	-----------------------

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]	_____
—	_____	—	_____
—	_____	—	_____

Control Totals

Form ID: A-1

Interest Expenses

58

T/S/J	Home mortgage interest: From Form 1098	2025 Interest Paid ^[2]	2025 Points Paid	Type*	Prior Year Information
[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	Investment interest expense, other than on Schedule(s) K-1:	2025 Information	Prior Year Information
[15]		[16]	

Control Totals

Form ID: A-2

Prior Year Information

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

[illegible]

Prior Year Information

[12]			[13]	
	Gambling losses: (Enter only if you have gambling income)			
[15]			[16]	

Form ID: A-3

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:

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**61****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

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 _____ No _____	[21] [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]
Donee's telephone number	_____ [43] _____ [44] _____	[45]
	_____	[46]

NOTES/QUESTIONS:

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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:

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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:

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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:

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:

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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]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	_____	_____	
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:

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

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
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:

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:

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:

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:

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

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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 1099-MISC correspondence received	Mark if 1099-MISC Total wages received with no social security received 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.**

State postal code _____

Taxpayer _____^[1] **Spouse** _____^[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	_____	_____	
Actual parsonage utilities expense	_____	_____	
If you received a rental or parsonage allowance provided by the church, please complete the following information:			
Utilities allowance,			
if separate from parsonage allowance	_____	_____	
Actual parsonage expense	_____	_____	
Fair rental value of home	_____	_____	
Actual utilities expense	_____	_____	
Mark if you have claimed exemption from self-employment tax			
by filing Form 4361 with the IRS	_____	_____	
If you are a self-employed minister, enter any tax-deductible			
contributions to a 403(b) retirement plan	_____	_____	
Unreimbursed Business Expenses - net reimbursed and after 50% Meals & Entertainment reduction:			
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

NOTES/QUESTIONS:

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 #2 social security number _____ [1]

Child #1 first name _____ [2] Child #2 first name _____ [2]

Child #1 last name _____ [3] Child #2 last name _____ [3]

Child #1 date of birth (mm/dd/yyyy) _____ [4] Child #2 date of birth (mm/dd/yyyy) _____ [4]

Child #3 social security number _____ [1] Child #4 social security number _____ [1]

Child #3 first name _____ [2] Child #4 first name _____ [2]

Child #3 last name _____ [3] Child #4 last name _____ [3]

Child #3 date of birth (mm/dd/yyyy) _____ [4] Child #4 date of birth (mm/dd/yyyy) _____ [4]

Child #5 social security number _____ [1] Child #6 social security number _____ [1]

Child #5 first name _____ [2] Child #6 first name _____ [2]

Child #5 last name _____ [3] Child #6 last name _____ [3]

Child #5 date of birth (mm/dd/yyyy) _____ [4] Child #6 date of birth (mm/dd/yyyy) _____ [4]

Child #7 social security number _____ [1] Child #8 social security number _____ [1]

Child #7 first name _____ [2] Child #8 first name _____ [2]

Child #7 last name _____ [3] Child #8 last name _____ [3]

Child #7 date of birth (mm/dd/yyyy) _____ [4] Child #8 date of birth (mm/dd/yyyy) _____ [4]

Child #9 social security number _____ [1] Child #10 social security number _____ [1]

Child #9 first name _____ [2] Child #10 first name _____ [2]

Child #9 last name _____ [3] Child #10 last name _____ [3]

Child #9 date of birth (mm/dd/yyyy) _____ [4] Child #10 date of birth (mm/dd/yyyy) _____ [4]

Child #11 social security number _____ [1] Child #12 social security number _____ [1]

Child #11 first name _____ [2] Child #12 first name _____ [2]

Child #11 last name _____ [3] Child #12 last name _____ [3]

Child #11 date of birth (mm/dd/yyyy) _____ [4] Child #12 date of birth (mm/dd/yyyy) _____ [4]

NOTES/QUESTIONS:

Children's Interest Income

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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^[8]
Dividends

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

Alaska Permanent Fund dividends:

2025
Information^[10]

Prior Year
Information

Control Totals

Form ID: 8814

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:

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 _____

Control Totals

Form ID: 2441

Credit For The Elderly or Disabled

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	<div></div> <div>[7]</div>	<div></div> <div>[8]</div>
Taxable disability income received in 2025	<div></div> <div>[9]</div>	<div></div> <div>[10]</div>

NOTES/QUESTIONS:

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:

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:

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:

***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:

Control Totals

Form ID: 4136

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

*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

2 = Off highway business use

3 = Export

4 = Commercial fishing

5 = Intercity/local bus

6 = In a qualified local bus

7 = School bus

8 = Diesel & Kerosene fuel other than train or highway vehicle

9 = Foreign trade

10 = Certain helicopter and fixed wing air ambulance uses

11 = Aviation fuel other than propulsion engines

13 = Exclusive use by a nonprofit educational organization

14 = Exclusive use by a state, political subdivision or DC

15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

Qualified Business Income Deduction Carryover **2024 to 2025 Amounts**

Qualified business loss (QBI) _____ [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

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	<input type="text"/> [1]	<input type="text"/> [16]	<input type="text"/> [31]	<input type="text"/> [46]
2011	<input type="text"/> [2]	<input type="text"/> [17]	<input type="text"/> [32]	<input type="text"/> [47]
2012	<input type="text"/> [3]	<input type="text"/> [18]	<input type="text"/> [33]	<input type="text"/> [48]
2013	<input type="text"/> [4]	<input type="text"/> [19]	<input type="text"/> [34]	<input type="text"/> [49]
2014	<input type="text"/> [5]	<input type="text"/> [20]	<input type="text"/> [35]	<input type="text"/> [50]
2015	<input type="text"/> [6]	<input type="text"/> [21]	<input type="text"/> [36]	<input type="text"/> [51]
2016	<input type="text"/> [7]	<input type="text"/> [22]	<input type="text"/> [37]	<input type="text"/> [52]
2017	<input type="text"/> [8]	<input type="text"/> [23]	<input type="text"/> [38]	<input type="text"/> [53]
2018	<input type="text"/> [9]	<input type="text"/> [24]	<input type="text"/> [39]	<input type="text"/> [54]
2019	<input type="text"/> [10]	<input type="text"/> [25]	<input type="text"/> [40]	<input type="text"/> [55]
2020	<input type="text"/> [11]	<input type="text"/> [26]	<input type="text"/> [41]	<input type="text"/> [56]
2021	<input type="text"/> [12]	<input type="text"/> [27]	<input type="text"/> [42]	<input type="text"/> [57]
2022	<input type="text"/> [13]	<input type="text"/> [28]	<input type="text"/> [43]	<input type="text"/> [58]
2023	<input type="text"/> [14]	<input type="text"/> [29]	<input type="text"/> [44]	<input type="text"/> [59]
2024	<input type="text"/> [15]	<input type="text"/> [30]	<input type="text"/> [45]	<input type="text"/> [60]

NOTES/QUESTIONS:

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:

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:

1 = Attached
2 = N/A

[illegible]

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	_____	_____	_____
		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

2025 Information

Prior Year Information

Other Income:

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		
T/S/J	Other home mortgage interest paid to individuals: 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:

Activity name

Form ID: OrgDp

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		
1		Comments:		
2		Comments:		
3		Comments:		
4		Comments:		
5		Comments:		
6		Comments:		
7		Comments:		
8		Comments:		
9		Comments:		
10		Comments:		
11		Comments:		
12		Comments:		
13		Comments:		
14		Comments:		
15		Comments:		
16		Comments:		
17		Comments:		
18		Comments:		
19		Comments:		
20		Comments:		
21		Comments:		
22		Comments:		
23		Comments:		
24		Comments:		
25		Comments:		

Ohio General Information

Enter your current Ohio county of residence _____ [1]

School district number _____ [2]

Use Tax

Purchases subject to use tax _____ [3]

Contributions

Amount of charitable contributions you wish to make to:

Military injury relief fund _____ [4]

Nature preserves and scenic rivers _____ [5]

Wildlife species and endangered wildlife _____ [6]

Ohio History Fund _____ [7]

Breast and cervical cancer project _____ [8]

Wishes for sick children _____ [9]

Credits

Taxpayer

Spouse

Displaced worker training expenses for 12-month period since loss of job _____ [10]

_____ [11]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Ohio

Taxpayer

Spouse

Part-year residency dates:

From _____ [12]

To _____ [13]

_____ [14]

_____ [15]

Taxpayer

Spouse

Residency status (If taxpayer and spouse are different) (R = Resident, P = Part-year resident, N = Nonresident)

_____ [16]

_____ [17]

State of residency while not a resident of Ohio _____ [18]

_____ [19]

If foreign, enter country of residency _____ [20]

_____ [21]

NOTES/QUESTIONS: