

Client Organizer Topical Index

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

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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.

Personal Information**1**

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

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

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

	Taxpayer	Spouse
Social security number	[5]	[6]
First name	[7]	[8]
Last name	[9]	[10]
Occupation	[11]	[12]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	[13]	[15]
Mark if dependent of another taxpayer	[16]	[17]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	[18]	
Mark if legally blind	[21]	[22]
Date of birth	[24]	[26]
Date of death	[27]	[28]
Work/daytime telephone number/ext number	[29] [30]	[31] [32]
Home/evening telephone number	[33]	[34]
Do you authorize us to discuss your return with the IRS? (Y, N)	[35]	

Present Mailing Address

Address [41]

Apartment number [42]

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

Foreign country name [47]

Foreign phone number [50]

In care of addressee [52]

Dependent Information

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

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

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

Social security number of qualifying person [55]

Dependent Codes

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

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:

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

4 = Accrued Interest

6 = ABP Adjustment

3 = Nominee Distribution

5 = OID 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

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

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:

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:**

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

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:

--	--

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

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

Control Totals+

Form ID: Rent

☐ 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:

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

2025 Information

Prior Year Information

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

Control Totals+

Form ID: F-2

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]

+

+

+

+

+ [17]

+ [19]

Total cooperative distributions you received

Taxable cooperative distributions you received

2025 Total

2025 Taxable

Prior Year Information

Agricultural program payments:

+ [21] [22]

+

+

Commodity credit loans reported under election:

+ [24]

+

+ [26]

+ [28]

Total commodity credit loans forfeited

Taxable commodity credit loans forfeited

2025 Total

2025 Taxable

Prior Year Information

Crop insurance proceeds you received in 2025

+ [30] [31]

+

+

Mark if electing to defer crop insurance proceeds to 2026

Crop insurance proceeds deferred from 2024

Other income:

2025 Information

Prior Year Information

[33]

+ [35]

+ [38]

+

+

+

+

+

+

+

+

+

+

+

+

+

+

Control Totals+

Form ID: 4835

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]

--	--	--	--

 Control Totals+

Prior Year Installment Sale

--	--

 Preparer use only

2025 Information

Prior Year Information

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

--	--	--	--

 Control Totals+

NOTES/QUESTIONS:

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

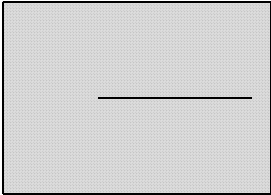
Fair market value of other property given up	+		[21]
Adjusted basis of other property given up	+		[22]
Cash received	+		[23]
Fair market value of other (not like-kind) property received	+		[24]
Installment obligation received in like-kind exchange	+		[25]
Fair market value of like-kind property you received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

Form ID: OtherAdj

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

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

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

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

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S)

[8]

Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit)

Student's social security number

Student's first name

Student's last name

Institution Information

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

Institution's federal identification number

[8]

Institution's name

Institution's street address

Institution's city, state, zip code

Tuition Paid and Related Information

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

Enter the amount actually paid during 2025.

2025 Information

Prior Year Information

Tuition paid (Enter only the amount actually paid) (Box 1)

+ [8]

Educational institution changed its reporting method for 2025 (Box 3)

Adjustments made for a prior year (Box 4)

Scholarships or grants (Box 5)

Adjustments to scholarships or grants for a prior year (Box 6)

Box 1 or 2 includes amounts for an academic period beginning January - March 2026 (Box 7)

At least half-time student (Box 8)

Graduate student (Box 9) (1=Yes, 2=No)

Insurance contract reimbursement/refund (Box 10)

Non-Institution expenses (Books and fees not paid directly to the educational institution)

American Opportunity Tax Credit (AOTC) disqualifier

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

NOTES/QUESTIONS:

Qualified Education Programs
Please provide all copies of Form 1099Q

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

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____ [11]
First name _____ [12]
Last name _____ [13]

2025 Information**Prior Year Information**

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

Payments from Qualified Education Programs**2025 Information****Prior Year Information**

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

NOTES/QUESTIONS:

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

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)	+ [12]
	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]
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	

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+

--	--

Preparer use only

Principal business or profession _____ [3]

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

State postal code _____ [5]

Business Use of Home**2025 Information****Prior Year Information**

Total area of home _____ [14]

Area used exclusively for business _____ [16]

Information for day-care facilities only:

Total hours used for day-care during this year _____ [18]

Total hours used this year, if less than 8760 _____ [20]

Special computation for certain day-care facilities:

Area used regularly and exclusively for day-care business _____ [22]

Area used partly for day-care business _____ [24]

List as direct expenses any expenses which are attributable only to the business part of your home.**List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.****2025 Information****Prior Year Information****Direct Expenses****Indirect Expenses**

Mortgage interest: + _____ [29] + _____ [31]

Real estate taxes: + _____ [37] + _____ [39]

Excess mortgage interest + _____ [42] + _____ [43]

Insurance + _____ [48] + _____ [50]

Rent + _____ [54] + _____ [55]

Repairs & maintenance + _____ [57] + _____ [58]

Utilities + _____ [60] + _____ [61]

Other expenses, such as: Supplies & Security system
+ _____ [63] + _____ [64]

+ _____ + _____

+ _____ + _____

+ _____ + _____

+ _____ + _____

+ _____ + _____

+ _____ + _____

+ _____ + _____

+ _____ + _____

+ _____ + _____

Excess casualty losses + _____ [66]

Carryovers:

Operating expenses + _____ [67]

Casualty losses + _____ [68]

Depreciation + _____ [70]

Business expenses not from business use of home, such as:

Travel, Supplies, Business telephone expenses + _____ [71]

Depreciation + _____ [75]

NOTES/QUESTIONS:

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]	<input type="text"/>	___ [62]	<input type="text"/>	___ [64]	<input type="text"/>	___ [66]	<input type="text"/>
Was another vehicle available for personal use? (Y, N)	___ [68]	<input type="text"/>	___ [70]	<input type="text"/>	___ [72]	<input type="text"/>	___ [74]	<input type="text"/>
Do you have evidence to support your deduction? (Y, N)	___ [76]	<input type="text"/>	___ [78]	<input type="text"/>	___ [80]	<input type="text"/>	___ [82]	<input type="text"/>
Is this evidence written? (Y, N)	___ [84]	<input type="text"/>	___ [86]	<input type="text"/>	___ [88]	<input type="text"/>	___ [90]	<input type="text"/>

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

Control Totals+

Form ID: Auto

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:

Health, Medical Savings Account Distributions

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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-NEC with no social security received or Medicare tax withheld	Total wages received
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 _____
 _____^[1] _____^[2]

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

NOTES/QUESTIONS:

Child and Dependent Care Expenses

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

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

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

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

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

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

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

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	+ <input type="text"/> [7]	+ <input type="text"/> [8]
Taxable disability income received in 2025	+ <input type="text"/> [9]	+ <input type="text"/> [10]

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

Taxpayer/Spouse (T, S)

Category of income*

Description of income

[3]

[9]

[11]

[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

Country name

[20]

[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

In foreign currency - taxes withheld on:

Dividends

Rents & royalties

Interest

Other foreign taxes

In US dollars - taxes withheld on:

Dividends

Rents & Royalties

Interest

Other foreign taxes

[48]

[49]

[50]

[51]

[52]

[54]

[55]

[56]

[57]

NOTES/QUESTIONS:

Qualified Business Income Deduction Carryover 2024 to 2025 Amounts

Qualified business loss (QBID) + _____ [1]
 Qualified REIT dividends and PTP loss + _____ [2]
 Excess business loss deduction portion of NOL + _____ [3]

Instructions

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

Indefinite Carryovers

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

Section 1231 Nonrecaptured Losses**Section 1231
Nonrecaptured Losses****AMT Section 1231
Nonrecaptured Losses**

2020 + _____ [14] + _____ [19]
 2021 + _____ [15] + _____ [20]
 2022 + _____ [16] + _____ [21]
 2023 + _____ [17] + _____ [22]
 2024 + _____ [18] + _____ [23]

Charitable Contribution Carryover Items**Prior
C/O Year****60%
Contributions****50%
Contributions****30%
Contributions****50/30%
Cap Gain Prop****20%
Contributions**

2020 + _____ [24] + _____ [29] + _____ [34] + _____ [39] + _____ [44]
 2021 + _____ [25] + _____ [30] + _____ [35] + _____ [40] + _____ [45]
 2022 + _____ [26] + _____ [31] + _____ [36] + _____ [41] + _____ [46]
 2023 + _____ [27] + _____ [32] + _____ [37] + _____ [42] + _____ [47]
 2024 + _____ [28] + _____ [33] + _____ [38] + _____ [43] + _____ [48]

AMT Charitable Contribution Carryover Items**Prior
C/O Year****60% AMT
Contributions****50% AMT
Contributions****30% AMT
Contributions****50/30% AMT
Cap Gain Prop****20% AMT
Contributions**

2020 + _____ [49] + _____ [54] + _____ [59] + _____ [64] + _____ [69]
 2021 + _____ [50] + _____ [55] + _____ [60] + _____ [65] + _____ [70]
 2022 + _____ [51] + _____ [56] + _____ [61] + _____ [66] + _____ [71]
 2023 + _____ [52] + _____ [57] + _____ [62] + _____ [67] + _____ [72]
 2024 + _____ [53] + _____ [58] + _____ [63] + _____ [68] + _____ [73]

NOTES/QUESTIONS:

Qualified Conservation Contribution Carryover Items

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

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

NOTES/QUESTIONS:

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:

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				
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20				
		Comments:		
21				
		Comments:		
22				
		Comments:		
23				
		Comments:		
24				
		Comments:		
25				
		Comments:		

Kentucky General Information

National Guard member - taxpayer _____[1]
 National Guard member - spouse _____[2]
 Enter your state of residency at the end of the tax year (Part-year and Nonresident only) _____[3]

Use Tax

	Description	Date of Purchase	Amount
Enter any out-of-state purchases made on which sales tax was not paid to the seller	_____	_____	_____ [4]
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Contributions

Amount of political and charitable contributions you wish to make to:
Political Contributions

	Spouse	Taxpayer
Political Party Fund (1 = Democratic, 2 = Republican, 3 = No Designation)	_____ [5]	_____ [6]

Charitable Contributions

Nature and Wildlife Fund	_____ [7]
Child Victims' Trust Fund	_____ [8]
Veterans' Program Trust Fund	_____ [9]
Breast Cancer Research and Education Trust Fund	_____ [10]
Farms to Food Banks Trust Fund	_____ [11]
Local History Trust Fund	_____ [12]
Special Olympics Kentucky	_____ [13]
Pediatric Cancer Research Trust Fund	_____ [14]
Rape Crisis Center Trust Fund	_____ [15]
Court Appointed Special Advocate Trust Fund	_____ [16]
YMCA Youth Association Fund	_____ [17]

Part-year Resident Information

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

Part-year residency dates:

From	_____ [18]
To	_____ [19]
State moved from	_____ [20]
State moved to	_____ [21]

Nonresident Information

	Spouse	Taxpayer
Mark if:		
Commuted daily to Kentucky employment (VA resident)	_____ [22]	_____ [23]
All Kentucky wage income earned while a resident of a reciprocal state (indicate state(s) below)	_____ [24]	_____ [25]
Resident of state(s)		
Taxpayer	IL _____ [26]	IN _____ [27]
Spouse	IL _____ [33]	IN _____ [34]
	MI _____ [28]	OH _____ [29]
	MI _____ [35]	OH _____ [36]
	VA _____ [30]	VA _____ [37]
	WV _____ [31]	WV _____ [38]
	WI _____ [32]	WI _____ [39]

NOTES/QUESTIONS:

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]	_____ [14]
To	_____ [13]	_____ [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:

West Virginia General Information

County of residence _____ [1]
Notice received for mandatory electronic payments _____ [2]

Use Tax

Purchases _____ [3]

	Municipality	Purchases
Municipality purchases	_____	_____ [4]
Municipality purchases	_____	_____

Contributions

Amount of contributions you wish to make to:

West Virginia Children's Trust Fund _____ [5]
West Virginia Department of Veterans Assistance _____ [6]
Donel C. Kinnard Memorial State Veterans Cemetery _____ [7]

Part-year Resident and Nonresident Information

Part-year residency status _____ [8]

- 1 = Moved into West Virginia
2 = Moved out of West Virginia with West Virginia source income during period of nonresidency
3 = Moved out of West Virginia with no West Virginia source income during period of nonresidency

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

Part-year residency dates:

From _____ [9]
To _____ [10]

State of residence _____ [11]

If state of residence is Virginia or Pennsylvania, enter number of days in West Virginia (Nonresidents only) _____ [12]

NOTES/QUESTIONS: