

Taxpayer Information		Spouse Information	
Last name .....	_____	Last name.....	_____
First name .....	_____	First name .....	_____
Middle Initial.....	_____	Middle Initial.....	_____
Suffix.....	_____	Suffix .....	_____
Social security number .....	***-**-6789	Social security number .....	_____
Occupation .....	_____	Occupation.....	_____
Work phone .....	_____	Work phone.....	_____
Ext ...	_____	Ext ...	_____
Cell phone .....	_____	Cell phone .....	_____
E-mail address.....	_____	E-mail address.....	_____
Date of birth.....	_____	Date of birth .....	_____
Address .....	_____		Apartment number.....
City .....	_____	State.....	_____
Home phone.....	_____	ZIP Code.....	_____
Fax number .....	_____		

Dependent Information					
First name	MI	Social Security Number	Date of Birth	Months Lived with Taxpayer	Child Care Expense
Last name	Suffix	Relationship			
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Child and Dependent Care Provider Expenses			
Name	Address	ID Number	Amount Paid
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**Education Tuition and Fees**  
 Attach all Form 1098-Ts and a list of your qualified education expenses.

**Student Loan Interest Paid**  
 Enter total 2024 qualified student loan interest..... \_\_\_\_\_

**Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation**

Employer Name	2023 Amount
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc**

1099-R Payer Name	2023 Amount
_____	_____
_____	_____
_____	_____

**Attach Form(s) SSA-1099 – Social Security/Railroad Benefits**

	Taxpayer	Spouse
Social Security Benefits from Form SSA-1099 .....	_____	_____
Railroad Retirement Benefits from Form RRB-1099 .....	_____	_____
Medicare B premiums withheld .....	_____	_____
Medicare C premiums withheld .....	_____	_____
Medicare D premiums withheld .....	_____	_____

**Attach Form(s) 1099-MISC – Miscellaneous Income, 1099-NEC, and 1099-K**

1099-MISC, 1099-NEC, and 1099-K Payer Name
_____
_____
_____
_____

**Attach Form(s) 1099-INT – Interest Income**

1099-INT Payer Name	2023 Amount
_____	_____
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-DIV – Dividend Income**

1099-DIV Payer Name	2023 Amount
_____	_____
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc**

Attach all stock sale transaction information, including initial cost information.

**Other Government Forms to attach:**

Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

**Other Income:**

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

**Retirement Plan Contributions**

	Taxpayer	Spouse
Traditional IRA contributions made for 2024 .....	_____	_____
Roth IRA contributions made for 2024 .....	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions .....	_____	_____

**2024 Deductions**

<b>Medical and Dental Expenses</b>	<b>2024 Amount</b>	<b>2023 Amount</b>
Prescription medications.....	_____	_____
Health insurance premiums .....	_____	_____
Doctors, dentists, etc .....	_____	_____
Hospitals, clinics, etc .....	_____	_____
Eyeglasses and contact lenses .....	_____	_____
Miles driven for medical purposes.....	_____	_____
Other medical and dental expenses: _____	_____	_____
<b>Taxes</b>	<b>2024 Amount</b>	<b>2023 Amount</b>
Real estate taxes paid on principal residence .....	_____	_____
Real estate taxes paid on additional homes or land .....	_____	_____
Auto license registration fees based on the value of the vehicle .....	_____	_____
Other personal property taxes .....	_____	_____
<b>Interest Expenses</b>		
Home mortgage interest paid – Attach Form(s) 1098.		
<b>Lender's Name</b>	<b>2024 Amount</b>	<b>2023 Amount</b>
_____	_____	_____
_____	_____	_____
Points paid on loan to buy, build or improve main home		
<b>Lender's Name</b>	<b>2024 Amount</b>	
_____	_____	
<b>Cash/Check/Credit Contributions</b>	<b>2024 Amount</b>	<b>2023 Amount</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Noncash Charitable Contributions</b>		
Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.		
<b>Miscellaneous Deductions</b>	<b>2024 Amount</b>	<b>2023 Amount</b>
Union and professional dues .....	_____	_____
Professional subscriptions, books, supplies .....	_____	_____
Uniforms and protective clothing (including cleaning) .....	_____	_____
Job search costs .....	_____	_____
Taxpayer educator expenses.....	_____	_____
Spouse educator expenses.....	_____	_____
Tax return preparation fees .....	_____	_____
Safe deposit box rental .....	_____	_____
Gambling losses (to the extent of gambling income) .....	_____	_____
Other expenses (list): _____	_____	_____

	Yes	No
1 Did a lender cancel any of your debt in 2024? (Attach any Forms 1099-A or 1099-C).....	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2024? If <b>yes</b> , please attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you purchase a motor vehicle or boat during 2024 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , attach documentation showing sales tax paid.		
4 Did you purchase a hybrid or electric vehicle in 2024? If <b>yes</b> , enter year, make, model, and date purchased: _____	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you donate a vehicle in 2024? If <b>yes</b> , attach Form 1098C.....	<input type="checkbox"/>	<input type="checkbox"/>
6 What was the sales tax rate in your locality in 2024 ? ..... % State ID .....		
7 Did your marital status change during 2024? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , explain: _____		
8 Were you or your spouse permanently and totally disabled in 2024? .....	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you have dependents who must file? .....	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,600? ...	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you provide over half the support for any other person during 2024? .....	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you incur adoption expenses during 2024? .....	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? .....	<input type="checkbox"/>	<input type="checkbox"/>
14 Did you receive any disability payments in 2024? .....	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you receive tip income <b>not</b> reported to your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>
16a Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2024 ? If <b>yes</b> , attach closing or escrow statements, 1099-C or 1099-A forms.....	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?.....		
17 Did you incur any casualty or theft losses during 2024? .....	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you incur any non-business bad debts? .....	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you pay any individual for domestic services in 2024 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you take a retirement account distribution related to a natural disaster? .....	<input type="checkbox"/>	<input type="checkbox"/>
21 Did you buy or sell any stocks or bonds in 2024 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
23 Did you incur any moving expenses? If <b>yes</b> , attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
24 Did you receive any income not included in this Tax Organizer? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please attach information.		
25 Do you expect your income and deductions in 2025 to be the same as 2024 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>no</b> , attach explanation of changes expected.		
26 Did you receive Form 1095-A (Health Insurance Marketplace Statement)? If so, please attach.....	<input type="checkbox"/>	<input type="checkbox"/>
27 At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?.....	<input type="checkbox"/>	<input type="checkbox"/>
28 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____		
29 Enter your state of residence.....	<b>Taxpayer</b>	<b>Spouse</b>
30 a Do you want to change the language with which the IRS communicates with you? .....	<input type="checkbox"/>	<input type="checkbox"/>
b If yes, which language?.....		

**Electronic Filing and Direct Deposit of Refund** Yes No

If your tax return is eligible for Electronic Filing, would you like to file electronically?.....

The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.  
If you receive a refund, would you like direct deposit? .....

If **yes**, please provide a voided check (not a deposit slip) if your bank account information has changed.  
What type of account is this?..... Checking  Savings

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

**Additional Information** (Enter any additional information here and attach any documents.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Health Insurance Coverage

**ORG3A**

**Preparer note:** The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

<b>Part 1 Coverage</b>																
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:																
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

\*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2020, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

**Social Security Benefits/Form 1099-G/Other Income**

**ORG10**

<b>SOCIAL SECURITY BENEFITS</b>		
<input checked="" type="checkbox"/> <b>Attach all copies of SSA and RRB forms.</b>	<b>Taxpayer</b>	<b>Spouse</b>
<b>1</b> Social Security Benefits from Form SSA-1099.....		
<b>2</b> Federal income tax withheld from Form SSA-1099 .....		
<b>3</b> Medicare B premiums withheld from Form SSA-1099 .....		
<b>4</b> Medicare C premiums withheld from Form SSA-1099 .....		
<b>5</b> Medicare D premiums withheld from Form SSA-1099 .....		
<b>6</b> Railroad Retirement Benefits from Form RRB-1099 .....		
<b>7</b> Federal income tax withheld from Form RRB-1099 .....		
<b>8</b> Medicare premiums withheld from Form RRB-1099.....		

**FORM 1099-G**

<input checked="" type="checkbox"/> <b>Attach all copies of 1099-G forms.</b>				
<b>Box</b>	<b>Description</b>	<b>Payer 1</b>	<b>Payer 2</b>	<b>Payer 3</b>
	Check if Spouse .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Check if Joint.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name.....			
<b>1</b>	Unemployment compensation.....			
<b>a</b>	Unemployment benefits you repaid in 2024 .....			
<b>2</b>	State and local income tax refunds .....			
<b>3</b>	Enter the tax year from 1099-G box 3 .....			
<b>a</b>	If tax year is 2023 or prior, enter the taxable portion of the amount reported in box 2 .....			
<b>4</b>	Federal income tax withheld.....			
<b>5</b>	RTAA payments.....			
<b>6</b>	Taxable grants .....			
<b>7</b>	Agriculture payments .....			
<b>8</b>	Check if box 2 amount is from trade or business .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b>	Market gain .....			
<b>10a</b>	Two-letter state abbreviation .....	_____	_____	_____
	Two or three-letter local abbreviation .....	_____	_____	_____
<b>b</b>	State identification number .....			
<b>11</b>	State income tax withheld.....			

**OTHER INCOME**

	<b>Nature and Source</b>	<b>2024 Taxpayer</b>	<b>2024 Spouse</b>	<b>2023 Combined</b>
<b>1</b>	Alimony received .....			
<b>2</b>	Recovery of bad debts previously deducted .....			
<b>3</b>	Jury duty pay .....			
<b>4</b>	Gambling winnings not reported on W2G/1099.....			
<b>5</b>	Income from not for profit activities (hobbies).....			
<b>6</b>	Income from the rental of personal property.....			
<b>7</b>	Non-Government unemployment received/repaid in 2024 .....			
<b>8</b>	Other Taxable income:			
<b>a</b>	Union unemployment benefits.....			
<b>b</b>	Private fund unemployment benefits.....			
<b>c</b>	State employee unemployment benefits .....			
<b>9</b>	Other miscellaneous income items:			
	Description:			

### Business Income and Expenses

ORG19

**GENERAL INFORMATION**

Is this activity a qualified trade or business under Section 199A?  Yes  No

**1** Check ownership  **Taxpayer**  **Spouse**  **Joint**

**2** Business name .....

**3 a** Business street address.....

**b 1** City, State and Zip Code, or .....

**2** Foreign country..... (not applicable)

**4** Principal business/profession .....

**5** Employer ID number.....

**6** Business code (**Preparer Use Only**) .....

**7** Was this business fully disposed of in a fully taxable transaction during 2024?  Yes  **No**

**8** Accounting method:  
 Cash  Accrual  Other (specify)  .....

**9** Method used to value closing inventory:  
 Cost  Lower of cost or market  Other (explain)  .....

	<b>Yes</b>	<b>No</b>
--	------------	-----------

**10** Was there a change in determining quantities, costs, or valuations between opening/closing inventory? (If yes, attach explanation) .....  Yes  No

**11** Did you materially participate in the operation of this business during 2024? .....  Yes  No

**12** Did you start or acquire this business during 2024? .....  Yes  No

**13 a** Did you make any payments in 2024 that require you to file Forms 1099? .....  Yes  No

**b** If yes, did you or will you file all the required Forms 1099? .....  Yes  No

**14** At-risk determination:

**a** Is all of the investment in this activity at risk? .....  Yes  No

**b** Is some of the investment in this activity not at risk? .....  Yes  No

**15** Did you have unallowed passive losses in 2023? .....  Yes  No

**16 a** Treat all MACRS assets for this activity as qualified Indian reservation property? .....  Yes  No

**b** Treat all assets acquired after August 27, 2005 as qualified GO Zone property?  **Regular**  **Extension**  **No**

**c** Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....  Yes  No

**d** Was this business located in a Qualified Disaster Area? .....  Yes  No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2024	2023
<b>17</b> Gross receipts or sales.....		
<b>18</b> Returns and allowances plus other adjustments.....		
<b>19</b> Other income (include federal/state gas tax credit/refund) .....		

COST OF GOODS SOLD – IF APPLICABLE	2024	2023
<b>20</b> Inventory at beginning of year .....		
<b>21</b> Purchases .....		
<b>22</b> Items withdrawn for personal use .....		
<b>23</b> Cost of labor (do not include your salary) .....		
<b>24</b> Materials and supplies .....		
<b>25</b> Other costs .....		
<b>26</b> Inventory at end of year.....		

**Business Income and Expenses (continued)**

**ORG19**

EXPENSES	2024	2023
Business name _____		
<b>27</b> Advertising .....		
<b>28</b> Car and truck expenses (complete ORG18).....		
<b>29</b> Commissions and fees .....		
<b>30</b> Contract labor .....		
<b>31</b> Depletion .....		
<b>32</b> Depreciation and Section 179 deduction ( <b>Preparer Use Only</b> ).....		
<b>33</b> Employee benefit programs:		
<b>a</b> Employee health insurance premiums .....		
<b>b</b> Other employee benefit programs .....		
<b>34</b> Insurance (other than health) .....		
<b>35</b> Self-employed health insurance attributable to this business .....		
<b>36</b> Interest:		
<b>a</b> Mortgage paid to banks not reported to you on Form 1098.....		
<b>b</b> Other .....		
<b>37</b> Legal and professional services .....		
<b>38</b> Office expenses .....		
<b>39</b> Pension and profit-sharing plans .....		
<b>40</b> Rent or lease:		
<b>a</b> Machinery and equipment (enter vehicle lease on ORG18) .....		
<b>b</b> Other business property.....		
<b>41</b> Repairs and maintenance .....		
<b>42</b> Supplies (not included in cost of goods sold) .....		
<b>43</b> Taxes and licenses not reported to you on Form 1098 .....		
<b>44</b> Travel and meals		
<b>a</b> Travel.....		
<b>b</b> Meals subject to 50% limit.....		
<b>c</b> Meals subject to 80% limit.....		
<b>d</b> Meals not subject to limit .....		
<b>45</b> Utilities .....		
<b>46</b> Gross wages .....		
<b>47</b> Other expenses:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>48</b> Expenses for business use of your home ( <b>Preparer Use Only</b> ).....		
Complete ORG20 for Business Use of Home.		
<b>49</b> Qualified pension plan start-up costs .....		
<b>50</b> DPAD (line 6) from cooperative(s) with tax year beginning <b>before</b> Jan. 1, 2018.....		
<b>51</b> DPAD (line 6) from cooperative(s) with tax year beginning <b>after</b> Dec. 31, 2017 .....		



### Business Use of Home

ORG20

for: ORG19

copy: 1

Simplified method election for Home Office expenses: Elect the simplified method in 2024 instead of entering actual expenses

Elected the simplified method in 2023 instead of entering actual expenses

GENERAL INFORMATION		2024	2023
1	Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage) .....		
2	Area used only partly for day care (square footage) .....		
3	Total area of home (square footage) .....		
4	Daycare hours		
a	Number of weeks used for day care, if less than full year .....		
b	Number of days used for day care each week .....		
c	Number of days closed for holidays, vacations, etc .....		
d	Number of hours used for day care each day .....		
e	Total hours used for day care .....		
f	Total hours available for use .....		
5	Enter the date you began using this home office for this business .....		
6	If part of your income is from a place of business other than this home, enter % of gross income from business use of this home .....		
7	Adjustment to gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only) .....		
8	Adjustment to losses from this business shown on Schedule D or Form 4797 (Preparer Use Only) .....		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2024		2023	
	Direct	Indirect	Direct	Indirect
9	Casualty losses (Preparer Use Only) .....			
10	Total mortgage interest/points .....			
11	Mortgage interest/points on Form 1098 .....			
12	Interest <b>not</b> on Form 1098 .....			
13	Points <b>not</b> of Form 1098 .....			
14	Real estate taxes .....			
15	Excess mortgage interest (Preparer Use) .....			
16	Excess real estate taxes (Preparer Use) .....			
17	Qualified mortgage insurance .....			
18	Other insurance .....			
19	Rent .....			
20	Repairs and maintenance .....			
21	Utilities .....			
22	Other expenses (e.g., rent) .....			
23	Carryover of operating expenses .....			
24	Excess casualty losses (Preparer Use Only) .....			
25	Depreciation of your home (Preparer Use Only) .....			
26	Carryover of excess casualty losses and depreciation .....			

### DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this business, please complete the following information.

26	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
27	Enter the land value included in cost for residence .....			

**Sales of Stocks and Securities Basic Info**

**ORG21**

Name	Social Security Number ***-**-6789
------	---------------------------------------

	Yes	No
1 Did you exchange any securities for other securities or any other property held for investment? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you acquire stock identical to stock sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you engage in any transactions involving traded options? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you engage in any transactions involving commodity future contracts and straddle positions? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you engage in any transactions involving <i>employee</i> stock options? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
6 Schedule D included in the 2024 Federal income tax return? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Enter details of specific security sales on Sales of Stocks and Securities (ORG21A)  
Use Installment Sales Income (ORG23) to report installment sales.

**Sales of Stocks and Securities**

ORG21A

Name \_\_\_\_\_

Social Security Number  
\*\*\*-\*\*-6789

**Name of reporting financial institution** ▶ \_\_\_\_\_  
**Acct Number** . . . . . ▶ \_\_\_\_\_ **Reporter's Tax ID** . . . ▶ \_\_\_\_\_  
 Owner of account . . . . . ▶ \_\_\_\_\_  
 Transactions were not reported to IRS . ▶

**Quick Entry Table**

*The following adjustment codes may be entered in the table below if applicable: B, C, E, M, O, T, and W. (If the only adjustment is a disallowed wash sale loss (W), use the Disallowed Wash Sale field. Otherwise, use only the Adjustment Amount & Adjustment Code fields.)*

Sale#	Property Description		Sales Price (Proceeds)		Cost or Other Basis		Disallowed Wash Sale	
	Date Sold	Date Acquired	Yes	No	Yes	No	Yes	No
8949 Box	Adjustment Amount*	Adjustment Code(s)*	Holding Period		Basis Reported to IRS?		Reported on Form 1099B?	
1								
			Yes	No	Yes	No	Yes	No X
2								
			Yes	No	Yes	No	Yes	No
3								
			Yes	No	Yes	No	Yes	No
4								
			Yes	No	Yes	No	Yes	No

**Note:** For Sales Price, Cost Basis, or Adjustment Amount of \$10,000,000 or more, leave those fields blank and use the **Capital Gain (Loss) Adjustment Worksheet** after transferring. Additional adjustments and withholding are also supported on the **Capital Gain (Loss) Adjustment Worksheet**.

## Rent and Royalty Income and Expenses

**ORG25**

**BASIC PROPERTY INFORMATION**

Property description:   X    
 Property type: \* \_\_\_\_\_ If type is other, enter a description: \_\_\_\_\_  
 Location (street address): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 If a foreign address: Foreign province or state: \_\_\_\_\_  
 Foreign postal code: \_\_\_\_\_ Foreign Country:  (not applicable) 

Is this activity a qualified trade or business under Section 199A? .....  Yes  No

**1** Check property owner .....  **Taxpayer**     **Spouse**     **Joint** **Yes**   **No**

**2a** Did you make any payments that would require you to file Form(s) 1099? .....  **Yes**    **No**

**b** If **yes**, did you or will you file all required Forms(s) 1099? .....  **Yes**    **No**

**3a** Enter the ownership percentage (if not 100%) ..... \_\_\_\_\_

**b** If not 100%, are you reporting 100% of the income and expenses? .....  **Yes**    **No**

**4** Is this a rental property? (If **yes**, answer questions 5 through 11; if **no**, skip to question 12.) .....  **Yes**    **No**

**5** Did you have personal use of this property or rent it for part of the year at less than fair rental value? .....  **Yes**    **No**

**6** For all rental properties, **enter the number of days** during 2024 that:

**a** The property was rented at fair rental value ..... \_\_\_\_\_

**b** The property was used personally or rented at less than fair rental value ..... \_\_\_\_\_

**c** You owned the property, if not the entire year ..... \_\_\_\_\_

**7a** Does this rental have multiple living units and you live in one of the units? .....  **Yes**    **No**

**b** If **yes**, enter percentage of rental use ..... \_\_\_\_\_

**8** Did you actively participate in this property's management during 2024 ? .....  **Yes**    **No**

**9** Did you materially participate in this property's management during 2024 ? .....  **Yes**    **No**

**10** Do you want to treat this property as non-passive? .....  **Yes**    **No**

**11** Did this property have unallowed passive losses in 2023 ? .....  **Yes**    **No**

**12** Did you dispose of this property in a fully taxable transaction? .....  **Yes**    **No**

**13** Check this box if some of this investment was **not** at-risk .....  **Yes**    **No**

**14a** Treat all MACRS assets for this activity as qualified Indian reservation property? .....  **Yes**    **No**

**b** Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ..... **Regular**  **Extension**  **No**

**c** Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....  **Yes**    **No**

**d** Was this activity located in a Qualified Disaster Area? .....  **Yes**    **No**

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2024	2023
<b>15</b> Rents or royalties received .....		

- \* Property Types:**
- |                                                                                                                                                      |                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <p><b>1</b> Single family residence</p> <p><b>2</b> Multi-family residence</p> <p><b>3</b> Vacation/short-term rental</p> <p><b>4</b> Commercial</p> | <p><b>5</b> Land</p> <p><b>6</b> Royalties</p> <p><b>7</b> Self-rental</p> <p><b>8</b> Other</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

Rent and Royalty Income and Expenses (continued)

ORG25

EXPENSES	2024	2023
Property location .....		
<b>16</b> Advertising .....		
<b>17a</b> Automobile (complete ORG18 for autos).....		
<b>b</b> Travel.....		
<b>18</b> Cleaning and maintenance .....		
<b>19</b> Commissions.....		
<b>20a</b> Mortgage insurance premiums – qualified .....		
<b>b</b> Other insurance .....		
<b>21</b> Legal and professional fees .....		
<b>22</b> Management fees .....		
<b>23a</b> Mortgage interest paid to banks – qualified.....		
<b>b</b> Mortgage interest paid to banks – other .....		
<b>24</b> Other interest .....		
<b>25</b> Repairs.....		
<b>26</b> Supplies.....		
<b>27a</b> Real estate taxes.....		
<b>b</b> Other taxes .....		
<b>28</b> Utilities .....		
<b>29</b> Other expenses:		
<b>a</b> .....		
<b>b</b> .....		
<b>c</b> .....		
<b>d</b> .....		
<b>e</b> .....		
<b>30a</b> Depreciation and Section 179 deduction <b>(Preparer Use Only)</b> .....		
<b>b</b> Depletion <b>(Preparer Use Only)</b> .....		

# Household Employment Taxes

ORG41

**GENERAL INFORMATION**

**Attach copies of your state payroll returns and other payroll forms.**

Taxpayer Copy

- 1 Enter your employer identification number .....
- 2 Did you pay **any one** household employee cash wages of \$2,700 or more in 2024 ? .....  **Yes**  **No**
- 3 Did you withhold federal income tax during 2024 for any household employee? .....  **Yes**  **No**
- 4 Did you pay total cash wages of \$1,000 or more **in any calendar quarter** of **2023** or 2024 to **all** household employees? .....  **Yes**  **No**

COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 2 OR 3 ABOVE	2024	2023
5 Enter total cash wages paid during 2024 that were:		
<b>a</b> Subject to social security taxes .....		
<b>b</b> Subject to Medicare taxes .....		
<b>c</b> Subject to FUTA taxes .....		
6 Enter federal income tax withheld during 2024 .....		

**COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 4 ABOVE**

Federal Unemployment Tax (FUTA) Questions: **Yes** **No**

- 7 Did you pay unemployment contributions to only one state? .....  **Yes**  **No**
- 8 Did you pay all state unemployment contributions for 2024 by April 15, 2025? .....  **Yes**  **No**
- 9 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? .....  **Yes**  **No**
- 10 Enter any unemployment compensation you paid for :

	State Name	State Reporting Number	Taxable Wages		Contributions Paid to State Unemployment Fund	
			2024	2023	2024	2023
<b>a</b>	—					
<b>b</b>	—					

- 11 Complete the following if you know your state experience rate:
- |                                                                                | State A | State B |
|--------------------------------------------------------------------------------|---------|---------|
| <b>a</b> State experience rate (e.g., enter 5.5 for 5.5%) .....                | _____   | _____   |
| <b>b</b> State experience rate period — starting date (e.g., 01/01/2024) ..... |         |         |
| <b>c</b> State experience rate period — ending date (e.g., 12/31/2024) .....   |         |         |