



This Tax Organizer is designed to help you collect and report the information needed to prepare your 2025 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2025 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2024 information is included for your reference. You do not need to make any 2024 entries.

Note: The General Questions and/or Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2024 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 and K-3 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC, Form 1099-R, Form 1099-NEC or Form 1099-K.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- Copies of invoices regarding residential clean energy improvements.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

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### General Questions

ORG3

#### PERSONAL INFORMATION

	Yes	No
<b>1</b> Did your marital status change during 2025? ..... If <b>yes</b> , explain .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Do you want to allow your tax preparer to discuss this year's return with the IRS? ..... If <b>no</b> , enter another person (if desired) to be allowed to discuss this return with the IRS. <b>Caution:</b> Review any transferred information for accuracy. Designee's Name ..... ▶ Phone Number ..... ▶ Personal Identification Number (5 digit PIN)..... ▶	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Do you or your spouse plan to retire in 2026? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> Were you or your spouse permanently and totally disabled in 2025? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Enter date of death for taxpayer or spouse (if during 2025 or 2026 ): Taxpayer: _____ Spouse: _____		
<b>6</b> Were you or your spouse a member of the U.S. Armed Forces during 2025? .....	<input type="checkbox"/>	<input type="checkbox"/>

#### DEPENDENT INFORMATION

	Yes	No
<b>7 a</b> Do you have dependents who must file? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If <b>yes</b> , do you want us to prepare the return(s)? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>8 a</b> Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,700? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If <b>yes</b> , do you want to include your child's income on your return? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b> Are any of your dependents <b>not</b> U.S. citizens or residents? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b> Did you provide over half the support for any other person during 2025? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did you incur adoption expenses during 2025? .....	<input type="checkbox"/>	<input type="checkbox"/>

#### IRA, PENSION AND EDUCATION SAVINGS PLANS

	Yes	No
<b>12</b> Did you receive payments from a pension or profit-sharing plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>13</b> 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"/>
<b>14 a</b> Did you convert all or part of a regular IRA into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did you roll over all or part of a qualified plan into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>15</b> Did you contribute to a Coverdell Education Savings Account? .....	<input type="checkbox"/>	<input type="checkbox"/>

#### ITEMS RELATED TO INCOME/LOSSES

	Yes	No
<b>16</b> Did you receive any disability payments in 2025? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>17</b> Did you receive tip income <b>not</b> reported to your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>18 a</b> Did you buy, sell, refinance, or abandon a principal residence or other real property in 2025? (Attach copies of any escrow statements or Forms 1099.) .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Are you planning to purchase a home soon? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did you incur any Federally declared disaster or theft losses during 2025? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>20</b> Did you incur any non-business bad debts? .....	<input type="checkbox"/>	<input type="checkbox"/>

#### PRIOR YEAR TAX RETURNS

	Yes	No
<b>21</b> Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? ..... If <b>yes</b> , enclose agent's report or notice of change.	<input type="checkbox"/>	<input type="checkbox"/>
<b>22</b> Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? .....	<input type="checkbox"/>	<input type="checkbox"/>

ORG3

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

- 23 Did you have foreign income or pay any foreign taxes in 2025 ?
24a At any time during 2025, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country?
b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2025 ?
25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust?
26 Did you at any time during 2025, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year?

HEALTH AND LIFE INSURANCE

- 27 Did you receive Form 1095-A (Health Coverage)? If so, please attach.
28a Did you or your spouse have self-employed health insurance?
b If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job?
29 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you?
30 Did you contribute to or receive distributions from a Health Savings Account (HSA)?

MISCELLANEOUS

- 31 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2025 ? If yes, please attach details.
32 Did you purchase a motor vehicle or boat during 2025 ? If yes, attach documentation showing sales tax paid.
33 Did you purchase an energy efficient vehicle in 2025 ? If yes, enter year, make, model, and date purchased: also provide VIN:
34 Did you pay qualified passenger vehicle loan interest in 2025 ? If yes, attach documentation showing interest paid.
35 Did you donate a vehicle in 2025 ? If yes, attach Form 1098C
36 What was the sales tax rate in your locality in 2025 ? % State ID
37 Did you or your spouse make gifts of over \$19,000 to an individual or contribute to a prepaid tuition plan?
38 Did you make gifts to a trust?
39 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? If yes, please attach details.
40 Did you or your spouse participate in a medical savings account in 2025 ? If yes, please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)
41 Did you make a loan at an interest rate below market rate?
42 Did you pay any individual for domestic services in 2025 ?
43 Did you pay interest on a student loan for yourself, your spouse, or your dependents?
44 Did you, your spouse, or your dependents attend post-secondary school in 2025 ?
45 Did a lender cancel any of your debt in 2025 ? (Attach any Forms 1099-A or 1099-C)
46 Did you receive any income not included in this Tax Organizer? If yes, please attach information.
47 At any time during 2025, 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)?
48a Do you want to change the language with which the IRS communicates with you?
b If yes, which language?

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

- 49 If your tax return is eligible for Electronic Filing, would you like to file electronically?
50 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?

Caution: Review transferred information for accuracy.

- 51 If yes, please provide the following information:
a Name of your financial institution
b Routing Transit Number (must begin with 01 through 12 or 21 through 32)
c Account number
d What type of account is this? Checking Savings

Please attach a voided check (not a deposit slip) if your bank account information has changed.

# 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.

### Business/Investment Questions

ORG4

	Yes	No
<b>1</b> Did you receive stock from a stock bonus plan with your employer? ..... (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Did you buy or sell any stocks or bonds in 2025 ? ..... If <b>yes</b> , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you surrender any U.S. savings bonds during 2025 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> 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"/>
<b>5</b> Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Do you have any investments for which you were <b>not</b> personally 'at risk' (other than sole proprietorship or farm)? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2025 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b> Did you sell property or equipment on installment in 2025 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b> Did you have any business related educational expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did you do a 'like-kind' exchange of property in 2025 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Deductions for travel and meals may be allowed under certain circumstances. Adequate records must be presented. Information must include: <b>1</b> Amount; <b>2</b> Time and place; <b>3</b> Date; <b>4</b> Business purpose; <b>5</b> Description of gift(s); and <b>6</b> Business relationship of recipient Do you have records to support expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Did you purchase special fuels for non-highway use? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please list the type of use and the number of gallons for each fuel.		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

**PERSONAL INFORMATION**

	TAXPAYER	SPOUSE
Last name.....	_____	_____
First name .....	_____	_____
Middle initial and suffix .....	MI ..... Suffix .....	MI ..... Suffix .....
Social security number .....	***-**-6789	_____
Occupation.....	_____	_____
Work phone/extension .....	_____	_____
Cell phone .....	_____	_____
E-mail address.....	_____	_____
Driver's License/Id issuing state .....	_____	_____
License /Id number.....	_____	_____
License/Id issue date .....	_____	_____
License/Id expiration date.....	_____	_____
Birthdate .....	MM/DD/YYYY .....	MM/DD/YYYY .....
Blind .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street address.....	_____	Apartment number .....
City.....	_____ State.....	ZIP code.....
Home phone.....	_____	Foreign country .....
Fax .....	_____	Foreign phone .....

**FILING STATUS**

**1** Single

**2** Married filing jointly

**3** Married filing separately

Check this box if you **did not** live with spouse at any time during the year .....

Check this box if you are eligible to claim spouse's exemption .....

Check this box if your spouse itemizes deductions.....

**4** Head of household

If the qualifying person is a child but not your dependent, enter

Child's name..... Child's social security number.....

**5** Qualifying surviving spouse

Check the box for the year the spouse died ..... 2023  2024

**DEPENDENT INFORMATION**

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Not qualified for child tax credit	Date of Birth	2025 Child Care Expense
			+Months in U.S.		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

\*\* For the Dependent Code, enter the following: L = dependent child who lived with you  
 N = dependent child who didn't live with you due to divorce or separation  
 O = other dependent  
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

\* Check this box if dependent child is not a qualifying child for the child tax credit

\*+ Check this box if dependent child is not a qualifying person for the credit for other dependents

**W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION**

**Attach all copies of your W-2 forms here.**

<b>1</b>	Employer's name .....	Check if not applicable for 2025 .....	<input type="checkbox"/>
	Employer's name .....	Check if for spouse .....	<input checked="" type="checkbox"/>
	<b>1</b> Check if this employer hired an on-staff care provider or furnished dependent care at your workplace .....		<input type="checkbox"/>
	<b>2</b> Enter any amounts forfeited from a flexible spending account .....		_____
	<b>3</b> Check if the income reported is from a foreign source .....		<input type="checkbox"/>
	<b>4 a</b> Clergy: Enter your designated housing or parsonage allowance .....		_____
	<b>b</b> Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value.....		_____
	<b>c</b> Check SE tax on: <b>(a)</b> housing or parsonage allowance.....	<b>(b)</b> W-2 wages.....	<b>(c)</b> both.....
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b>	Employer's name .....	Check if not applicable for 2025 .....	<input type="checkbox"/>
	Employer's name .....	Check if for spouse .....	<input type="checkbox"/>
	<b>1</b> Check if this employer hired an on-staff care provider or furnished dependent care at your workplace .....		<input type="checkbox"/>
	<b>2</b> Enter any amounts forfeited from a flexible spending account .....		_____
	<b>3</b> Check if the income reported is from a foreign source .....		<input type="checkbox"/>
	<b>4 a</b> Clergy: Enter your designated housing or parsonage allowance .....		_____
	<b>b</b> Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value.....		_____
	<b>c</b> Check SE tax on: <b>(a)</b> housing or parsonage allowance.....	<b>(b)</b> W-2 wages.....	<b>(c)</b> both.....
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC**

**Attach all copies of your 1099-R forms here.**

<b>1</b>	Payer's name.....	Check if not applicable for 2025 .....	<input type="checkbox"/>
	Payer's name.....	Check if for spouse .....	<input type="checkbox"/>
	<b>1</b> Check if either box applies: Rollover .....	Conversion to Roth IRA .....	<input type="checkbox"/>
	<b>2 a</b> If a <b>partial</b> rollover, enter the amount rolled over .....		_____
	<b>b</b> If a <b>partial</b> conversion to a Roth IRA, enter the amount converted to Roth IRA .....		_____
	<b>3</b> Health insurance premiums deductible on Schedule A.....		_____
	<b>4 a</b> If entire distribution is a Required Minimum Distribution (RMD), check this box .....		<input type="checkbox"/>
	<b>b</b> If <b>only part</b> of distribution is RMD, enter the part that is RMD.....		_____
<b>2</b>	Payer's name.....	Check if not applicable for 2025 .....	<input type="checkbox"/>
	Payer's name.....	Check if for spouse .....	<input type="checkbox"/>
	<b>1</b> Check if either box applies: Rollover .....	Conversion to Roth IRA .....	<input type="checkbox"/>
	<b>2 a</b> If a <b>partial</b> rollover, enter the amount rolled over .....		_____
	<b>b</b> If a <b>partial</b> conversion to a Roth IRA, enter the amount converted to Roth IRA .....		_____
	<b>3</b> Health insurance premiums deductible on Schedule A.....		_____
	<b>4 a</b> If entire distribution is a Required Minimum Distribution (RMD), check this box .....		<input type="checkbox"/>
	<b>b</b> If <b>only part</b> of distribution is RMD, enter the part that is RMD.....		_____

**W-2G – GAMBLING OR LOTTERY WINNINGS**

**Attach all copies of your W-2G forms here.**

Name of Payer	Check if Spouse	Reportable Winnings (Box 1)	Federal Tax Withheld (Box 4)	State Tax Withheld (Box 15)	State Code (Box 13)
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

# 1099-MISC Income and 1099-NEC Income

**MISCELLANEOUS INCOME**

▶  **Attach all copies of 1099-MISC and 1099-NEC forms here.**

Box	Description	Payer 1	Payer 2	Payer 3
	Check if spouse .....		x	
	Check if you did not receive income from this payer in 2025 .....			
	Payer's name .....			
	Payer's federal identification number <b>or</b> .....			
	Payer's social security number .....			
<b>1</b>	Nonemployee compensation ( <b>Form 1099-NEC</b> ) .....			
<b>1</b>	Rents ( <b>Form 1099-MISC</b> ) .....			
<b>2</b>	Royalties .....			
<b>3</b>	Other income .....			
<b>4</b>	Federal income tax withheld .....			
<b>5</b>	Fishing boat proceeds .....			
<b>6</b>	Medical/health care payments .....			
<b>8</b>	Substitute payments .....			
<b>9</b>	Crop insurance proceeds .....			
<b>10</b>	Gross proceeds paid to an attorney .....			
<b>11</b>	Fish purchased for resale .....			
<b>12</b>	Section 409A deferrals .....			
<b>13</b>	Excess golden parachute payments .....			
<b>14</b>	Nonqualified deferred compensation .....			
<b>15</b>	State tax withheld – 1st state .....			
<b>16</b>	State name – two letters – 1st state .....			
	Payer's state number – 1st state .....			
<b>17</b>	State income – 1st state .....			
<b>18</b>	State tax withheld – 2nd state .....			
<b>19</b>	State name – two letters – 2nd state .....			
	Payer's state number – 2nd state .....			
<b>20</b>	State income – 2nd state .....			
	FATCA filing requirement .....			

**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 checked="" type="checkbox"/>	<input type="checkbox"/>
	Payer's name.....			
<b>1</b>	Unemployment compensation.....			
<b>a</b>	Unemployment benefits you repaid in 2025 .....			
<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 2024 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>2025 Taxpayer</b>	<b>2025 Spouse</b>	<b>2024 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 2025 .....			
<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:			



### Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2025	2024
1 Prescription medications.....		
2 Health insurance premiums (enter Medicare B on ORG10)..... Exclude premiums paid through an exchange (Form 1095-A)		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums .....		
b Spouse's gross long-term care premiums .....		
c Dependent's gross long-term care premiums .....		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity.....		
5 Insurance reimbursement.....		
6 Doctors, dentists, etc .....		
7 Hospitals, clinics, etc .....		
8 Lab and X-ray fees.....		
9 Expenses for qualified long-term care.....		
10 Eyeglasses and contact lenses .....		
11 Medical equipment and supplies .....		
12 Miles driven for medical purposes 01/01/2025 thru 12/31/2025 .....		
13 Ambulance fees and other medical transportation costs.....		
14 Lodging.....		
15 Other medical and dental expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
f _____		
g _____		
h _____		
i _____		
j _____		
TAXES	2025	2024
Enter state and local income taxes on <b>ORG7, ORG8, ORG10, and ORG40.</b>		
16 Real estate taxes paid on principal residence .....		
17 Real estate taxes paid on additional homes or land .....		
18 Auto registration fees based on the value of the vehicle.....		
19 Other personal property taxes .....		
20 Other taxes:		
_____		
_____		

**Interest Paid and Cash Contributions**

**ORG14**

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2025	2024
	<input checked="" type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME		
Lender's Name	Check if NOT on Form 1098	2025
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address
		.....
		.....

OTHER PERSON RECEIVING FORM 1098	
Form 1098 Recipient's Name	Address
	.....
	.....

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2024 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

QUALIFIED MORTGAGE INSURANCE PREMIUMS		
	2025	2024
Premiums paid in 2025 for qualified mortgage insurance <b>not</b> from Form 1098 import .....		

## Interest Paid and Cash Contributions (continued)

ORG14

INVESTMENT INTEREST		
	2025	2024
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc) .....		

LIMITED HOME MORTGAGE DEDUCTION					
If the mortgage meets the following reasons during 2025 complete the following: - The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or - You had home debt that was not used to buy, build or substantially improve the home that secures the loan					
	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
<b>1a</b> Interest paid in 2025 .....					
Points paid in 2025 .....					
Months loan outstanding .....					
Principal pd on loan in 2025 .....					
<b>b</b> Was all proceeds of this loan used to buy, build, or substantially improve the home? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
<b>2</b> Home Debt Origination on or after December 15, 2017					
Beginning of year balance ..					
Additional borrowed in 2025					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
<b>3</b> Home Debt Origination after October 13, 1987 and Before December 15, 2017					
Beginning of year balance ..					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
<b>4</b> Grandfathered debt: (before 10/14/1987)					
Beginning of year balance ..					
Enter the amount of debt not used to buy, build, or substantially improve the home:					

CASH CONTRIBUTIONS			
Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2025	2024
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Charitable miles driven .....			
Miles driven to deliver noncash contributions .....			
Parking fees, tolls, and local transportation .....			

### Noncash Contributions

ORG14A

Copy 1

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More		Fair Market Value	Prior Year Fair Market Value
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____		X		

**Note:** Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		
H _____		
I _____		

Method for Fair Market Value*	Date of Contribution	Complete these columns <b>only</b> for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

**\*Methods of determining FMV:**

- Appraisal
- Average share
- Catalog
- Capitalization of income
- Comparative sales
- Consignment shop
- Present value
- Replacement cost
- Reproduction cost
- Thrift shop

**\*\*Type of Donated Property**

- Household/clothing items
- Motor vehicle, boat or airplane
- Art, other than self-created
- Art, self-created
- Collectibles
- Business equipment
- Business inventory
- Stock, publicly traded
- Stock, other than publicly traded
- Securities, other than stock
- Intellectual property
- Real property, conservation property
- Real property, other than conservation
- Other personal property
- Other intangible property

**\*\*\*How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

Miscellaneous Itemized Deductions (FOR STATE USE ONLY)

ORG15

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)	2025	2024
<b>Employee Business Expenses</b>		
<b>Note:</b> If you have any travel, transportation, meal expenses or your employer reimbursed you for any of your job-related expenses, complete <b>ORG17</b> for all your employee expenses.		
1 Union and professional dues .....		
2 Professional subscriptions .....		
3 Uniforms and protective clothing .....		
4 Job search costs .....		
5 Other unreimbursed employee expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
<b>Other Expenses Subject to the 2% Limitation</b>		
Treat all MACRS assets for this activity as qualified Indian reservation property? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ..... <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No		
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this property located in a Qualified Disaster Area? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check to code assets as Investment Expense ..... <input type="checkbox"/>		
Use <b>ORG50</b> to record dispositions.		
Use <b>ORG51A</b> to enter additional assets.		
Use <b>ORG11a</b> for investment expenses related to interest income.		
Use <b>ORG11b</b> for investment interest related to dividend income.		
6 Tax return preparation fees .....		
7 Investment counsel and advisory fees.....		
8 Certain attorney and accounting fees.....		
9 Safe deposit box rental .....		
10 IRA custodial fees.....		
11 a Government unemployment benefits repaid in <b>2025</b> ..... <input type="checkbox"/>		
b Other expenses (list):		
_____		
_____		
_____		
_____		
_____		
<b>OTHER MISCELLANEOUS DEDUCTIONS</b>	<b>2025</b>	<b>2024</b>
12 Federal estate tax paid on income in respect of a decedent .....		
13 Amortizable bond premiums (acquired before 10/23/86).....		
14 Gambling losses (to the extent of gambling income) .....		
15 Claim repayments.....		
16 Unrecovered investment in annuity .....		
17 Ordinary loss attributable to certain debt instruments .....		

### 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 2025 ?  Yes  No

8 Accounting method:  
 Cash  Accrual  Other (specify)  \_\_\_\_\_

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

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 2025 ? .....  Yes  No

12 Did you start or acquire this business during 2025 ? .....  Yes  No

13 a Did you make any payments in 2025 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 2024 ? .....  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  Yes  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

SUSPENDED LOSSES – CARRYOVER FROM 2024	REGULAR	AMT
a Section 179 limited by Form 4562 At-risk Losses Carryover		
b Schedule C		
c Schedule D Short-term		
d Schedule D Long-term		
e Form 4797 Ordinary		
f Form 4797 Long-term		
Passive Losses Carryover		
g Schedule C		
h Schedule D Short-term		
i Schedule D Long-term		
j Form 4797 Ordinary		
k Form 4797 Long-term		
INCOME	2025	2024
17 Gross receipts or sales		
18 Returns and allowances plus other adjustments		
19 Other income (include federal/state tax credit/refund)		

**Business Income and Expenses (continued)**

**ORG19**

<b>COST OF GOODS SOLD – IF APPLICABLE</b>		<b>2025</b>	<b>2024</b>
<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.....		
<b>EXPENSES</b>		<b>2025</b>	<b>2024</b>
	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 .....		

**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.



### Rent and Royalty Income and Expenses

ORG25

#### BASIC PROPERTY INFORMATION

Property description: \_\_\_\_\_  
 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 2025 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 2025 ? .....  Yes  No

9 Did you materially participate in this property's management during 2025 ? .....  Yes  No

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

11 Did this property have unallowed passive losses in 2024 ? .....  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

SUSPENDED LOSSES – CARRYOVER FROM 2024	REGULAR	AMT
a Section 179 limited by Form 4562 At-risk Losses Carryover		
b Schedule E		
c Schedule D Short-term		
d Schedule D Long-term		
e Form 4797 Ordinary		
f Form 4797 Long-term		
Passive Losses Carryover		
g Schedule E		
h Schedule D Short-term		
i Schedule D Long-term		
j Form 4797 Ordinary		
k Form 4797 Long-term		
l Vacation home operating expenses		
m Vacation home depreciation		

Rent and Royalty Income and Expenses (continued)

ORG25

INCOME		2025	2024								
15	Rents or royalties received .....										
<p style="text-align: center;"><b>* Property Types:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">1 Single family residence</td> <td style="width: 50%; border: none;">5 Land</td> </tr> <tr> <td style="border: none;">2 Multi-family residence</td> <td style="border: none;">6 Royalties</td> </tr> <tr> <td style="border: none;">3 Vacation/short-term rental</td> <td style="border: none;">7 Self-rental</td> </tr> <tr> <td style="border: none;">4 Commercial</td> <td style="border: none;">8 Other</td> </tr> </table>				1 Single family residence	5 Land	2 Multi-family residence	6 Royalties	3 Vacation/short-term rental	7 Self-rental	4 Commercial	8 Other
1 Single family residence	5 Land										
2 Multi-family residence	6 Royalties										
3 Vacation/short-term rental	7 Self-rental										
4 Commercial	8 Other										
EXPENSES		2025	2024								
	Property location .....										
16	Advertising .....										
17a	Automobile (complete ORG18 for autos).....										
b	Travel.....										
18	Cleaning and maintenance .....										
19	Commissions.....										
20a	Mortgage insurance premiums – qualified .....										
b	Other insurance .....										
21	Legal and professional fees .....										
22	Management fees .....										
23a	Mortgage interest paid to banks – qualified.....										
b	Mortgage interest paid to banks – other.....										
24	Other interest .....										
25	Repairs.....										
26	Supplies.....										
27a	Real estate taxes.....										
b	Other taxes .....										
28	Utilities .....										
29	Other expenses:										
a	.....										
b	.....										
c	.....										
d	.....										
e	.....										
30a	Depreciation and Section 179 deduction <b>(Preparer Use Only)</b> .....										
b	Depletion <b>(Preparer Use Only)</b> .....										

### Adjustments to Income

**ORG28**

TRADITIONAL IRA CONTRIBUTIONS	Taxpayer	Spouse
<b>1</b> Traditional IRA contributions made for 2025 .....		
<b>2</b> Check if you were covered by a retirement plan at work.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Check if you wish to make an additional contribution to your traditional IRA before the due date of your return.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> If line 3 is checked, check this box to contribute the maximum allowable amount.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Or enter the amount you wish to contribute .....		
If you (a) received traditional IRA distributions during 2025 <b>and</b> you have made <b>nondeductible</b> IRA contributions to any of your traditional IRAs, including SIMPLE IRAs, <b>OR</b> (b) choose to make any <b>nondeductible</b> traditional IRA contributions for 2025, please provide this information:		
<b>6</b> Enter the value of <b>all</b> of your IRAs on 12/31/2025 .....		
<b>7</b> Enter the value of <b>all</b> recharacterizations after 12/31/2025 .....		
<b>8</b> Enter the amount of any outstanding rollovers as of 1/1/2026 .....		
<b>If you received IRA distributions during 2025, please complete ORG7.</b>		

ROTH IRA CONTRIBUTIONS	Taxpayer	Spouse
<b>1</b> Roth IRA contributions made for 2025 .....		
<b>2</b> Check if you wish to make an additional contribution to your Roth IRA before the due date of your return.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> If line 2 is checked, check this box to contribute the maximum allowable amount.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> Or enter the amount you wish to contribute .....		

SELF-EMPLOYED PENSION CONTRIBUTIONS	Taxpayer	Spouse
<b>Money Purchase Plan Keogh and Multiple Plans:</b>		
<b>1 a</b> Payments made and/or expected to be made to a money purchase Keogh plan for 2025 .....		
<b>b</b> Check this box if you wish to contribute the maximum amount to your money purchase Keogh for 2025 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Profit Sharing Plan Keogh:</b>		
<b>2 a</b> Payments made and/or expected to be made to a profit sharing Keogh for 2025 .....		
<b>b</b> Check this box if you wish to contribute the maximum amount to your profit sharing Keogh for 2025 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Defined Benefit Plan Keogh:</b>		
<b>3</b> Payments made and/or expected to be made to a defined benefit Keogh plan for 2025 .....		
<b>SEP:</b>		
<b>4 a</b> Payments made and/or expected to be made to a SEP for 2025 .....		
<b>b</b> Check this box if you wish to contribute the maximum amount to your SEP for 2025 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self-Employed SIMPLE Plan:</b>		
<b>5 a</b> Payments made and/or expected to be made to a self-employed SIMPLE plan for 2025 .....		
<b>b</b> Enter matching contributions only to report on Form 1040 to a self-employed SIMPLE plan for 2025 .....		
<b>Individual 401(k):</b>		
<b>6 a</b> Elective deferrals made and/or expected to be made to an Individual 401(k) plan for 2025 .....		
<b>b</b> Catch-up contributions made and/or expected to be made to an Individual 401(k) for 2025 .....		
<b>c</b> Employer matching profit-sharing contribution made and/or expected to be made to an Individual 401(k) plan for 2025.....		
<b>d</b> Check this box if you wish to contribute the maximum amount to your Individual 401(k) for 2025 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Roth 401(k):</b>		
<b>7 a</b> Elective deferrals made or expected to be made to a designated Roth 401(k) plan for 2025 .....		
<b>b</b> Catch-up contributions made or expected to be made to a designated Roth 401(k) plan for 2025 .....		

ALIMONY PAID		
Recipient's name	Recipient's SSN	Alimony paid
<b>1</b>		
<b>2</b>		

### Child and Dependent Care Expenses

ORG35

**CHILD AND DEPENDENT CARE EXPENSES**

Enter below the persons or organizations who provided the child and dependent care.

First Name (if person) Last Name (if person) OR Provider Business Name Additional Business Name	Provider Address	ID Number SSN on first line OR EIN on second line	Amount Paid
Provider Phone			
1 .....	..... ..... Care at above address? ..... <input checked="" type="checkbox"/>	..... ..... Tax-Exempt .. <input type="checkbox"/>	..... ..... Foreign ..... <input type="checkbox"/>
2 .....	..... ..... Care at above address? ..... <input type="checkbox"/>	..... ..... Tax-Exempt .. <input type="checkbox"/>	..... ..... Foreign ..... <input type="checkbox"/>
3 .....	..... ..... Care at above address? ..... <input type="checkbox"/>	..... ..... Tax-Exempt .. <input type="checkbox"/>	..... ..... Foreign ..... <input type="checkbox"/>
4 .....	..... ..... Care at above address? ..... <input type="checkbox"/>	..... ..... Tax-Exempt .. <input type="checkbox"/>	..... ..... Foreign ..... <input type="checkbox"/>

<b>EXPENSES</b>	<b>2025</b>	<b>2024</b>
1 Total employment taxes paid on wages for child care expenses .....		
2 Total expenses paid in 2025 but not incurred in 2025 .....		
3 Total expenses incurred in 2025 but not paid in 2025 .....		
4 Medical expenses paid for qualifying persons unable to care for themselves .....		

<b>STUDENT/DISABLED PERSON INFORMATION FOR 2025</b>	<b>Taxpayer</b>	<b>Spouse</b>
5 If taxpayer or spouse was a full-time student or disabled in 2025, answer the following questions:		
a Number of months that taxpayer/spouse was a full-time student or disabled .....		
b Did taxpayer or spouse work and earn less than \$250/\$500 during the months entered on line 5a? If No, leave line 5b blank. If Yes, multiply the number of months working and earning less by either \$250/\$500 and enter that amount here .....		

**Education Information**

**ORG36**

**EDUCATION TUITION AND FEES**

Attach all Form 1098-Ts and a list of your qualified expenses.

EDUCATOR EXPENSES	2025	2024
<b>1 a</b> Taxpayer educator expenses.....		
<b>b</b> Spouse educator expenses.....		

**STUDENT LOAN INTEREST PAID**

**Student Loan Interest Reported on a 1098-E in 2025**

**2 a** Enter detail below or total interest in Part 2b

Lender's Name	2025	2024
<b>Total Student Loan Interest</b>	<b>2025</b>	<b>2024</b>
<b>2 b</b> Enter the total interest paid on qualified student loans.....		

**FORM 1099-Q**

**3** Enter 1099-Q detail below.

State Code	Name of Payer or Program	Gross Distribution Box 1	Earnings Box 2	* Type Box 5

\* For the Type Code, enter the following:  
 P = Private Qualified Tuition Program  
 S = State Qualified Tuition Program  
 E = Coverdell ESA

### Tax Payments

ORG40

#### 2025 ESTIMATED TAX PAYMENTS

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
<b>1</b> Qtr 1 due by 04/15/25 ....								
<b>2</b> Qtr 2 due by 06/15/25 ....								
<b>3</b> Qtr 3 due by 09/15/25 ....								
<b>4</b> Qtr 4 due by 01/18/26 ....								
<b>5 a</b> Additional payments ...								
<b>b</b> Additional payments ...								
<b>c</b> Additional payments ...								
<b>d</b> Additional payments ...								

#### OTHER TAX PAYMENTS

	Federal	State	Local
<b>6</b> 2024 overpayment applied to 2025 .....			
<b>7</b> Balance due paid with 2024 return .....			
<b>8 a</b> 2024 Quarter 4 payments paid in 2025 .....			
<b>b</b> 2024 extension payments paid in 2025 .....			
<b>9</b> Other taxes paid in 2025 for prior years (include explanation) .....			

#### 2026 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2026, please enter the increase or decrease below.

**Income**

<b>10</b> Wages .....	Taxpayer .....	
	Spouse .....	
<b>11</b> Self-Employment Income .....	Taxpayer .....	
	Spouse .....	
<b>12</b> Capital Gains (sale of stock, real estate, etc) .....		
<b>13</b> Other Income:		
Description .....		

**Deductions**

<b>14</b> Allowable Itemized Deductions .....	
<b>15</b> Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description .....	
<b>16</b> Federal Withholding .....	
<b>17</b> Number of personal exemptions expected for 2026 .....	

#### ADDITIONAL INFORMATION

<b>18</b> Check to use your 2025 tax amount for your 2026 estimate .....	<input type="checkbox"/>
<b>19</b> If you have an overpayment of 2025 taxes, check the box to indicate how you want your overpayment applied.	
<b>a</b> Apply entire overpayment to next year and refund excess .....	<input type="checkbox"/>
<b>b</b> Apply entire overpayment to first quarter and refund excess .....	<input type="checkbox"/>
<b>20</b> Amount to apply if not entire overpayment .....	
<b>21</b> Number of installments for estimated tax (1 - 4) .....	

# 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 2025 ? .....  **Yes**  **No**
- 3 Did you withhold federal income tax during 2025 for any household employee? .....  **Yes**  **No**
- 4 Did you pay total cash wages of \$1,000 or more **in any calendar quarter** of 2024 or 2025 to **all** household employees? .....  **Yes**  **No**

COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 2 OR 3 ABOVE	2025	2024
5 Enter total cash wages paid during 2025 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 2025 .....		

**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 2025 by April 15, 2026? .....  **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 2025 :

	State Name	State Reporting Number	Taxable Wages		Contributions Paid to State Unemployment Fund	
			2025	2024	2025	2024
<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., 01/01/2025) ..... |         |         |
| <b>c</b> State experience rate period — ending date (e.g., 12/31/2025) .....   |         |         |

# State Information Worksheet

ORG60

**GENERAL INFORMATION**

	<b>Taxpayer</b>	<b>Spouse</b>
1 Enter your state of residence .....	_____	_____
2 Check the appropriate box if:	<b>Taxpayer</b>	<b>Spouse</b>
a Full year resident.....	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident.....	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident .....	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____	School district: _____	School district number: _____
	<b>Taxpayer</b>	<b>Spouse</b>
5 Check if disabled .....	<input type="checkbox"/>	<input type="checkbox"/>

**STATE CREDITS**

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

**VOLUNTARY STATE CONTRIBUTIONS**

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

**MISCELLANEOUS QUESTIONS**

		<b>Yes</b>	<b>No</b>
8 Did you file a state return for 2024? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?			
a Refunded ..... <input type="checkbox"/>	b Apply to 2026 estimates ..... <input type="checkbox"/>	c Apply to 2026 taxes ..... <input type="checkbox"/>	
12 Additional state information: _____			
_____			
_____			