

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 2025 qualified student loan interest..... _____

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

Employer Name	2024 Amount
_____	_____
_____	_____
_____	_____

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

1099-R Payer Name	2024 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	2024 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-DIV – Dividend Income

1099-DIV Payer Name	2024 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 2025	_____	_____
Roth IRA contributions made for 2025	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions	_____	_____

2025 Deductions

Medical and Dental Expenses	2025 Amount	2024 Amount
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: _____	_____	_____
Taxes	2025 Amount	2024 Amount
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	_____	_____
Interest Expenses		
Home mortgage interest paid – Attach Form(s) 1098.		
Lender's Name	2025 Amount	2024 Amount
_____	_____	_____
_____	_____	_____
Points paid on loan to buy, build or improve main home		
Lender's Name	2025 Amount	
_____	_____	
Cash/Check/Credit Contributions	2025 Amount	2024 Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
Noncash Charitable Contributions		
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.		
Miscellaneous Deductions	2025 Amount	2024 Amount
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 2025? (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 2025? If yes , please attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you purchase a motor vehicle or boat during 2025?..... If yes , attach documentation showing sales tax paid.	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you purchase a hybrid or electric vehicle in 2025? If yes , enter year, make, model, and date purchased: _____	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you pay qualified passenger vehicle loan interest in 2025?..... If yes , attach documentation showing interest paid.	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you donate a vehicle in 2025? If yes , attach Form 1098C.....	<input type="checkbox"/>	<input type="checkbox"/>
7 What was the sales tax rate in your locality in 2025?..... % State ID		
8 Did your marital status change during 2025?..... If yes , explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
9 Were you or your spouse permanently and totally disabled in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you have dependents who must file?.....	<input type="checkbox"/>	<input type="checkbox"/>
11 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"/>
12 Did you provide over half the support for any other person during 2025?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you incur adoption expenses during 2025?	<input type="checkbox"/>	<input type="checkbox"/>
14 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"/>
15 Did you receive any disability payments in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
16 Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
17 a Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2025? If yes , 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?.....	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you incur any casualty or theft losses during 2025?.....	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you incur any non-business bad debts?.....	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you pay any individual for domestic services in 2025?.....	<input type="checkbox"/>	<input type="checkbox"/>
21 Did you take a retirement account distribution related to a natural disaster?	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you buy or sell any stocks or bonds in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
23 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"/>
24 Did you incur any moving expenses? If yes , attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
25 Did you receive any income not included in this Tax Organizer?..... If yes , please attach information.	<input type="checkbox"/>	<input type="checkbox"/>
26 Do you expect your income and deductions in 2026 to be the same as 2025?	<input type="checkbox"/>	<input type="checkbox"/>
If no , attach explanation of changes expected.		
27 Did you receive Form 1095-A (Health Insurance Marketplace Statement)? If so, please attach	<input type="checkbox"/>	<input type="checkbox"/>
28 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)?.....	<input type="checkbox"/>	<input type="checkbox"/>
29 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____		
30 Enter your state of residence..... Taxpayer _____ Spouse _____		
31 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.

Part 1 Coverage

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

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

FORM 1099-G

<input checked="" type="checkbox"/> Attach all copies of 1099-G forms.				
Box	Description	Payer 1	Payer 2	Payer 3
	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.....			
1	Unemployment compensation.....			
a	Unemployment benefits you repaid in 2025			
2	State and local income tax refunds			
3	Enter the tax year from 1099-G box 3			
a	If tax year is 2024 or prior, enter the taxable portion of the amount reported in box 2			
4	Federal income tax withheld.....			
5	RTAA payments.....			
6	Taxable grants			
7	Agriculture payments			
8	Check if box 2 amount is from trade or business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Market gain			
10a	Two-letter state abbreviation	_____	_____	_____
	Two or three-letter local abbreviation	_____	_____	_____
b	State identification number			
11	State income tax withheld.....			

OTHER INCOME

	Nature and Source	2025 Taxpayer	2025 Spouse	2024 Combined
1	Alimony received			
2	Recovery of bad debts previously deducted			
3	Jury duty pay			
4	Gambling winnings not reported on W2G/1099.....			
5	Income from not for profit activities (hobbies).....			
6	Income from the rental of personal property.....			
7	Non-Government unemployment received/repaid in 2025			
8	Other Taxable income:			
a	Union unemployment benefits.....			
b	Private fund unemployment benefits.....			
c	State employee unemployment benefits			
9	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 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? **Yes** **No**
 (If yes, attach explanation) _____

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**

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		
g Passive Losses Carryover		
h Schedule C		
i Schedule D Short-term		
j Schedule D Long-term		
k Form 4797 Ordinary		
l 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

COST OF GOODS SOLD – IF APPLICABLE		2025	2024
20	Inventory at beginning of year		
21	Purchases		
22	Items withdrawn for personal use		
23	Cost of labor (do not include your salary)		
24	Materials and supplies		
25	Other costs		
26	Inventory at end of year.....		
EXPENSES		2025	2024
	Business name _____		
27	Advertising		
28	Car and truck expenses (complete ORG18).....		
29	Commissions and fees.....		
30	Contract labor		
31	Depletion		
32	Depreciation and Section 179 deduction (Preparer Use Only)		
33	Employee benefit programs:		
	a Employee health insurance premiums		
	b Other employee benefit programs		
34	Insurance (other than health).....		
35	Self-employed health insurance attributable to this business.....		
36	Interest:		
	a Mortgage paid to banks not reported to you on Form 1098.....		
	b Other		
37	Legal and professional services		
38	Office expenses		
39	Pension and profit-sharing plans.....		
40	Rent or lease:		
	a Machinery and equipment (enter vehicle lease on ORG18)		
	b Other business property.....		
41	Repairs and maintenance		
42	Supplies (not included in cost of goods sold)		
43	Taxes and licenses not reported to you on Form 1098.....		
44	Travel and meals		
	a Travel.....		
	b Meals subject to 50% limit.....		
	c Meals subject to 80% limit.....		
	d Meals not subject to limit		
45	Utilities		
46	Gross wages		
47	Other expenses:		

48	Expenses for business use of your home (Preparer Use Only)		
	Complete ORG20 for Business Use of Home.		
49	Qualified pension plan start-up costs		
50	DPAD (line 6) from cooperative(s) with tax year beginning before Jan. 1, 2018.....		
51	DPAD (line 6) from cooperative(s) with tax year beginning after 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.

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 ▶ ^T _____

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	
8949 Box	Date Sold	Date Acquired	Holding Period		Basis Reported to IRS?		Reported on Form 1099B?		
Adjustment Amount*	Adjustment Code(s)*	Holding Period		Basis Reported to IRS?		Reported on Form 1099B?			
					Yes	No	Yes	No	
					Yes	No	Yes	No	
					Yes	No	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: _____
 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;">* Property Types:</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 (Preparer Use Only)										
b	Depletion (Preparer Use Only)										

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?
- 4 Did you pay total cash wages of \$1,000 or more **in any calendar quarter** of 2024 or 2025 to **all** household employees?

COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 2 OR 3 ABOVE	2025	2024
5 Enter total cash wages paid during 2025 that were:		
a Subject to social security taxes		
b Subject to Medicare taxes		
c 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?
- 8 Did you pay all state unemployment contributions for 2025 by April 15, 2026?
- 9 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?
- 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
a —					
b —					

- 11 Complete the following if you know your state experience rate:
- | | State A | State B |
|--|---------|---------|
| a State experience rate (e.g., enter 5.5 for 5.5%) | _____ | _____ |
| b State experience rate period — starting date (e.g., 01/01/2025) | | |
| c State experience rate period — ending date (e.g., 12/31/2025) | | |