

Crystal Thompson, CPA

9201 Montgomery Blvd Suite 701
Albuquerque, NM 87111
(505) 884-3703

www.CrystalThompsonCPA.com
crystal@crystalthompsoncpa.com

Dear TAX

Crystal Thompson CPA is pleased to present your 2025 individual tax organizer. If completed, this document will help organize all the information we need in order to accurately and efficiently prepare your 2025 tax returns. The goal of an organizer is to help identify all reportable income and possible legitimate tax deductions.

If your completed organizer and **all** supporting documents are **turned in to us by March 16, 2026**, we will make every effort to finish your returns by the due date of April 15, 2026. March 16th is an important date because the number of returns submitted daily to our office after that date increase significantly. If submitted after March 16th, your return will be subject to extension. In the event it is necessary to extend your return, we will compute an estimate of the amount of tax you may owe so you can make any necessary payments on or prior to the tax deadline of April 15, 2026.

When the organizer is complete, please mail, email, or drop the completed forms by our office. In addition to the organizer, we will need copies of all tax documents, please refer to Exhibit I on the following page for a list of necessary documents. You can also submit the organizer and upload forms using our online portal. If you have not already signed up for the portal and desire to do so, please contact our administrative staff for more information. **We require that you sign and return the engagement letter which outlines the terms of our engagement, prior to beginning the engagement.**

In addition to picking up completed returns at our office or receiving them through the mail, we can also make them available to you online. This is consistent with evolving industry standards and adds convenience for you.

Please remember payment is due at the time you pick up your tax return. If you cannot pay for your return at the time of pickup, please make payment arrangements with our office.

Extensions are done as a courtesy for current clients in good standing. First year clients should contact us to request an extension if necessary.

We are continuing to take new clients for the 2025 tax year so please feel free to recommend family and friends to our office.

We sincerely appreciate the opportunity to represent you and we endeavor to provide you with prompt and conscientious service.

Sincerely,



[=====]

Please provide the following information for your return:

- Forms **W-2** for wages, salaries, and tips.
- All Forms **1099** for **interest, dividends, retirement, miscellaneous income, unemployment compensation, nonemployee compensation, Social Security, state or local refunds, gambling winnings, etc.**
- **Brokerage statements** showing investment transactions for stocks, bonds, virtual currencies, etc.
- **Schedule K-1** from partnerships, S corporations, estates, and trusts.
- Statements supporting **educational** expenses, deductions, or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit. *If you purchased insurance through Healthcare.gov marketplace be sure to provide 1095-A*
- Statements supporting deductions for **mortgage interest, taxes, and charitable contributions** (including any Form 1098-C).
- Copies of closing statements regarding the **sale or purchase of real property**.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Six-digit Identity Protection PIN if sent to you by the IRS.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.
- A list of federal and state **estimated payments** made including amounts and dates paid
- Statements from U.S. Department of Education supporting federal student loan forgiveness
- All Forms 1099-QA and/or 5498-QA related to ABLE (Achieving a Better Life Experience) account.
- All Forms 1099-H related to Health Coverage Tax Credit (HCTC) advance payments

Income Tax Organizer

Taxpayer's Name _____

Soc. Sec. No. _____

Spouse's Name _____

Soc. Sec. No. _____

Taxpayer's Occupation _____ Birthdate _____ Blind ☐

Spouse's Occupation _____ Birthdate _____ Blind ☐

Address _____

Taxpayer Phone _____

Spouse Phone _____

Taxpayer Email _____

Spouse Email _____

Taxpayer Driver's License # _____

Issue Date _____ Exp _____ State _____

Spouse Drivers' License # _____

Issue Date _____ Exp _____ State _____

For Direct Deposit: Bank Name _____ Checking ☐ or Savings ☐.

Account Number _____

Routing Number _____

Do you want all or part of your refund applied to next year's taxes? Yes ☐ No ☐.

Delivery Preference :

Hard Copy in office ☐

Email PDF w/ Electronic Signature ☐

Hard Copy Mailed ☐

Hard Copy & Email PDF (*additional fee may apply*) ☐

Dependent Children

Name

Birthdate

Social Security Number

1. _____

1. _____

1. _____

2. _____

2. _____

2. _____

3. _____

3. _____

3. _____

Other Income

If you have other income, please note all dollar amounts and bring supporting documents.

Examples:

Jury Duty _____	Social Security _____
Unemployment Benefits _____	Pensions/Annuities _____
Prizes _____	Farming/Rental _____
Gambling Proceeds _____	Estates/Trusts _____
Self-Employment _____	Other _____
Alimony Income _____	

Did you receive Income from Tips ?

Taxpayer _____

Spouse _____

Did you receive Overtime Pay?

Taxpayer _____

Spouse _____

Sale of Stocks, Bonds, or Other Property

*Bring all information: name of asset, date purchased, cost, date sold, and sale price or provide form 1099-B from brokerage firm

Deduction & Credit Items

Contributions to IRA or KEOUGH Plan not made through payroll:

IRA Roth 401K SEP Simple IRA

Taxpayer _____

Spouse _____

Alimony Paid _____

Divorce Date _____

Ex-Spouse Name _____

Ex-Spouse Social Security # _____

Medical Expenses

Insurance and Medicare: _____

Prescriptions _____

Eyeglasses _____

Doctors _____

Dentists _____

Hospital _____

Ambulance _____

Auto Mileage _____

Other Travel Expenses _____

Hearing Aids _____

Other Medical Expenses _____

Taxes

Real Estate Taxes Paid _____

Interest Expense

Home Mortgage Paid to Financial Institution (Form 1098) _____

Home Mortgage Paid to Individual (list name and amount) _____

Contributions

Cash Contributions _____

Property Donated for which you have receipts (fair market value) _____

Amount Paid _____

Name of Child Care Provider _____

Provider Address _____

Social Security Number/Employer Number of Provider _____

Additional

Sole Proprietor: all income, business expenses; pay close attention to auto expenses, equipment purchases (for depreciation) and any in-home office expenses

New Residents:

Date moved to New Mexico _____

Previous Residence _____

Moving Expenses (Military-related only) _____

*Bring State Return from previous residence if you have it

Estimated Tax Payments

Federal

State

<u>Amount Paid</u>	<u>Date Paid</u>	<u>Amount Paid</u>	<u>Date Paid</u>
--------------------	------------------	--------------------	------------------

Payment #1 _____	1 _____	1 _____	1 _____
------------------	---------	---------	---------

Payment #2 _____	2 _____	2 _____	2 _____
------------------	---------	---------	---------

Payment #3 _____	3 _____	3 _____	3 _____
------------------	---------	---------	---------

Payment #4 _____	4 _____	4 _____	4 _____
------------------	---------	---------	---------

NOTES FOR PREPARER:

1. _____

2. _____

3. _____

4. _____

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you live separately from your spouse during the last six months of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bank account or other type of account with a routing transit number (RTN) and account number that can be used to direct deposit (or direct debit) funds?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account numbers change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS notice for filing returns in 2026.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires and other disaster situations.	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did the children who live with you spend more than half the year with you in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,700?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other person(s) who lived with you more than half the year in the United States but not claimed by you last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS notice for use during the 2026 filing season.	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an eligible child under age 18 and want to open a new tax-deferred investment account called a "Trump Account" that will be available in July 2026?	<input type="checkbox"/>	<input type="checkbox"/>
If you initiate a Trump Account for any eligible child born in 2025, a contribution pilot program provides a \$1,000 contribution. Do you wish to receive the contribution?	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>

Did you have ownership interest in any type of business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new or previously owned clean vehicle this year that is eligible for the new clean vehicle credit? If yes, attach the vehicle statement from the dealer even if you received the credit when purchased at the dealer.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Form 1099-K for the sale of personal property for a gain or loss?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new U.S. assembled vehicle in 2025 for personal use and financed with an auto loan? If yes, attach the vehicle statement from the dealer.	<input type="checkbox"/>	<input type="checkbox"/>

Income Information

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Medicaid waiver payments as difficulty of care during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income considered to be nonemployee compensation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for work done in what is commonly referred to as the "gig" economy?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Form 1099-K for a distribution payment from an online crowdfunding solicitation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Form 1099-K that you believe is in error?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any sales or other exchanges of digital assets (including from an airdrop or a hard fork) or use digital assets to pay for goods or services?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Form 1099-DA for the sale of a digital asset?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tips in 2025 in a job where tips are customary? For example, food service, hospitality, salons, or transportation.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive overtime pay required under federal overtime rules for working more than 40 hours in a work week?	<input type="checkbox"/>	<input type="checkbox"/>

Retirement Information

Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any withdrawals due to a Federally declared disaster?	<input type="checkbox"/>	<input type="checkbox"/>
If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>

Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any qualified birth or adoption distributions, emergency personal expense distributions, domestic abuse distributions, or terminal illness distributions in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you repay any of the distributions in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any qualified charitable distributions (QCD) from your retirement account this year?	<input type="checkbox"/>	<input type="checkbox"/>

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family receive a scholarship of any kind during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?	<input type="checkbox"/>	<input type="checkbox"/>

Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an ABLE (Achieving a Better Life Experience) account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account?	<input type="checkbox"/>	<input type="checkbox"/>
If you are a business owner, did you pay health insurance premiums for your employees this year?	<input type="checkbox"/>	<input type="checkbox"/>

Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did the loss occur in a Federally declared disaster area?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any cash or other monetary charitable contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any noncash charitable contributions (clothes, furniture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes to either of the above charitable contribution questions, please provide evidence such as a receipt from the donee organization, canceled check, or record of payment, to substantiate all contributions made.		
Did you donate a vehicle or boat during the year?	<input type="checkbox"/>	<input type="checkbox"/>

Did you pay real estate taxes for your primary home and/or second home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any state income tax, including withholdings and estimated payments?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any city or local income taxes, including withholdings and estimated payments?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any personal property tax, such as vehicle, boat, or RV?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any mortgage interest on an existing home loan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur interest expenses associated with any investment accounts you held?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous Information

Did you make federal estimated tax payments for 2025?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make gifts of more than \$19,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive goods or services in exchange for your goods or services (barter)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a foreign owner or do you control 25% of a foreign company's ownership interest for a foreign company registered with a secretary of state or similar office?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you file its initial Beneficial Ownership Information Report (BOIR)?	<input type="checkbox"/>	<input type="checkbox"/>
If you were required to file a Beneficial Ownership Information Report (BOIR) with the Financial Crimes Enforcement Network (FinCEN), has any of the previously reported information changed (for either the foreign reporting company or any of the beneficial owners)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>

1

Preparer use only

	2025 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Business name	_____ [5]	
Principal business/profession	_____ [6]	
Business code	_____ [12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	_____ [15]	
City/State/Zip	_____ [16] _____ [17] _____ [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [19]	
If other:	_____ [21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [22]	
If other enter explanation:	_____ [24]	
Enter an explanation if there was a change in determining your inventory:	_____ [25]	
Did you "materially participate" in this business? (Y, N)	_____ [26]	
If not, number of hours you did significantly participate	_____ [28]	
Mark if you began or acquired this business in 2025	_____ [30]	
Did you make any payments in 2025 that require you to file Form(s) 1099? (Y, N)	_____ [31]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [33]	
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [35]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [37]	
Medical insurance premiums paid by this activity	+ _____ [41]	
Long-term care premiums paid by this activity	+ _____ [45]	
Amount of wages received as a statutory employee	+ _____ [48]	

Business Income

	2025 Information	Prior Year Information
Gross receipts and sales		
_____	+ _____ [53]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____ [56]	
Other income:		
_____	+ _____ [58]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Cost of Goods Sold

	2025 Information	Prior Year Information
Beginning inventory	+ _____ [60]	
Purchases	+ _____ [62]	
Labor:		
_____	+ _____ [64]	
_____	+ _____	
Materials	+ _____ [66]	
Other costs:		
_____	+ _____ [68]	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [70]	

Control Totals +

BUSINESS

Form ID: C-1

Principal business or profession

Prior Year Information

1 Preparer use only

2025 Information

Description _____ [2]
Taxpayer/Spouse/Joint (T, S, J) _____ [3] State postal code _____ [5]
Physical address: Street _____ [6]
City, state, zip code _____ [7] _____ [8] _____ [9]
Foreign country _____ [11]
Foreign province/county _____ [12]
Foreign postal code _____ [13]
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) _____ [14]
Description of other type (Type code #8) _____ [15]
Did you make any payments in 2025 that require you to file Form(s) 1099? (Y,N) _____ [16]
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____ [18]
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____ [20]
Percentage of ownership if not 100% _____ [22]
Business use percentage, if not 100% (Not vacation home percentage) _____ [24]

Prior Year Information**Rent and Royalty Income****Rents and royalties****2025 Information****Prior Year Information**

+ _____ [33]

Rent and Royalty Expenses**2025 Information****Percent if not 100%****Prior Year Information**

Advertising + _____ [35] _____ [36]
Auto + _____ [38] _____ [39]
Travel + _____ [41] _____ [42]
Cleaning and maintenance + _____ [44] _____ [45]
Commissions: + _____ [47] _____ [49]
Insurance: + _____ [50] _____ [52]
Legal and professional fees + _____ [54] _____ [55]
Management fees: + _____ [57] _____ [59]
Mortgage interest paid to banks, etc (Form 1098) + _____ [60] _____ [62]
Other mortgage interest + _____ [63] _____ [65]
Qualified mortgage insurance premiums + _____ [66] _____ [67]
Other interest: + _____ [69] _____ [71]
Repairs + _____ [72] _____ [73]
Supplies + _____ [75] _____ [76]
Taxes: + _____ [78] _____ [80]
Utilities + _____ [81] _____ [82]
Depreciation + _____ [84] _____ [85]
Depletion + _____ [87] _____ [88]
Other expenses: + _____ [90] _____

Control Totals +**RENT & ROYALTY****Form ID: Rent**

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s)

TAXPAYER

Social security number

***-**-0000