

2025

1040 Tax Organizer

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Hello and Happy New Year!

It is tax time once again. I am providing this **1040 Tax Organizer** to assist you in collecting your tax information. Your 1040 Individual Income Tax Return is **due ... April 15th**
I always appreciate your referrals and I welcome new clients. Thank you!

The **1040 Tax Organizer** is available to print online at our website richdriscolcpa.com

I can e-mail a Tax Organizer to you, please let me know if you want one e-mailed.

You will need to provide me with copies of your **tax documents**.

Please let me know how you would like to share information and documents this year. We can share information via FedEx, USPS mail, secure e-mail, and online using a document portal called Intuit Link..

Our **online option** again this year is **Inuit Link**, a secure cloud-based document portal hosted by Inuit. Link acts as a shared filing cabinet. If you would like this option, please call or email me.

New This Year ...

At my website, you can schedule a free 15 minute to discuss your return before we begin.

My tax fees are \$250 per hour. Your return(s) complexity may change each year.

DocuSign is our default method for approval and eSignature(s) of all returns. A copy of your return is included. Our online portal is improved and recommended, you can now log-in with your phone number. Your invoice will be delivered via e-mail with quick payment options.

Thank you, I look forward to hearing from you soon.

Rich Driscol CPA

Rich Driscol CPA

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Rich Driscol CPA

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December 19, 2025

Dear Client,

Please review and sign the terms of our engagement for Tax Year 2025.

Thank you for choosing Rich Driscol CPA to prepare your taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2025 federal and state income tax returns from information that you will provide. We will not audit or otherwise verify the data you submit, although we may ask you to clarify some items. It is your responsibility to provide all the information required for the preparation of complete and accurate returns. It is also your responsibility to carefully read and understand the completed returns prior to filing. We will provide you with an electronic draft copy of the returns for your review. We will then discuss the returns with you and address any questions prior to filing.

The filing deadline for the 2025 tax returns is April 15, 2026. In order to meet this deadline, we will need your information no later than March 15, 2026. If an extension of time is required, any taxes owed are due and payable at that time. Any tax that may be due with the return must be paid with the extension of time to file. Any amounts not paid by April 15, 2026 are subject to interest and late fee penalties when actually paid. The law imposes penalties when taxpayers underestimate their tax liability. Please call us if you have concerns about such penalties.

My tax fees are \$250 per hour, some returns may change in complexity. Fees are due before e-filing.

Our engagement to prepare your tax returns will conclude when we deliver copies of your returns to you, obtain e-file approval signatures from you, receive payment for our fees, and e-file your returns. If you have not selected to e-file your returns, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign below in the space indicated.

| | | |
|--------------------|-----------------------|---------------|
| _____ Signature | _____ Printed Name | _____ Date |
| _____ Signature | _____ Printed Name | _____ Date |

Rich Driscol CPA

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(317) 413-8338 rich@richdriscolcpa.com

2025 1040 Tax Organizer - Client information

| Personal Data (Please Print) | | | | | |
|---|-----------------------------|-----|-----------------|---|------------|
| | First Name, M.I., Last Name | SSN | Date of Birth | Sex | Occupation |
| Taxpayer: | | - - | / / | <input type="checkbox"/> M <input type="checkbox"/> F | |
| Spouse: | | - - | / / | <input type="checkbox"/> M <input type="checkbox"/> F | |
| Primary Residence Address: | | | | Primary contact: | |
| City, State, Zip: | | | | Text <input type="checkbox"/> | |
| Secondary Residence: | | | | <input type="checkbox"/> TP <input type="checkbox"/> SP E-mail <input type="checkbox"/> | |
| City, State, Zip: | | | | Phone <input type="checkbox"/> | |
| Taxpayer E-mail: | | | Taxpayer Phone: | () - | |
| Spouse E-mail: | | | Spouse Phone: | () - | |
| Check if you are a Victim of Identity Theft <input type="checkbox"/> TP <input type="checkbox"/> SP IRS PIN # TP [] SP [] | | | | | |

| Tax Year Filing Status (Check One) | | | |
|------------------------------------|--------------------------|--|-----|
| Single: | <input type="checkbox"/> | if MFS : Spouse's Name : <table border="1"><tr><td></td></tr></table> | |
| | | | |
| Head of Household: | <input type="checkbox"/> | Spouse's SSN: <table border="1"><tr><td>- -</td></tr></table> | - - |
| - - | | | |
| Qualifying Widow(er): | <input type="checkbox"/> | Check if you live with your spouse at all during the taxable year. <input type="checkbox"/> | |
| Married Filing Joint: | <input type="checkbox"/> | If yes, check if lived with your Spouse anytime after June 30th. <input type="checkbox"/> | |
| Married Filing Separate: | <input type="checkbox"/> | Did your Spouse file a tax return & Itemize Deductions ? <input type="checkbox"/> Y <input type="checkbox"/> N | |

| Dependents (if applicable) Head of Household must complete this section. | | | | | | |
|--|-----------|-----|---------------|-------------------------------|---|---|
| First Name | Last Name | SSN | Date of Birth | Relationship & Months in Home | Full-Time Student? | Dependent's Gross Income |
| | | - - | / / | - | <input type="checkbox"/> Y <input type="checkbox"/> N | \$ |
| | | - - | / / | - | <input type="checkbox"/> Y <input type="checkbox"/> N | \$ |
| | | - - | / / | - | <input type="checkbox"/> Y <input type="checkbox"/> N | \$ |
| | | - - | / / | - | <input type="checkbox"/> Y <input type="checkbox"/> N | \$ |
| | | - - | / / | - | <input type="checkbox"/> Y <input type="checkbox"/> N | \$ |
| Are any of your dependents shared with other taxpayers or shared in alternating years? | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| We can file your dependent's tax return to coordinate both returns. | | | | | | |

| Divorce (if applicable) | | |
|---|---|-----|
| Date divorce/separation agreement was final: | <table border="1"><tr><td>/ /</td></tr></table> | / / |
| / / | | |
| Check if the original divorce decree or separation agreement was modified any time after the taxable year end. <input type="checkbox"/> | | |

State Residency Information for Taxable Year (required)

| State | Own, Rent, Other | Date Moved In | Date Moved Out | County on Jan 1 | School District |
|-------|------------------|---------------|----------------|-----------------|-----------------|
| | | / / | / / | | |
| | | / / | / / | | |
| | | / / | / / | | |

State Renter's Deduction (if applicable)

| | | | |
|-------------------------------|----|---|---|
| Address Rented, if different: | | | |
| Total Months Rented | # | Landlord's Name: | |
| Your Portion of Monthly Rent | \$ | Landlord's Address | |
| Your Portion of Annual Rent | \$ | Did you rent more than one address to reach \$3,000 paid? | <input type="checkbox"/> Y <input type="checkbox"/> N |

CollegeChoice 529 Credit 837 (if applicable)

| Beneficiary Name | Account # | Contributions paid for Higher Education | Contributions paid for K - 12 Education | Provide Tax Documents |
|------------------|-----------|---|---|-----------------------|
| | | | | |
| | | | | |
| | | | | |

K - 12 Private School / Homeschool Education Deduction (if applicable)

| Name of Student | Gr | Qualifying Expenses | Name of School | City, State, Zip |
|-----------------|----|---------------------|----------------|------------------|
| | | | | |
| | | | | |
| | | | | |

College Charitable Contribution Credit (if applicable)

| Name of Indiana College or University | 4 Digit Code | Amount | Date |
|---------------------------------------|--------------|--------|------|
| | | \$ | / / |
| | | \$ | / / |
| | | \$ | / / |

I Would Like to Discuss the Tax Impacts Regarding (optional)

- | | |
|---|---|
| <input type="checkbox"/> My W-2, Payroll Deductions & Form W-4 | <input type="checkbox"/> Estimated Tax Payments |
| <input type="checkbox"/> HSA Health Savings Accounts | <input type="checkbox"/> Subcontract Labor Form W-9 & Form 1099-MISC |
| <input type="checkbox"/> 401K Contributions | <input type="checkbox"/> Personal Property Taxes |
| <input type="checkbox"/> Retirement Contribution Deductions | <input type="checkbox"/> Purchasing a Vehicle & Deducting a Vehicle |
| <input type="checkbox"/> College 529 Savings Plans | <input type="checkbox"/> Assets and Depreciation |
| <input type="checkbox"/> Tuition / Education Deductions & Credits | <input type="checkbox"/> Selling Assets / Investments & Capital Gains |
| <input type="checkbox"/> Charitable Contributions Deduction | <input type="checkbox"/> In Home Office Deductions |
| <input type="checkbox"/> Changes in Family Size | <input type="checkbox"/> Buying / Selling a Rental Property |
| <input type="checkbox"/> Inherited Assets | <input type="checkbox"/> Starting / Closing a Small Business |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Forming a LLC |
| <input type="checkbox"/> Retirement & Social Security Income | <input type="checkbox"/> QBID Qualified Business Income Deduction |
| <input type="checkbox"/> Gains from the Sale of a Main Home | <input type="checkbox"/> Marginal Tax Rate vs Average Tax Rate |
| <input type="checkbox"/> Prior Year Tax Returns | <input type="checkbox"/> State Tax Rates |
| <input type="checkbox"/> IRS or State Agency notices | Other : |

Electronic Filing (required)

All Tax Returns are Required to be E-Filed. This is a free service.

Electronic Approval and Electronic Signatures (required)

All Clients will receive an Online E-Signature request via DocuSign once their return is ready for final approval and filing. The E-Signature request contains an online copy of your returns.

Online Client Document Portal (LINK, cloud hosted by Intuit) (optional, but recommended)

This Service is OPTIONAL, if you would like to use the Client Document Portal please call us and we will invite you. All Clients have a FREE two-way client document portal available. This entire packet is available in your document portal. Clients can use their secure Client Document Portal Link to send, store and print their tax documents and tax returns. LINK allows us to share documents back and forth using PDF scans, JPG pictures, and other upload methods.

Paper Copies (optional)

All Clients will receive an Online Copy of their tax returns with their completed E-Signature via DocuSign. LINK Document Portal Clients will also have a copy of their returns stored in their document cloud hosted by Intuit. Any Original Tax Documents received will be returned via FedEx for an additional \$20 fee. Paper Copies of Tax Returns can be provided for an additional \$20 fee.

Client Options (required)**Initial**

Please Return my Original Tax Documents, I did not provide copies.

\$ 20 fee

[]

Please send me a paper copy of my Tax Returns via FedEx.

\$ 20 fee

[]

Payment Choice : (*Select one*) fees are compiled and presented with returns for review.

- ☐ Cash or check a free service
- ☐ Zelle to 317-413-8338 a free service
- ☐ ACH bank transfer a free service
- ☐ Credit or Debit Card 3 % fee

Cardholder Name:

Card Number:

Expiration Date:

Security Code:

Billing Zip:

2025 Tax Fees

All Tax Returns must be approved, signed, and fees paid before e-file can proceed. Tax fees are \$250 per hour. Any situations identified that could materially increase your fees will be communicated to you promptly before work begins. I appreciate your loyalty and your referrals. Thank you again.

Final Checklist

Items to be returned to CPA for tax prep

- ☐ Signed Engagement Letter
- ☐ Completed Client Information 4 pages, Signed at page 4
- ☐ Completed Tax Organizer 50 pages
- ☐ Copies of Last Pay Stubs for the Year
- ☐ Copies of all W-2s
- ☐ Copies of all 1099-Gs (Government Payments)
- ☐ Copies of all 1095-Cs or 1095-Bs (Health Insurance)
- ☐ Copies of all 1095-As (Health Insurance Marketplace)
- ☐ Copies of 1099-INTs (Interest Income)
- ☐ Copies of all 1099-DIVs (Dividend Income)
- ☐ Copies of all 1099-Bs (Sales of Stocks & Bonds)
- ☐ Copies of all Brokerage Statements
- ☐ Copies of all 1099-SSAs (Social Security Income)
- ☐ Copies of all 1099-Rs (Retirement Income)
- ☐ Copies of all K-1s (Partnership, S-Corp, Trust)
- ☐ Copies of all 1098s (Mortgage Interest Paid)
- ☐ Copies of all Real Estate Closing Documents
- ☐ Copies of all 1098-Ts (Tuition Paid)
- ☐ Copies of all Receipts for Sales Tax Paid on Big Purchases (Vehicles, Boats,...)
- ☐ Copies of Divorce Decree / Separation Agreement (if new)
- ☐ Copies of Prior Year Tax Returns (new clients only)
- ☐ Copies of any other Tax Documents You Received
- ☐ Copies of any IRS or State Tax Notices You May Have Received
- ☐ Copy of a Check or a screen shot for Direct Deposit information
- ☐ Do Not Send Your Receipts, only the Tax Documents Listed Above.

Signatures for Return Processing

(required)

I certify that the information provided in this organizer is accurate and complete. I understand it is my responsibility to include any and all information concerning income, deductions and other information necessary for the preparation of my personal income tax returns. All returns in process and still in our office on March 15 will have automatic extensions filed.

(If filing a joint return both parties must sign and date.)

Taxpayer Signature:

Date:

 / /

Spouse Signature:

Date:

 / /

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Miscellaneous Questions - Client Name :

Page 1

If any of the following items pertain to you or your spouse, please check the appropriate box and provide additional information if necessary.

YES

NO

PERSONAL INFORMATION☐☐

Did your marital status change during the year?

☐☐

Did your address change during the year?

☐☐

Could you be claimed as a dependent on another person's tax return?

DEPENDENTS☐☐

Were there any changes in dependents?

☐☐

Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of the year?

☐☐

Did you have any children under age 19 or full-time students under age 24 at the end of the year, with interest and dividend income in excess of \$1,350 or total investment income in excess of \$2,700?

HEALTH CARE COVERAGE☐☐

Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach.

INCOME☐☐

Did you receive unreported tip income of \$20 or more in any month?

☐☐

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

☐☐

Did you receive any disability income?

☐☐

Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT☐☐

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

☐☐

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

☐☐

Did you buy or sell any stocks, bonds or other investment property during the year?

☐☐

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

☐☐

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

☐☐

Did you have any debts canceled or forgiven?

☐☐

Does anyone owe you money which has become uncollectable?

ORGANIZER

| | | | | |
|------|------|----|-------------------------------------|--------|
| 2025 | 1040 | US | Miscellaneous Questions (continued) | Page 2 |
|------|------|----|-------------------------------------|--------|

If any of the following items pertain to you or your spouse, please check the appropriate box and provide additional information if necessary.

YES

NO

RETIREMENT PLANS

☐

Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

☐

Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

☐

Did you transfer or rollover any amount from one retirement plan to another retirement plan?

EDUCATION

☐

Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

☐

Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

ITEMIZED DEDUCTIONS

☐

Did you incur a loss because of damaged or stolen property?

☐

Did you work out of town for part of the year?

☐

Did you use your car on the job (other than to and from work)?

ESTIMATED TAXES

☐

Did you apply an overpayment of 2024 taxes to your 2025 estimated tax (instead of being refunded)?

☐

If you have an overpayment of 2025 taxes, do you want the excess applied to your 2026 estimated tax (instead of being refunded)?

☐

Do you expect your 2026 taxable income and withholdings to be different from 2025?

MISCELLANEOUS

☐

Do you want to allocate \$3 to the Presidential Election Campaign Fund?

☐

Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?

☐

May the IRS discuss your tax return with your preparer?

☐

Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse, please check the appropriate box and provide additional information if necessary.

| YES | NO |
|--------------------------|--------------------------|
| <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"/> |
| <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"/> |

MISCELLANEOUS (continued)

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

Was your home rented out or used for business?

Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?

Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?

Did you engage the services of any household employees?

Were you notified or audited by either the Internal Revenue Service or the State taxing agency?

Did you or your spouse make any gifts to an individual that total more than \$19,000, or any gifts to a trust?

Did your bank account information change within the last twelve months?

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Direct Deposit & Estimates (Form 1040 ES)

Page 4

Please enter all pertinent information.

DIRECT DEPOSIT / ELECTRONIC PAYMENTDirect deposit of federal tax refund into bank account. . . ☐ Y ☐ NElectronic payment of balance due ☐ Y ☐ NElectronic payment of estimated tax. ☐ Y ☐ N**BANK INFORMATION**

| Name of Bank | Percent to Deposit (xx.xx) | Routing Number | Account Number | Type of Account (Table 1) | Type of Invest. (Table 2) |
|--------------|----------------------------|----------------|----------------|---------------------------|---------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

2025 ESTIMATED TAX / 1040-ES**Federal**

| | Amount Paid | Date Paid | TS | Voucher Amount |
|---|-------------|-----------|----|----------------|
| Overpayment applied from 2024. | | | | |
| 1st quarter payment. | | | | |
| 2nd quarter payment. | | | | |
| 3rd quarter payment. | | | | |
| 4th quarter payment. | | | | |
| Additional Estimated Tax Payments | | | | |
| Paid with extension. | | | | |
| Former spouse SSN if joint estimates. | | | | |

State

| | Amount Paid | Date Paid | TS | Voucher Amount |
|--|-------------|-----------|----|----------------|
| Overpayment applied from 2024. | | | | |
| 1st quarter payment. | | | | |
| 2nd quarter payment. | | | | |
| 3rd quarter payment. | | | | |
| 4th quarter payment. | | | | |
| Additional Estimated Tax Payments | | | | |
| Paid with extension. | | | | |

1**Type of Account**

- 1 = Savings
2 = Checking

2**Type of Investment**

- 1 = Checking or savings (default)
2 = Taxpayer's IRA (next year limits)
3 = Spouse's IRA (next year limits)
4 = Health savings account (HSA)
5 = Archer MSA
6 = Coverdell savings account (ESA)
7 = Other
8 = Taxpayer's IRA (current year limits)
9 = Spouse's IRA (current year limits)

Please enter all pertinent information.

APPLICATION OF 2025 OVERPAYMENT

If you have an overpayment of 2025 taxes, do you want the excess refunded? ☐ or applied to 2026 estimate? ☐

Other (please explain):

2026 ESTIMATED TAX INFORMATION

Do you expect your 2026 taxable income to be different from 2025? Yes ☐ No ☐

If "yes" explain any differences in income, deductions, dependents, etc.:

Do you expect your 2026 withholding to be different from 2025? Yes ☐ No ☐

If "yes" explain any differences:

Please provide copies of all W-2, W-2G and 1099-R forms.

WAGES, SALARIES, TIPS ... only enter detail if a Tax Form is not available.

| No. | Name of Employer (Box c) | | | | | | | | | |
|-----|--------------------------|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |

PENSIONS, IRA DISTRIBUTIONS... only enter detail if a Tax Form is not available.

| No. | Name of Payer | | | | | | | | | |
|-----|---------------|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
| | | | | | | | | | | |
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GAMBLING WINNINGS ... only enter detail if a Tax Form is not available.

| No. | Name of Payer | | | | | | |
|-----|---------------|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

GAMBLING LOSSES & WINNINGS (NON W-2G)

| | Amount | TS | Notes |
|---|--------|----|-------|
| Total gambling losses | 12 | | |
| Winnings not reported on Form W-2G..... | 10 | | |

Please provide copies of all Forms 1099-INT, 1099-OID and 1099-DIV

INTEREST INCOME ... only enter detail if a Tax Form is not available.

| No. | Name of Payer (also enter SSN & address for seller-financed mortgage) | 1=taxpayer 2=spouse | | | | Tax-Exempt Interest | | Early Withdrawal Penalty (Box 2) | Interest |
|-----|---|------------------------|---------------------------------------|--------------------------|-----------------------------------|-----------------------------|--------------------------------|---|----------|
| | | | Banks, S&Ls, C/Us, etc. (Box 1) | Financed Mtg. (Box 1) | U.S. Bonds, T-Bills (Box 3) | Total Municipal Bonds | In-state Municipal Bonds | | |
| | | | | | | | | | |
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DIVIDEND INCOME ... only enter detail if a Tax Form is not available.

| No. | Name of Payer | 1=taxpayer 2=spouse | Dividend Income | | | | | Tax-Exempt Interest | | Foreign Tax Paid (Box 7) | Dividends |
|-----|---------------|------------------------|---|------------------------------------|--|-------------------------------|---------------------------|-----------------------------|---------------------------------------|--------------------------------|-----------|
| | | | Total Ordinary Dividends (Box 1a) | Qualified Dividends (Box 1b) | Total Capital Gain Distrib. (Box 2a) | SubSection 199A (Box 5) | U.S. Bonds (% or amt.) | Total Municipal Bonds | In-state Muni-bonds (% or amt.) | | |
| | | | | | | | | | | | |
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Please provide copies of all pertinent Forms 1099-MISC, SSA-1099, and RRB-1099.

MISCELLANEOUS INCOME

| | Amount | | Notes | |
|--|----------|--------|----------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| Social security benefits (SSA-1099, box 5)..... | | | | |
| Medicare premiums paid (SSA-1099)..... | | | | |
| 1=treat Medicare premiums paid as SE health ins.. | | | | |
| Tier 1 RR retirement benefits (RRB-1099, box 5) .. | | | | |
| 1=lump-sum election for SS benefits | | | | |
| Alimony received..... | | | | |
| Taxable scholarships and fellowships..... | | | | |
| Jury duty pay..... | | | | |
| Household employee income not on W-2..... | | | | |
| Excess minister's allowance..... | | | | |
| Alaska permanent fund dividends | | | | |
| Income from rental of personal property | | | | |
| Income subject to S/E tax: | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| Other income (1099-MISC, box 3, 8) | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

TAX WITHHELD (not entered elsewhere)

| | | | | |
|-----------------------------------|--|--|--|--|
| Federal income tax withheld | | | | |
| State income tax withheld | | | | |
| Local income tax withheld | | | | |

Please add, change or delete information as appropriate. Be sure to provide copies of all 1099-G forms.

STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)

1099-G Amount

| | | | |
|--|--|--|--|
| No. <input type="text"/> | Name of payer . . . only enter detail if a Tax Form is not available . . . | | |
| | 1=spouse. | | |
| | Unemployment compensation: | | |
| | Total received (Box 1) | | |
| | 2025 Overpayment repaid. | | |
| | State and local refunds: | | |
| | State and local income tax refund, credit or offsets (Box 2) | | |
| | 1=city or local income tax refund | | |
| | Tax year for box 2 if not 2023 (Box 3). | | |
| | Federal income tax withheld (Box 4). | | |
| | RTAA payments (Box 5). | | |
| | Taxable grants: | | |
| | Federal taxable amount (Box 6) | | |
| | State taxable amount, if different. | | |
| | Farm amounts: | | |
| | Agriculture payments (Box 7). | | |
| | 1=agriculture payments are from conservation reserve program | | |
| Market gain (Box 9). | | | |
| Number of farm | | | |
| 1=box 2 is trade or business income (Box 8). | | | |
| State income tax withheld (Box 11). | | | |

| | | | |
|--|--|--|--|
| No. <input type="text"/> | Name of payer | | |
| | 1=spouse. | | |
| | Unemployment compensation: | | |
| | Total received (Box 1) | | |
| | 2025 Overpayment repaid. | | |
| | State and local refunds: | | |
| | State and local income tax refund, credit or offsets (Box 2) | | |
| | 1=city or local income tax refund | | |
| | Tax year for box 2 if not 2023 (Box 3). | | |
| | Federal income tax withheld (Box 4). | | |
| | RTAA payments (Box 5). | | |
| | Taxable grants: | | |
| | Federal taxable amount (Box 6) | | |
| | State taxable amount, if different. | | |
| | Farm amounts: | | |
| | Agriculture payments (Box 7). | | |
| | 1=agriculture payments are from conservation reserve program | | |
| Market gain (Box 9). | | | |
| Number of farm | | | |
| 1=box 2 is trade or business income (Box 8). | | | |
| State income tax withheld (Box 11). | | | |

Please enter all pertinent mounts and provide copies of all 1099-Q forms. Enter qualified education expenses below that are not entered elsewhere.

ESA'S AND QTP'S (Form 1099-Q)

| | | Amount | Notes |
|---|--|--------|-------|
| No. <input style="width: 40px;" type="text"/> | Name of payer..... | | |
| | 1=spouse..... | | |
| | Qualified expenses: | | |
| | Higher education (net of nontaxable benefits)..... | | |
| | Elementary & secondary education (net of nontaxable benefits)..... | | |
| | Form 1099-Q: | | |
| | Gross distributions (Box 1)..... | | |
| | Earnings (Box 2)..... | | |
| | Basis (Box 3)..... | | |
| | Rollover: 1=nontaxable, 2=taxable (Box 4)..... | | |
| Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) .. | | | |
| ESA's only: | | | |
| Contributions to this ESA | | | |
| Value of this account at 12/31 (plus outstanding rollovers)... | | | |
| Basis in this ESA as of 12/31..... | | | |
| No. <input style="width: 40px;" type="text"/> | Name of payer..... | | |
| | 1=spouse..... | | |
| | Qualified expenses: | | |
| | Higher education (net of nontaxable benefits)..... | | |
| | Elementary & secondary education (net of nontaxable benefits)..... | | |
| | Form 1099-Q: | | |
| | Gross distributions (Box 1)..... | | |
| | Earnings (Box 2)..... | | |
| | Basis (Box 3)..... | | |
| | Rollover: 1=nontaxable, 2=taxable (Box 4)..... | | |
| Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) .. | | | |
| ESA's only: | | | |
| Contributions to this ESA | | | |
| Value of this account at 12/31 (plus outstanding rollovers)... | | | |
| Basis in this ESA as of 12/31..... | | | |
| No. <input style="width: 40px;" type="text"/> | Name of payer..... | | |
| | 1=spouse..... | | |
| | Qualified expenses: | | |
| | Higher education (net of nontaxable benefits)..... | | |
| | Elementary & secondary education (net of nontaxable benefits)..... | | |
| | Form 1099-Q: | | |
| | Gross distributions (Box 1)..... | | |
| | Earnings (Box 2)..... | | |
| | Basis (Box 3)..... | | |
| | Rollover: 1=nontaxable, 2=taxable (Box 4)..... | | |
| Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) .. | | | |
| ESA's only: | | | |
| Contributions to this ESA | | | |
| Value of this account at 12/31 (plus outstanding rollovers)... | | | |
| Basis in this ESA as of 12/31..... | | | |

2025

1040

US

Business Income (Schedule C)

No.

Page 11

Please enter all pertinent amounts. Please provide copies of all 1099- for your revenue. If you provide an Income Statement and Balance Sheet you do not need to enter this information again.

GENERAL INFORMATION

| | |
|---|--|
| Principal business/profession..... | |
| Principal business code..... | |
| Business name, if different from Form 1040..... | |
| Business address, if different from Form 1040.... | |
| City, if different from Form 1040..... | |
| State, if different from Form 1040..... | |
| ZIP code, if different from Form 1040..... | |
| Foreign region..... | |
| Foreign postal code..... | |
| Foreign country..... | |
| Employer identification number..... | |
| Other accounting method..... | |

| | | |
|--|--|--|
| Accounting method: 1=cash, 2=accrual..... | | |
| Inventory method: 1=cost, 2=lower cost/market, 3=other..... | | |
| 1=change of inventory method..... | | |
| 1=spouse, 2=joint..... | | |
| 1=first Schedule C filed for this business..... | | |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no..... | | |
| 1=not subject to self-employment tax..... | | |
| 1=did not "materially participate"..... | | |
| 1=personal services is not a material income producing factor..... | | |
| 1=investment..... | | |
| 1=minister's Schedule C..... | | |
| 1=single member limited liability company..... | | |
| 1=trader in financial instruments or commodities..... | | |

INCOME

| | Amount | Notes |
|--|--------|-------|
| Gross receipts or sales (Form 1099-MISC, box 7)..... | | |
| Returns and allowances..... | | |
| Other income: | | |
| _____ | | |
| _____ | | |
| _____ | | |

COST OF GOODS SOLD

| | | |
|---|--|--|
| Inventory at beginning of the year..... | | |
| Purchases..... | | |
| Cost of items for personal use..... | | |
| Cost of labor..... | | |
| Materials and supplies..... | | |
| Other costs: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Inventory at end of the year..... | | |

Please enter all pertinent amounts. If you provide an Income Statement and Balance Sheet you do not need to enter this information again.

EXPENSES

| | Amount | Notes |
|--|--------|-------|
| Accounting..... | | |
| Advertising..... | | |
| Answering service..... | | |
| Bad debts from sales or service..... | | |
| Bank charges..... | | |
| Car and truck expenses (not entered elsewhere)..... | | |
| Commissions..... | | |
| Contract labor..... | | |
| Delivery and freight..... | | |
| Dues and subscriptions..... | | |
| Employee benefit programs..... | | |
| Insurance (other than health)..... | | |
| Mortgage interest (paid to banks, etc.)..... | | |
| Other interest (not entered elsewhere)..... | | |
| Janitorial..... | | |
| Laundry and cleaning..... | | |
| Legal and professional..... | | |
| Miscellaneous..... | | |
| Office expense..... | | |
| Outside services..... | | |
| Parking and tolls..... | | |
| Pension and profit sharing plans - contributions..... | | |
| Pension and profit sharing plans - admin. and education costs..... | | |
| Postage..... | | |
| Printing..... | | |
| Rent - vehicles, machinery, & equipment (not entered elsewhere)..... | | |
| Rent - other..... | | |
| Repairs..... | | |
| Security..... | | |
| Supplies..... | | |
| Taxes - real estate..... | | |
| Taxes - payroll..... | | |
| Taxes - sales tax included in gross receipts..... | | |
| Taxes - other (not entered elsewhere)..... | | |
| Telephone..... | | |
| Tools..... | | |
| Travel..... | | |
| Total meals in full (50%)..... | | |
| Department of Transportation meals in full (80%)..... | | |
| Uniforms..... | | |
| Utilities..... | | |
| Wages..... | | |

Other expenses:

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

NOTE: If you purchased or disposed of any business assets, please complete those pages.

2025

1040

US

Rental & Royalty Income (Schedule E)

No.

Page 14

Please enter all pertinent amounts.

GENERAL INFORMATION

| | Property # 1 | Property # 2 | Property # 3 | Notes |
|----------------------------------|--------------|--------------|--------------|--|
| Description of property..... | | | | Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental |
| Street address..... | | | | |
| City..... | | | | |
| State..... | | | | |
| ZIP code..... | | | | |
| Type of property (see table).... | | | | |
| Other type of property..... | | | | |
| Number of days rented..... | | | | |

| | Property # 1 | Property # 2 | Property # 3 | | Property # 1 | Property # 2 | Property # 3 |
|--|--------------|--------------|--------------|-----------------------------------|--------------|--------------|--------------|
| Percentage of ownership if not 100% (.xxxx)..... | | | | 1=did not actively participate... | | | |
| Percentage of tenant occupancy if not 100% (.xxxx)..... | | | | 1=real estate professional..... | | | |
| 1=spouse, 2=joint..... | | | | 1=rental other than real estate. | | | |
| 1=qualified joint venture..... | | | | 1=investment..... | | | |
| 1=nonpassive activity, | | | | 1=single member limited | | | |
| 2=passive royalty..... | | | | liability company..... | | | |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no..... | | | | | | | |

INCOME

| | Property # 1 | Property # 2 | Property # 3 |
|----------------------------------|--------------|--------------|--------------|
| Rents or royalties received..... | | | |

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

| | | | |
|--|--|--|--|
| Advertising..... | | | |
| Association dues..... | | | |
| Auto and travel (not entered elsewhere)..... | | | |
| Cleaning and maintenance..... | | | |
| Commissions..... | | | |
| Gardening..... | | | |
| Insurance..... | | | |
| Legal and professional fees..... | | | |
| Licenses and permits..... | | | |
| Management fees..... | | | |
| Miscellaneous..... | | | |
| Mortgage interest (paid to banks, etc.)..... | | | |
| Qualified mortgage insurance premiums..... | | | |
| Excess mortgage interest..... | | | |
| Other interest (not entered elsewhere)..... | | | |
| Painting and decorating..... | | | |
| Pest control..... | | | |
| Plumbing and electrical..... | | | |
| Repairs..... | | | |
| Supplies..... | | | |
| Taxes - real estate..... | | | |
| Taxes - other (not entered elsewhere)..... | | | |
| Telephone..... | | | |
| Utilities..... | | | |
| Wages and salaries..... | | | |
| Other: List Furniture, Equipment, and Improvements | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

NOTE: If you purchased or disposed of any business assets, please complete pages 17 & 18.

2025

1040

US

Rental & Royalty Income (Sch. E) (cont.)

No.

Page 15

Please enter all pertinent amounts. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

| | Property # 1 | Property # 2 | Property # 3 |
|---------------------------|--------------|--------------|--------------|
| Foreign region | | | |
| Foreign postal code | | | |
| Foreign country | | | |

OIL AND GAS

| | | | |
|---|--|--|--|
| Production type (preparer use only) | | | |
| Cost depletion | | | |
| Percentage depletion rate or amount | | | |
| State cost depletion, if different (-1 if none) | | | |
| State % depletion rate or amount, if different (-1 if none) | | | |

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

| | | | |
|---|--|--|--|
| Number of days personal use | | | |
| Number of days owned (if optional method elected) | | | |

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit.
These include repairs, insurance, and utilities.

| | | | |
|---|--|--|--|
| Advertising | | | |
| Association dues | | | |
| Auto and travel (not entered elsewhere) | | | |
| Cleaning and maintenance | | | |
| Commissions | | | |
| Gardening | | | |
| Insurance | | | |
| Legal and professional fees | | | |
| Licenses and permits | | | |
| Management fees | | | |
| Miscellaneous | | | |
| Mortgage interest (paid to banks, etc.) | | | |
| Qualified mortgage insurance premiums | | | |
| Excess mortgage interest | | | |
| Other interest (not entered elsewhere) | | | |
| Painting and decorating | | | |
| Pest control | | | |
| Plumbing and electrical | | | |
| Repairs | | | |
| Supplies | | | |
| Taxes - real estate | | | |
| Taxes - other (not entered elsewhere) | | | |
| Telephone | | | |
| Utilities | | | |
| Wages and salaries | | | |
| Other: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

Please add, change or delete information as appropriate. Be sure to provide copies of all Schedule K-1s.

PARTNERSHIP INFORMATION

| No. | Name of Partnership | Employer Identification Number | Tax Shelter Registration Number | Additional Amounts Invested in Partnership |
|-----|---------------------|--------------------------------|---------------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

S CORPORATION INFORMATION

| No. | Name of S corporation | Employer Identification Number | Tax Shelter Registration Number | Additional Amounts Invested in S corporation |
|-----|-----------------------|--------------------------------|---------------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | | | | |
|------|------|----|------------------------|---------|
| 2025 | 1040 | US | Asset Acquisition List | Page 18 |
|------|------|----|------------------------|---------|

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use, please enter all pertinent information below.

[illegible]

Please enter all pertinent amounts.

GENERAL INFORMATION

| | Amount | Notes |
|---|--------|-------|
| Description of vehicle..... | | |
| 1=no evidence to support your deduction..... | | |
| 1=no written evidence to support your deduction..... | | |
| 1=vehicle is available for off-duty personal use..... | | |
| 1=no other vehicle is available for personal use..... | | |
| 1=vehicle used primarily by more than 5% owner..... | | |
| Number of months of business use if changed from 100% personal use..... | | |

AUTOMOBILE MILEAGE

| | | |
|---|--|--|
| Total mileage (for the tax year)..... | | |
| Business mileage..... | | |
| Commuting mileage (for the tax year)..... | | |
| Average daily round-trip commute..... | | |

ACTUAL EXPENSES

| | | |
|--|--|--|
| Parking fees and tolls (business portion only)..... | | |
| Gasoline, lube, oil..... | | |
| Repairs..... | | |
| Tires..... | | |
| Insurance..... | | |
| Miscellaneous..... | | |
| Auto license (other than personal property taxes)..... | | |
| Personal property taxes (based on car's value)..... | | |
| Interest (car loan) (for Schedule C, E & F)..... | | |
| Vehicle rent or lease payments..... | | |
| Inclusion amount (enter as positive)..... | | |
| Value of employer-provided vehicle on Form W-2 (2106)..... | | |

2025

1040

US

Business Use of Home (Form 8829)

No.

Page 20

Please enter indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

| | Amount | Notes |
|---|--------|-------|
| Form | | |
| Number of form (e.g., enter 2 for Schedule C number 2) | | |
| Business use area (square footage) | | |
| Total area of home (square footage) | | |
| Total hours facility used (for daycare facilities only) | | |
| Total hours available (if not 8,760) | | |
| Area of home included above used exclusively for daycare business, if any (sq ft) | | |
| % (.xx) or amount of gross income from home if not 100% (-1 if none) | | |
| % (.xx) or amount of expenses from home if not 100% (-1 if none) | | |

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home.
They benefit both the business and personal parts of your home.

| | | |
|--------------------------------|--|--|
| Mortgage interest | | |
| Real estate taxes | | |
| Casualty losses | | |
| Insurance | | |
| Miscellaneous | | |
| Rent | | |
| Repairs and maintenance | | |
| Utilities | | |
| Excess mortgage interest | | |
| Excess real estate taxes | | |

Other indirect expenses:

| | | |
|-------|--|--|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include
painting or repairs made to specific areas or rooms used for business.

| | | |
|---------------------------------|--|--|
| Mortgage interest | | |
| Real estate taxes | | |
| Casualty losses | | |
| Insurance | | |
| Miscellaneous | | |
| Rent | | |
| Repairs and maintenance | | |
| Utilities | | |
| Excess mortgage interest | | |
| Excess real estate taxes | | |
| Excess casualty losses | | |
| Allowable casualty losses | | |

Other direct expenses:

| | | |
|-------|--|--|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

2025

1040

US

Adjustments to Income

Page 21

Please enter all pertinent information.

TRADITIONAL IRA CONTRIBUTIONS

| | Amount | | Notes | |
|--|----------|--------|----------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| IRA contributions you made or expect to make (1=maximum) (\$7,000/\$8,000 if 50 or older)..... | | | | |
| Contributions made to date | | | | |
| 1=covered by plan, 2=not covered..... | | | | |
| 2025 payments from 1/1/25 to 4/15/26 | | | | |

ROTH IRA CONTRIBUTIONS

| | | | | |
|---|--|--|--|--|
| Roth IRA contributions you made or expect to make (1=maximum) (\$7,000/\$8,000 if 50 or older)..... | | | | |
| Contributions made to date | | | | |

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

| | | | | |
|--|--|--|--|--|
| Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)..... | | | | |
| Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)..... | | | | |
| Defined benefit contributions you expect to make..... | | | | |
| Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)..... | | | | |
| Plan contribution rate if not .25 (.xxxx) | | | | |
| Individual 401k: SE elective deferrals (except Roth) (1=max.)... | | | | |
| Individual 401k: SE designated Roth contributions (1=max.)... | | | | |
| SIMPLE contributions: | | | | |
| Self-employed SIMPLE contributions you made or expect to make (1=maximum)..... | | | | |
| Employer matching rate if not .03 (.xxxx) | | | | |
| 1=nonelective contributions (2%) | | | | |
| Contributions made to date | | | | |

ADJUSTMENTS TO INCOME

| | | | | |
|---|--|--|--|--|
| Self-employed health insurance: | | | | |
| Total premiums (excluding long-term care).... | | | | |
| Long-term care premiums..... | | | | |
| Student loan interest paid (1098-E, box 1) | | | | |
| Educator expenses (kindergarten thru grade 12)... | | | | |
| Jury duty pay given to employer..... | | | | |
| Expenses from rental of personal property..... | | | | |
| Other adjustments to income: | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

Alimony paid:

Taxpayer

Spouse

| | | | | |
|----------------------------|--|-------|--|-------|
| Recipient's first name.... | | | | |
| Recipient's last name.... | | | | |
| Recipient's SSN..... | | | | |
| Amount paid | | Notes | | Notes |

Please enter all pertinent amounts and provide copies of all 1098 forms.

MEDICAL AND DENTAL EXPENSES

NOTE:Enter self-employed health insurance premiums on page 22 and Medicare insurance premiums on page 8.

| | Amount | TS | Notes |
|--|--------|----|-------|
| Prescription medicines and drugs. | | | |
| Doctors, dentists and nurses. | | | |
| Hospitals and nursing homes. | | | |
| Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars). . | | | |
| Long-term care premiums - taxpayer. | | | |
| Long-term care premiums - spouse. | | | |
| Insurance reimbursement (enter as a positive number). | | | |
| Lodging and transportation: | | | |
| Out-of-pocket expenses. | | | |
| Medical miles driven. | | | |
| Other medical and dental expenses: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

TAXES PAID

| | | | |
|--|--|--|--|
| State income taxes - 1/25 payment on 2024 state estimate. | | | |
| State income taxes - paid with 2024 state return extension. | | | |
| State income taxes - paid with 2024 state return extension. | | | |
| State income taxes - paid for prior years and/or to other state. | | | |
| City/local income taxes - 1/25 payment on 2024 city/local estimate. | | | |
| City/local income taxes - paid with 2024 city/local extension. | | | |
| City/local income taxes - paid with 2024 city/local return. | | | |

SALES AND USE TAXES PAID

| | | | |
|---|--|--|--|
| State and local sales taxes (except autos and special items) | | | |
| Use taxes paid on purchases. | | | |
| Use taxes paid with prior year state return. | | | |
| Sales tax on autos not included above. | | | |
| Sales tax on boats, aircraft, other special items. | | | |

OTHER TAXES PAID

| | | | |
|---|--|--|--|
| Real estate taxes - principal residence: | | | |
| _____ | | | |
| _____ | | | |
| Real estate taxes - held for investment: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| Personal property taxes (including auto fees in some states. Provide a copy of tax notice). . | | | |
| Foreign income taxes. | | | |
| Other taxes: | | | |
| _____ | | | |

Please enter all pertinent amounts.

INTEREST PAID only enter detail if a Tax Form is not available.

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

| | Amount | TS | Notes |
|--|--------|----|-------|
| | | | |
| | | | |
| | | | |

Home mortgage interest ... not reported on Form 1098:

| | |
|--------------------------|--|
| Payee's name | |
| Payee's SSN or FEIN .. | |
| Payee's street address . | |
| Payee's city | |
| Payee's state | |
| Payee's ZIP code | |
| Payee's region | |
| Payee's postal code | |
| Payee's country | |

| | | |
|-------------------|--|--|
| Amount paid | | |
|-------------------|--|--|

Points not reported on Form 1098:

| | | |
|--|--|--|
| | | |
| | | |
| | | |

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

Investment interest (interest on margin accounts):

| | | |
|--|--|--|
| | | |
| | | |
| | | |

Passive interest

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage.
For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Volunteer expenses (out-of-pocket) | | |
| Number of charitable miles | | |

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Volunteer expenses (out-of-pocket) | | |
| Number of charitable miles | | |

Please enter all pertinent amounts.

NONCASH CONTRIBUTIONS

NOTE: Use page 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

| | Amount | TS | Notes |
|-------|--------|----|-------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

30% limitation (see above):

| | | | |
|-------|--|--|--|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

| | | | |
|-------|--|--|--|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

| | | | |
|-------|--|--|--|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT (subject to 2% AGI limit)

Union and professional dues

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

| | | | |
|-------|--|--|--|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

Investment expense:

| | | | |
|-------|--|--|--|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

Tax return preparation fee

Safe deposit box rental

| | | | |
|--|--|--|--|
| | | | |
| | | | |

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

| | | | |
|-------|--|--|--|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

OTHER MISCELLANEOUS DEDUCTIONS

This image shows a single page of white paper with horizontal black lines, resembling notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

2025

1040

US

Noncash Contributions (Form 8283)

Page 26

If your total noncash contributions are in excess of \$500, please complete the information below for each donee using the following guidelines:

- * If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.
- * A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

| | | | |
|---|--|----------------------------------|--|
| No. <input type="text"/> | Name of charitable organization (donee)..... | | |
| | Street address | | |
| | City | | |
| | State | | |
| | ZIP code | | |
| | 1=spouse, 2=joint | | |
| | Property description (other than vehicle)..... | | |
| | Vehicle | Identification number (VIN)..... | |
| | | Year (yyyy) | |
| | | Make and model | |
| | | Condition and mileage | |
| | Date of contribution (m/d/y)..... | | |
| | Date acquired by donor (m/y) | | |
| | How acquired by donor (Table 1 or describe)..... | | |
| Donor's cost or basis | | | |
| Fair market value | | | |
| Method used to determine FMV (Table 2 or describe)..... | | | |

| | | | |
|---|--|----------------------------------|--|
| No. <input type="text"/> | Name of charitable organization (donee)..... | | |
| | Street address | | |
| | City | | |
| | State | | |
| | ZIP code | | |
| | 1=spouse, 2=joint | | |
| | Property description (other than vehicle)..... | | |
| | Vehicle | Identification number (VIN)..... | |
| | | Year (yyyy) | |
| | | Make and model | |
| | | Condition and mileage | |
| | Date of contribution (m/d/y)..... | | |
| | Date acquired by donor (m/y) | | |
| | How acquired by donor (Table 1 or describe)..... | | |
| Donor's cost or basis | | | |
| Fair market value | | | |
| Method used to determine FMV (Table 2 or describe)..... | | | |

| | |
|---|--|
| 1 How Property was Acquired 1 = Purchase 3 = Inheritance 2 = Gift 4 = Exchange | 2 Method Used to Determine FMV 1 = Appraisal 3 = Catalog 2 = Thrift shop value 4 = Comparable sales For other methods, see IRS Pub. 561. |
|---|--|

Please enter all pertinent amounts & provide copies of all 1099-SA forms.

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. A high deductible health plan is one with an annual deductible that is not less than \$1,400 for self-only coverage or \$2,800 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$6,900 for self-only coverage or \$13,800 for family coverage.

| | Amount | | Notes | |
|---|----------|--------|----------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| 1=self-only coverage, 2=family coverage..... | | | | |
| HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)..... | | | | |
| Contributions included above that were made after you became eligible for Medicare..... | | | | |
| Contributions made to date | | | | |

HSA DISTRIBUTIONS

| | | | | |
|---|--|--|--|--|
| Total HSA distribution received (1099-SA, box 1)... | | | | |
| Distributions included above that were rolled over to another HSA | | | | |
| Total unreimbursed qualified medical expenses... | | | | |

Please enter all pertinent information. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES

Dependent care expenses incurred but not paid ...
Employer-provided benefits forfeited

| Amount | | Notes | |
|----------|--------|----------|--------|
| Taxpayer | Spouse | Taxpayer | Spouse |
| | | | |
| | | | |

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

| | | | |
|--------------------------|---|--|-------|
| No. <input type="text"/> | First name..... | | |
| | Last name..... | | |
| | Title or suffix..... | | |
| | Date of birth (m/d/y)..... | | |
| | Social security number..... | | |
| | Qualified dependent care expenses incurred and paid | | Notes |
| | 1=disabled..... | | |
| | 1=spouse, 2=joint..... | | |

| | | | |
|--------------------------|---|--|-------|
| No. <input type="text"/> | First name..... | | |
| | Last name..... | | |
| | Title or suffix..... | | |
| | Date of birth (m/d/y)..... | | |
| | Social security number..... | | |
| | Qualified dependent care expenses incurred and paid | | Notes |
| | 1=disabled..... | | |
| | 1=spouse, 2=joint..... | | |

PERSONS OR ORGANIZATIONS PROVIDING CARE

| | | | |
|--------------------------|---|--|-------|
| No. <input type="text"/> | Name of provider..... | | |
| | Street address | | |
| | City..... | | |
| | State..... | | |
| | ZIP code..... | | |
| | Foreign region | | |
| | Foreign postal code..... | | |
| | Foreign country | | |
| | Identification number (SSN or EIN)..... | | |
| | Amount paid to care provider | | Notes |
| | 1=spouse, 2=joint..... | | |

Please complete the information below if you paid qualified education expenses for you, your spouse, or your dependents enrolled in an accredited postsecondary institution.

STUDENT INFORMATION

| | | |
|---|--|--|
| 1=taxpayer, 2=spouse | | |
| First name | | |
| Last name | | |
| Social security number | | |
| Number of years hope credit claimed | | |
| Number of prior years AOC claimed | | |
| 1=student was NOT enrolled at least half-time for at least one academic period that began in 2025 (or the first 3 months of 2026 if the qualified expenses were made in 2025) at an eligible institution in a qualified program. | | |
| 1=student completed first four years of post-secondary education before 2025. | | |
| 1=student was convicted, before the end of 2025, of a felony for possession or distribution of a controlled substance. | | |

EDUCATIONAL INSTITUTION ATTENDED (#1)... only enter detail if a Tax Form is not available.

| | | |
|--|--|--|
| Name | | |
| Street address | | |
| City | | |
| State | | |
| ZIP code | | |
| 1=2020 Form 1098-T was NOT received | | |
| 1=2020 Form 1098-T received with Box 2 & 7 completed | | |
| 1=2019 Form 1098-T received with Box 2 & 7 completed | | |
| Federal ID number from Form 1098-T | | |

EDUCATIONAL INSTITUTION ATTENDED (#2)

| | | |
|---|--|--|
| Name | | |
| Street address | | |
| City | | |
| State | | |
| ZIP code | | |
| 1= Form 1098-T was NOT received | | |
| 1= Form 1098-T received with Box 2 & 7 completed | | |
| 1= prior year Form 1098-T received with Box 2 & 7 completed | | |
| Federal ID number from Form 1098-T | | |

QUALIFIED EDUCATION EXPENSES

| | Amount | Notes |
|---|--------|-------|
| Qualified tuition & fees paid (net of refund or assistance, & not entered elsewhere) .. | | |
| Books & supplies required to be purchased from institution | | |
| Books & supplies not entered above | | |
| Amount of prior year refund or assistance * | | |

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

[illegible]