

Accounting Solutions & Automation, Inc.**2025 Tax Organizer – Form 1040**

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

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

Please enter only 2025 information; Please request other year's tax organizers if needed.

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

Please provide the following information:

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

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

Return to:

Bert Roberge, CPA/PFS

Accounting Solutions & Automation, Inc.

E-mail: Bert@ASAToday.com; Fax: 977-920-1982

PERSONAL INFORMATION

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

DEPENDENT INFORMATION

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

IRA, PENSION AND EDUCATION SAVINGS PLANS

- | | Yes | No |
|--|--------------------------|--------------------------|
| 12 Did you receive payments from a pension or profit-sharing plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 a Did you convert all or part of a regular IRA into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did you roll over all or part of a qualified plan into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Did you contribute to a Coverdell Education Savings Account? | <input type="checkbox"/> | <input type="checkbox"/> |

ITEMS RELATED TO INCOME/LOSSES

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

PRIOR YEAR TAX RETURNS

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

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

	Yes	No
23 Did you have foreign income or pay any foreign taxes in 2025 ?	<input type="checkbox"/>	<input type="checkbox"/>
24a At any time during 2025, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , enter the name of the foreign country where the financial account is located: _____		
b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2025? Report all interest income	<input type="checkbox"/>	<input type="checkbox"/>
25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust?	<input type="checkbox"/>	<input type="checkbox"/>
26 Did you at any time during 2025, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH AND LIFE INSURANCE

	Yes	No
27 Did you receive Form 1095-A (Health Coverage)? If so, please attach	<input type="checkbox"/>	<input type="checkbox"/>
28a Did you or your spouse have self-employed health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
b If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job?	<input type="checkbox"/>	<input type="checkbox"/>
29 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you?	<input type="checkbox"/>	<input type="checkbox"/>
30 Did you contribute to or receive distributions from a Health Savings Account (HSA)?	<input type="checkbox"/>	<input type="checkbox"/>

MISCELLANEOUS

	Yes	No
31 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"/>
32 Did you purchase a motor vehicle or boat during 2025?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , attach documentation showing sales tax paid.		
33 Did you purchase an energy efficient vehicle in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , enter year, make, model, and date purchased: _____		
also provide VIN: _____		
34 Did you pay qualified passenger vehicle loan interest in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , attach documentation showing interest paid.		
35 Did you donate a vehicle in 2025? If yes, attach Form 1098C	<input type="checkbox"/>	<input type="checkbox"/>
36 What was the sales tax rate in your locality in 2025? _____ % State ID		
37 Did you or your spouse make gifts of over \$19,000 to an individual or contribute to a prepaid tuition plan?	<input type="checkbox"/>	<input type="checkbox"/>
38 Did you make gifts to a trust?	<input type="checkbox"/>	<input type="checkbox"/>
39 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please attach details.		
40 Did you or your spouse participate in a medical savings account in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)		
41 Did you make a loan at an interest rate below market rate?	<input type="checkbox"/>	<input type="checkbox"/>
42 Did you pay any individual for domestic services in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
43 Did you pay interest on a student loan for yourself, your spouse, or your dependents?	<input type="checkbox"/>	<input type="checkbox"/>
44 Did you, your spouse, or your dependents attend post-secondary school in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
45 Did a lender cancel any of your debt in 2025? (Attach any Forms 1099-A or 1099-C)	<input type="checkbox"/>	<input type="checkbox"/>
46 Did you receive any income not included in this Tax Organizer?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please attach information.		
47 At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?	<input type="checkbox"/>	<input type="checkbox"/>
48a 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
49 If your tax return is eligible for Electronic Filing, would you like to file electronically?	<input type="checkbox"/>	<input type="checkbox"/>
50 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?	<input type="checkbox"/>	<input type="checkbox"/>
Caution: Review transferred information for accuracy.		
51 If yes , please provide the following information:		
a Name of your financial institution		
b Routing Transit Number (must begin with 01 through 12 or 21 through 32)		
c Account number		
d What type of account is this?	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
<input checked="" type="checkbox"/> Please attach a voided check (not a deposit slip) if your bank account information has changed.		

P

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.

Business/Investment Questions

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

PERSONAL INFORMATION

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

FILING STATUS

1 Single
 2 Married filing jointly
 3 Married filing separately
 Check this box if you **did not** live with spouse at any time during the year
 Check this box if you are eligible to claim spouse's exemption
 Check this box if your spouse itemizes deductions.....
 4 Head of household
 If the qualifying person is a child but not your dependent, enter
 Child's name..... Child's social security number.....
 5 Qualifying surviving spouse
 Check the box for the year the spouse died 2023 2024

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Not qua- lified credit	Date of Birth	2025 Child Care Expense
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

**** For the Dependent Code, enter the following:**
 L = dependent child who lived with you
 N = dependent child who didn't live with you due to divorce or separation
 O = other dependent
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)
+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.
***** Check this box if dependent child is not a U.S. citizen or resident alien

Medical and Tax Expenses

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

Interest Paid and Cash Contributions

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

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

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address
	
	

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

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

QUALIFIED MORTGAGE INSURANCE PREMIUMS		
	2025	
Premiums paid in 2025 for qualified mortgage insurance not from Form 1098 import		

Interest Paid and Cash Contributions (continued)

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

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

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

Noncash Contributions

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	
A _____	<input type="checkbox"/>		
B _____	<input type="checkbox"/>		
C _____	<input type="checkbox"/>		
D _____	<input type="checkbox"/>		
E _____	<input type="checkbox"/>		
F _____	<input type="checkbox"/>		
G _____	<input type="checkbox"/>		
H _____	<input type="checkbox"/>		
I _____	<input type="checkbox"/>		

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

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

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

***Methods of determining FMV:**

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

****Type of Donated Property**

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

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

Miscellaneous Itemized Deductions (FOR STATE USE ONLY)

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)	2025	
Employee Business Expenses		
Note: If you have any travel, transportation, meal expenses or your employer reimbursed you for any of your job-related expenses, complete ORG17 for all your employee expenses.		
1 Union and professional dues		
2 Professional subscriptions		
3 Uniforms and protective clothing		
4 Job search costs		
5 Other unreimbursed employee expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
Other Expenses Subject to the 2% Limitation		
Treat all MACRS assets for this activity as qualified Indian reservation property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Treat all assets acquired after August 27, 2005 as qualified GO Zone property?	<input type="checkbox"/> Regular	<input type="checkbox"/> Extension <input type="checkbox"/> No
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this property located in a Qualified Disaster Area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check to code assets as Investment Expense	<input type="checkbox"/>	
6 Tax return preparation fees		
7 Investment counsel and advisory fees		
8 Certain attorney and accounting fees		
9 Safe deposit box rental		
10 IRA custodial fees		
11 a Government unemployment benefits repaid in 2025	<input type="checkbox"/>	
b Other expenses (list):		

OTHER MISCELLANEOUS DEDUCTIONS		
	2025	
12 Federal estate tax paid on income in respect of a decedent		
13 Amortizable bond premiums (acquired before 10/23/86)		
14 Gambling losses (to the extent of gambling income)		
15 Claim repayments		
16 Unrecovered investment in annuity		
17 Ordinary loss attributable to certain debt instruments		

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle.....			
2 a Date placed in service.....			
b Date acquired, if different from line 2a.....			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
a Ending mileage reading.....			
b Beginning mileage reading.....			
c Total miles for the year (line 3a less line 3b).....			
4 Business miles 01/01/2024 thru 12/31/2024.....			
5 Total commuting miles.....			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc.....			
9 Vehicle registration fee (excluding property tax).....			
10 Vehicle lease or rental fee.....			
11 Inclusion amount (Preparer Use Only).....			
12 Depreciation (Preparer Use Only).....			
13 Parking fees, tolls, and local transportation.....			
14 Portion of vehicle registration fee based on value.....			
15 Interest on vehicle.....			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis.....			
17 Is this an electric vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle (Preparer Use).....			
20 Section 179 expense (Preparer Use).....			
21 Qualified Property for Economic Stimulus? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Qualified Property for Qualified Disaster Area? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Kansas Disaster Zone? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Qualified GO Zone Property (Preparer Use).....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
25 Percentage for SDA? (Preparer Use).....	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No
26 Elect OUT of SDA? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27 Elect 30% in place of 50% SDA (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28 Date sold.....			
29 Sales price.....			
30 Expense of sale.....			
31 Gain/loss basis, if different (Preparer Use).....			
32 AMT gain/loss basis, if different (Preparer Use).....			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
33 Is another vehicle available for personal use?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
34 Was vehicle available during off duty hours?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Was vehicle used primarily by a greater than 5% owner or related person?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Do you have evidence to support the business use claimed?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
37 If yes, is the evidence written?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No

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)

- | | | |
|--|---|------------------------------------|
| | Yes | No |
| 10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory? (If yes, attach explanation) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Did you materially participate in the operation of this business during 2025 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Did you start or acquire this business during 2025 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 a Did you make any payments in 2025 that require you to file Forms 1099? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes, did you or will you file all the required Forms 1099? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 At-risk determination: | | |
| a Is all of the investment in this activity at risk? | <input type="checkbox"/> | |
| b Is some of the investment in this activity not at risk? | <input type="checkbox"/> | |
| 15 Did you have unallowed passive losses in 2024 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 a Treat all MACRS assets for this activity as qualified Indian reservation property? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? | Regular <input type="checkbox"/> Extension <input type="checkbox"/> | No <input type="checkbox"/> |
| c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? | <input type="checkbox"/> | <input type="checkbox"/> |
| d Was this business located in a Qualified Disaster Area? | <input type="checkbox"/> | <input type="checkbox"/> |

INCOME	2025	
17 Gross receipts or sales.....		
18 Returns and allowances plus other adjustments.....		
19 Other income (include federal/state gas tax credit/refund)		

COST OF GOODS SOLD – IF APPLICABLE	2025	
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.....		

Business Income and Expenses (continued)

EXPENSES	2025	
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).....		
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		

Rent and Royalty Income and Expenses

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**
- 2 a** 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**
- 3 a** 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 _____
- 7 a** 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**
- 14 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 activity located in a Qualified Disaster Area?..... **Yes** **No**

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2025			
15 Rents or royalties received				
<p>* Property Types:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> 1 Single family residence 2 Multi-family residence 3 Vacation/short-term rental 4 Commercial </td> <td style="width: 50%; vertical-align: top;"> 5 Land 6 Royalties 7 Self-rental 8 Other </td> </tr> </table>			1 Single family residence 2 Multi-family residence 3 Vacation/short-term rental 4 Commercial	5 Land 6 Royalties 7 Self-rental 8 Other
1 Single family residence 2 Multi-family residence 3 Vacation/short-term rental 4 Commercial	5 Land 6 Royalties 7 Self-rental 8 Other			

Rent and Royalty Income and Expenses (continued)

EXPENSES	2025	
Property location <u>1</u>		
16 Advertising		
17 a Automobile (complete ORG18 for autos).....		
b Travel.....		
18 Cleaning and maintenance		
19 Commissions.....		
20 a Mortgage insurance premiums – qualified		
b Other insurance		
21 Legal and professional fees		
22 Management fees		
23 a Mortgage interest paid to banks – qualified.....		
b Mortgage interest paid to banks – other.....		
24 Other interest		
25 Repairs.....		
26 Supplies.....		
27 a Real estate taxes.....		
b Other taxes.....		
28 Utilities		
29 Other expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
30 a Depreciation and Section 179 deduction (Preparer Use Only)		
b Depletion (Preparer Use Only)		

GENERAL INFORMATION

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

STATE CREDITS

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

VOLUNTARY STATE CONTRIBUTIONS

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

MISCELLANEOUS QUESTIONS

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

