

## 2025 Tax Organizer

### Personal Information

#### Personal Information

Name		SSN	Has IP PIN	Date of Birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
Occupation		Daytime Phone	Evening Phone	Cell Phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

#### Filing status at the end of 2025

☐ Single ☐ Married ☐ Widowed - If widowed and your spouse died after December 31, 2023, enter the date of death \_\_\_\_\_

☐ Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2025? \_\_\_\_\_

Yes No

☐ ☐ Are you or your spouse blind?

☐ ☐ Are you or your spouse disabled?

☐ ☐ Are you or your spouse a full-time student?

☐ ☐ Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?

☐ ☐ At any time during 2025 did you:

(a) receive (as a reward, award, or payment for property or services) a digital asset?

(b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

#### Identification Information

##### Taxpayer's type of photo ID

☐ Driver's license ☐ State-issued photo ID

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

##### Spouse's type of photo ID

☐ Driver's license ☐ State-issued photo ID

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

#### Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use this Account for	
			Checking	Savings	Deposits	Withdrawals

#### Appointment Information

Your 2025 appointment is scheduled for \_\_\_\_\_

Dependent and Other Information

Name:

SSN:

Dependent Information

First and Last Name SSN	Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses

List dependents required to file a return \_\_\_\_\_

Child and Other Dependent Care Expenses

Name of Care Provider	Address	SSN or EIN	Amount Paid

Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2024						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

# 2025

## Asset Listing for 2025

Name:

SSN:

## Assets for

[illegible]

Form 4835 - Farm Rental Income and Expenses

Name:

SSN:

General Information

TSJ      Employer ID number

Description

☐ This farm was disposed of during 2025

Income

	2025	2024		2025	2024
Income from production of livestock, produce, grains, and other crops . . .			Crop insurance proceeds:		
Total cooperative distributions . . . . .			Amount received in 2025 . . . . .		
Total agricultural payments . . . . .			<input type="checkbox"/> You elect to defer to 2026		
Commodity Credit Corporation (CCC) loans:			Amount deferred from 2024 . . .		
CCC loans reported . . . . .			Other income . . . . .		
CCC loans forfeited . . . . .					

Expenses

	2025	2024		2025	2024
Car & truck expenses . . . . .			Seeds & plants purchased . . . . .		
Chemicals . . . . .			Storage & warehousing . . . . .		
Conservation expenses . . . . .			Supplies purchased . . . . .		
Custom hire (machine work) . . . . .			Taxes . . . . .		
Employee benefit programs . . . . .			Utilities . . . . .		
Feed purchased . . . . .			Veterinary, breeding, & medicine . .		
Fertilizers & lime . . . . .			Other expenses (list)		
Freight & trucking . . . . .					
Gasoline, fuel, & oil . . . . .					
Insurance (other than health) . . . . .					
Interest - mortgage (paid to banks, etc.)					
Interest - other . . . . .					
Labor hired (less jobs credit) . . . . .					
Pension & profit-sharing plans . . . . .					
Rent - vehicles, machinery & equipment					
Rent - other (land, animals, etc.) . . .					
Repairs & maintenance . . . . .					



Healthcare Coverage Questionnaire

Name:

SSN:

Healthcare Information

Member of Household for Healthcare Purposes	Covered the Entire Year	Covered Less than 12 Months	No Healthcare Coverage at All

YES NO

- ☐ ☐
- Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
- 
- ☐ ☐
- Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

- ☐ Employer
- ☐ Medicare
- ☐ Medicaid
- ☐ Marketplace (Exchange)
- ☐ Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

- ☐ ☐
- Was your previous insurance policy canceled in 2025?
- 
- ☐ ☐
- Was coverage offered by your employer or your spouse's employer?
- 
- ☐ ☐
- Are you a member of a federally recognized Indian tribe?
- 
- ☐ ☐
- Are you eligible for services through an Indian healthcare provider?
- 
- ☐ ☐
- Are you a member of a healthcare sharing ministry?
- 
- ☐ ☐
- Did you live in the United States the entire year?
- 
- ☐ ☐
- Are you enrolled in TRICARE?
- 
- ☐ ☐
- Did you apply for CHIP coverage?
- 
- ☐ ☐
- Do any of the following apply to you? Do NOT indicate which one.
- Became homeless
  - Evicted in the past six months, or facing eviction or foreclosure
  - Received a shut-off notice from a utility company
  - Recently experienced domestic violence
  - Recently experienced the death of a close family member
  - Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
  - Filed for bankruptcy in the last six months
  - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
  - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

Healthcare Coverage Questionnaire for Taxpayer and Spouse  
(for preparer use)

PRIMARY TAXPAYER

All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A.												
Had health care coverage from another source?												
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number.												
Employer offered health coverage which was declined?												
If Yes, what would be the cost for SELF coverage?												
If Yes, what would be the cost for FAMILY coverage?												
Would the FAMILY policy have covered the spouse?												

SPOUSE

All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A.												
Had health care coverage from another source?												
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number												
Employer offered health coverage which was declined?												
If Yes, what would be the cost for SELF coverage?												
If Yes, what would be the cost for FAMILY coverage?												
Would the FAMILY policy have covered the spouse?												

## Healthcare Coverage Questionnaire for Dependents (for preparer use)

All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A.												
Had health care coverage from another source?												
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number.												
Required to file a return?    Yes <input type="checkbox"/> No <input type="checkbox"/>	AGI of that return? _____											

All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A												
Had health care coverage from another source?												
Was exempt from health care mandate. Has Exemption Certificate Number? If Yes, provide number.												
Required to file a return?    Yes <input type="checkbox"/> No <input type="checkbox"/>	AGI of that return? _____											

All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A												
Had health care coverage from another source?												
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number.												
Required to file a return?    Yes <input type="checkbox"/> No <input type="checkbox"/>	AGI of that return? _____											



Schedule C - Profit or Loss from Business

Name: SSN:

General Business Information

TS Professional product or service Employer ID number

Business name

Business address, city, state, ZIP

Accounting Method: Cash Accrual Other (specify)

This business started or was acquired during 2025. This business was disposed of during 2025.

Select if this business is for: Professional gambler Newspaper delivery and you are under 18 years of age Exempt Notary income A clergy

Yes No Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business. If "Yes," did you file Forms 1099 for the individuals? Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021? If "Yes," was any portion of the loan forgiven in 2025?

Income

	2025	2024		2025	2024
Gross receipts or sales			Other income		
Returns & allowances					

Expenses

	2025	2024		2025	2024
Advertising			Repairs & maintenance		
Car & truck expenses			Supplies		
Commissions & fees			Taxes & licenses		
Contract labor			Travel		
Depletion			Total meals		
Employee benefit programs			Utilities		
Insurance (other than health)			Wages		
Interest - mortgage			Family health coverage payments for taxpayer, spouse or dependents		
Interest - other			Other expenses (list)		
Legal & professional services					
Office expenses					
Pension & profit-sharing plans					
Rent or lease (vehicles, machinery, & equipment)					
Rent (other business property)					

Cost of Goods Sold

	2025		2025	
Inventory at beginning of year		Materials & supplies		
Purchases		Other costs		
Cost of personal use items		Inventory at end of year		
Cost of labor				

**2025**

## Detail Worksheet

Name:

SSN:

[illegible]

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name:

SSN:

General Property Information

TSJ

Property description

Address, city, state, ZIP

Select the property type

☐ Single family residence

☐ Multi-family residence

☐ Vacation / short-term rental

☐ Commercial

☐ Land

☐ Royalties

☐ Self-rental

☐ Other

Number of days property was rented

Number of days property was used for personal use

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied

☐ This property was placed in service during 2025.

☐ This property was disposed of during 2025.

☐ This property is your main home or second home.

☐ This property was owned as a qualified joint venture.

Yes

No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental.

If "Yes," did you file Forms 1099 for the individuals?

Income

	2025	2024		2025	2024
Rent Income			Royalties from oil, gas, mineral, copyright or patent		

Expenses

	Rental Unit Expenses		Rental and Homeowner Expenses		
Advertising					If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel					
Cleaning & maintenance					
Commissions					
Insurance					
Legal & professional fees					
Management fees					
Mortgage interest					
Other interest					
Repairs					
Supplies					
Taxes					
Utilities					
Depletion					
Other expenses (list)					If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

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**2025**

## Income or Loss from Investments in Partnerships, S Corporations, and Fiduciaries

Name:

SSN:

## Schedule K-1 from Partnerships, S Corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

[illegible]

Expenses Related to Business

Name:

SSN:

Auto Expense

Name of business vehicle is used for

Description of vehicle

Date vehicle was placed in service

Yes

No

Was this vehicle available for use during off-duty hours?

Was another vehicle available for personal use?

Yes

No

Do you have evidence to support your deduction?

If "Yes," is the evidence written?

Number of miles the vehicle was driven during 2025

2025

2024

Business

Commuting

Other

Total number of miles the vehicle was driven in prior years

2025

2024

Business

Total

Expenses

2025

2024

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Rental fees

Interest

Property tax

2025

2024

Repairs

Tires

Tolls

Lease addback

Other expenses

Business Use of Home

Name of business home is used for

What is the total square footage of your home that was used regularly and exclusively for business?

What is the total square footage of your home?

For daycare facilities not used exclusively for business, complete the following questions:

How many days during the year was the area used?

How many hours per day was the area used?

The daycare facility was in operation for the entire year.

Expenses

Office Expenses

2025

2024

Home Expenses

2025

2024

Mortgage interest

Real estate taxes

Excess mortgage interest

Excess real estate taxes

Insurance

Rent

Repairs & maintenance

Utilities

Other expenses

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

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Schedule F - Profit or Loss from Farming

Name: SSN:

General Information

TS      Principal product      Employer ID number

Accounting method, if not cash:      ☐ Accrual

☐ This farm was disposed of during 2025.

Yes    No

☐    ☐ Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this farm.

☐    ☐ If "Yes," did you file Forms 1099 for the individuals?

☐    ☐ Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2022?

☐    ☐ If "Yes," was any portion of the loan forgiven in 2025?

Income

	2025	2024		2025	2024
Sale of livestock / other items . . . . .			Custom hire income . . . . .		
Cost of items bought for resale . . . . .			Beginning inventory for accrual . . . . .		
Sale of products you raised . . . . .			Ending inventory for accrual . . . . .		
Total cooperative distributions (Provide 1099-PATR) . . . . .			<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method.		
Total agricultural payments . . . . .			Other income . . . . .		
Commodity Credit Corporation (CCC) loans:					
CCC loans reported . . . . .					
CCC loans forfeited . . . . .					
Crop insurance proceeds:					
Amount received in 2025 . . . . .					
<input type="checkbox"/> You elect to defer to 2026					
Amount deferred from 2024 . . . . .					

Expenses

	2025	2024		2025	2024
Car & truck expenses . . . . .			Rent - other (land, animals, etc.) . . . . .		
Chemicals . . . . .			Repairs & maintenance . . . . .		
Conservation expenses . . . . .			Seeds & plants purchased . . . . .		
Custom hire (machine work) . . . . .			Storage & warehousing . . . . .		
Employee benefit programs . . . . .			Supplies purchased . . . . .		
Feed purchased . . . . .			Taxes . . . . .		
Fertilizers & lime . . . . .			Utilities . . . . .		
Freight & trucking . . . . .			Veterinary, breeding, & medicine . . . . .		
Gasoline, fuel, & oil . . . . .			Family health coverage payments for taxpayer, spouse or dependents . . . . .		
Insurance (other than health) . . . . .			Other expenses (list) . . . . .		
Interest - mortgage (paid to banks, etc.) . . . . .					
Interest - other . . . . .					
Non-W-2 labor hired . . . . .					
W-2 wages paid . . . . .					
Pension & profit-sharing plans . . . . .					
Rent - vehicles, machinery & equipment . . . . .					

Household Employment

Name:

SSN:

TSJ

Employer Identification Number

Yes

No

☐

☐

Did you pay any one household employee cash wages of \$2,700 or more in 2025?

☐

☐

Did you withhold federal income tax during 2025 for any household employee?

☐

☐

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

☐

☐

Did you pay unemployment contributions to only one state?

☐

☐

Did you pay all state unemployment contributions for 2025 by April 15, 2026?

☐

☐

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2025

2024

Total cash wages subject to Social Security tax

Total cash wages subject to Medicare tax

Total cash wages subject to Additional Medicare tax withholding

Federal income tax withheld

Qualified sick leave wages

Qualified family leave wages

Qualified health plan expenses

TSJ

Employer Identification Number

Yes

No

☐

☐

Did you pay any one household employee cash wages of \$2,700 or more in 2025?

☐

☐

Did you withhold federal income tax during 2025 for any household employee?

☐

☐

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

☐

☐

Did you pay unemployment contributions to only one state?

☐

☐

Did you pay all state unemployment contributions for 2025 by April 15, 2026?

☐

☐

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2025

2024

Total cash wages subject to Social Security tax

Total cash wages subject to Medicare tax

Total cash wages subject to Additional Medicare tax withholding

Federal income tax withheld

Qualified sick leave wages

Qualified family leave wages

Qualified health plan expenses

Income

Name:SSN:

Wages & Salaries

Provide all copies of Form W-2

TS	Employer Name	2025 Federal Wages	2024 Federal Wages

Retirement

Provide all copies of Form 1099-R

TS	Payer Name	2025 Distribution	2024 Distribution

☐ Yes

☐ No

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?

☐ Yes

☐ No

Did you use any of the distributions for disaster relief?





## Sale of Capital Assets

Name:

SSN:

### Sale of Capital Assets (including items not reported on Form 1099-B)

Provide all brokerage statements

[illegible]

### Installment Sale Income

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

Date acquired	Date sold	2025	Prior Years
---------------	-----------	------	-------------

Selling price . . . . .

Mortgages assumed .....

Cost of property sold . . . . .

Depreciation allowed . . . . .

Commissions and expense of sale . . . . .	
---	--

Gross profit percentage	.....	
-------------------------	-------	--

Interest received . . . . .

Principal payments received . . . . .

Property was sold to a related party ☐

Other Income and Adjustments

Name:

SSN:

Other Income

	2025 Taxpayer	2024 Taxpayer	2025 Spouse	2024 Spouse
Social Security Benefits (attach Forms 1099-SSA) . . . . .				
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .				
State income tax refund (attach Forms 1099-G) . . . . .				
Alimony received				
Divorce or separation date _____ Amount _____				
Unemployment compensation (attach Forms 1099-G) . . . . .				
Unemployment compensation repaid in 2025 . . . . .				
Gambling winnings (attach Forms W2-G) . . . . .				
Alaska Permanent Fund . . . . .				
Jury duty pay . . . . .				
ABLE distributions . . . . .				
Scholarships or grants not reported on Form W-2 . . . . .				
Other income: _____				
_____				
_____				

Adjustments

	2025 Taxpayer	2024 Taxpayer	2025 Spouse	2024 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .				
Contributions made to a Health Savings Account (HSA) . . . . .				
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .				
Alimony paid				
Name _____				
SSN _____ Divorce or separation date _____				
Name _____				
SSN _____ Divorce or separation date _____				
Contributions made to a Self-Employed Pension plan (SEP) SIMPLE or Solo 401K . . . . .				
Contributions made to an Individual Retirement Account (IRA) . . . . .				
Contributions made to a Roth IRA . . . . .				
Interest paid on a student loan . . . . .				
Other adjustments: _____				

Additional Deductions

Name:

SSN:

Additional Deductions

	2025 Taxpayer	2024 Taxpayer	2025 Spouse	2024 Spouse
Enter any income from Puerto Rico that you excluded . . . . .				
Enter the amount from Form 4563, Line 15 . . . . .				
If Form W-2, Box 5, is \$176,100 or less, enter qualified tips included in Form W-2, Box 7. . . . .				
Qualified Tips included on Form 4137, line 1(c) . . . . .				
If you received qualified tips from one employer. . . . .				
Qualified tips received in the course of a trade or business . . . . .				
Qualified overtime compensation included on Form W-2, Box 1 . . . . .				
Qualified overtime compensation included on Form 1099-NEC, Box 1 or Form 1099-MISC, Box 3 . . . . .				

Passenger Vehicle Loan Interest

TS \_\_\_\_

Loan origination date . . . . .

Outstanding principal . . . . .

Year . . . . .

Make \_\_\_\_\_

Model \_\_\_\_\_

Vehicle identification number (VIN)  
\_\_\_\_\_

Business interest . . . . .

Personal Interest . . . . .

TS \_\_\_\_

Loan origination date . . . . .

Outstanding principal . . . . .

Year . . . . .

Make \_\_\_\_\_

Model \_\_\_\_\_

Vehicle identification number (VIN)  
\_\_\_\_\_

Business interest . . . . .

Personal Interest . . . . .

TS \_\_\_\_

Loan orination date . . . . .

Outstanding principal . . . . .

Year . . . . .

Make \_\_\_\_\_

Model \_\_\_\_\_

Vehicle identification number (VIN)  
\_\_\_\_\_

Business interest . . . . .

Personal Interest . . . . .

TS \_\_\_\_

Loan origination date . . . . .

Outstanding principal . . . . .

Year . . . . .

Make \_\_\_\_\_

Model \_\_\_\_\_

Vehicle identification number (VIN)  
\_\_\_\_\_

Business interest . . . . .

Personal Interest . . . . .

Income

Name:SSN:

Form 1099-Misc Income

Provide all copies of Form 1099-MISC

TS	Payer Name	2025 Amount	2024 Amount

Form 1099-NEC Income

Provide all copies of Form 1099-NEC

TS	Payer Name	2025 Amount	2024 Amount

Other Information

Name:

SSN:

Mortgage Interest

Provide all copies of Form 1098

Lender's Name	2025 Mortgage Interest Received	2024 Mortgage Interest Received	2025 Mortgage Insurance Premiums	2024 Mortgage Insurance Premiums	2025 Real Estate Taxes Paid	2024 Real Estate Taxes Paid

Employee Business Expenses

TS

Select if you are:

☐ A qualified performing artist

☐ A fee-based state or local government official

☐ A disabled employee with impairment-related work expenses

☐ An Armed Forces reservist

☐ A member of the clergy

Select if you:

☐ Used your personal vehicle for your job during 2025

	NOT reimbursed by your employer		Reimbursed by your employer not included in box 1 of your W-2	
	2025	2024	2025	2024
Parking fees, tolls, local transportation . . . . .				
Meals . . . . .				
Overnight business travel expenses (Do not include meals & entertainment) . . . . .				
Other business expenses . . . . .				

Casualties and Thefts

TSJ

FEMA code

Property description

Property location

Date property was acquired

Date property was damaged or stolen

Cost of property damaged or stolen

Fair market value before incident

Fair market value after incident

Insurance reimbursement

TSJ

FEMA code

Property description

Property location

Date property was acquired

Date property was damaged or stolen

Cost of property damaged or stolen

Fair market value before incident

Fair market value after incident

Insurance reimbursement

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Other Information

Name:

SSN:

Health Savings Account

TS \_\_\_\_\_

The taxpayer's coverage is under a high-deductible health plan for:  

☐ Taxpayer only    ☐ Family

HSA contributions made for 2025    2025    2024

Total distributions from all HSAs during 2025

Distributions included above that were rolled over into another account

Qualified medical expenses paid using HSA distributions

Education Expenses

Provide all copies of Form 1098-T

Student name    Student name

Type of Expense    Amount    Type of Expense    Amount

Student name    Student name

Type of Expense    Amount    Type of Expense    Amount

Job-related Moving Expenses

T SJ \_\_\_\_\_

☐ Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.  

2025    2024

Number of miles from old home to old workplace

Number of miles from old home to new workplace

Expenses to transport and store household goods and personal effects

Travel and lodging expense while traveling to your new home

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