



| PERSONAL INFORMATION | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|
| Filing (marital) status code (1+ Single, 2+ Married filing joint, 3+ Married filing separate, 4+ Head of household, 5+ Qualifying widow(er)) Mark if you were married but living apart all year. | | |
| | Taxpayer | Spouse |
| Social Security Number | | |
| First Name | | |
| Last Name | | |
| Occupation | | |
| Mark in the pendant on another taxpayer | | |
| Date of birth | / / | / / |
| Date of the death | / / | / / |
| Work/daytime phone number | | |
| EMAIL: | | |

| PRESENT MAILING ADDRESS | |
|--------------------------------|--|
| Address | |
| Apartment Number | |
| City | |
| State Postal Code | |
| Zip Code | |
| Home/evening phone number | |
| Cellphone number | |
| In care of addresses | |

| DEPENDENT INFORMATION | | | | | | | | |
|------------------------------|-----------|---------------|-----|--------------|---------------------------|-----------|----|----------------------------------|
| First Name | Last Name | Date of Birth | SSN | Relationship | Months Lived in your Home | Dep codes | | Care Expenses paid for dependent |
| | | | | | | * | ** | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Dependent Codes

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>*Basic</p> <ul style="list-style-type: none"> 1= Child who lived with you 2= Child who did not live with you 3= Other dependent 4= Claimed under pre-1985 agreement 5= Qualifying child for Earned Income Credit 6= Children who lived with you but do not qualify for Earned Income Credit 7= Children who lived with you but do not qualify for Child tax credit | <p>**Other</p> <ul style="list-style-type: none"> 1= Student (Ages 19-23) 2= Disabled dependent 3= Dependent who is both a student and disabled |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

DIRECT DEPOSIT DIRECTIONS

If you would like to have your refund direct deposit into your checking or savings account, please do one of the following:

1. **VOID** or make an enlarged (150%) copy of one of your checks (OR)
2. Complete the form below by filling in your bank's name, routing number and account number.

John Doe DATE 1001
 1234 Elm Street
 Anytown, USA 12345

PAY TO THE ORDER OF _____ \$
 _____ DOLLARS

MEMO _____ AUTHORIZED SIGNATURE _____

⑆ 123456789 • 9876543210 ⑆ 1234

↑
↑
ROUTING NUMBER ↓ **ACCOUNT NUMBER ↓**

BANK OR CREDIT UNION NAME

ROUTING NUMBER

TYPE OF ACCOUNT (CIRCLE):

CHECKING

SAVINGS

ACCOUNT NUMBER

Please print with an easy-to-read style... Thank you!!



QUESTIONS

| Please check the appropriate box and include all necessary details | You | Your Spouse |
|----------------------------------------------------------------------------------------|------------|-------------|
| Personal Information | YES | NO |
| Did your marital status changed during this year? | | |
| If yes, explain: | | |
| Did your address changed from last year? | | |
| Can you be claimed as a dependent by another taxpayer? | | |
| Personal Information | | |
| Were there any changes in dependents from the prior year? | | |
| If yes, explain: | | |
| Do you have any children under the age of 14 with unearned income in excess of \$1400? | | |
| Purchases, Sales and Debt Information | | |
| Did you start a new business or purchase rental property during this year? | | |
| Did acquire a new or additional in a partnership or S corporation during the year? | | |
| Did you sell, exchange or purchase any real state during this year? | | |
| Did you acquire or dispose any stock during the year? | | |
| Dis you take out a home equity loan this year? | | |
| Did you sell an existing business, rental or other property this year? | | |
| Income Information | | |
| Did you have any foreign income or pay any foreign taxes during the year? | | |
| Did you receive any income from property sold prior to this year? | | |
| Did you receive any lump-sum payment from a person, profit sharing or 401(k) plan? | | |
| Did you make any withdrawals from an IRA, Keogh, SIMPLE, or SEP account? | | |
| Dis you receive any disability income during the year? | | |
| Dis you cash any Series EE or I U.S. savings bonds issued after 1989? | | |
| Itemized Deduction Information | | |
| Did you incur a casualty or theft loss during the year? | | |
| Did you have evidence to substantiate charitable contributions of \$250 or more? | | |
| Did you have an expense account or allowance during the year? | | |
| Did you use your car on the job, for other than commuting? | | |
| Did you work out of town for part of the year? | | |
| Did you have any educational expenses during the year? | | |
| Did you have any expenses related to seeking a new job during the year? | | |



| SCHEDULE C – GENERAL INFORMATION | | |
|-----------------------------------------|---|------------------------|
| Taxpayer/Spouse/Joint (T/S/J) | | Additional Information |
| Principal business/profession: | | |
| BUSINESS INCOME | | |
| Gross receipts or sales | + | Additional Information |
| Returns and allowances | + | |
| Other Income: | + | |
| COST OF GOOD SOLD | | |
| Beginning Inventory | + | Additional Information |
| Purchases | + | |
| Labor | + | |
| Materials | + | |
| Other Costs: | + | |
| | + | |
| Ending Inventory | + | |
| SCHEDULE C - EXPENSES | | |
| Business principal or profession | + | Additional Information |
| Advertising | + | |
| Bad debt from sales or services | + | |
| Car and truck expenses | + | |
| Car mileage (Business use) | | |
| Car mileage (Personal use) | | |
| Commissions and fees | + | |
| Depletion | + | |
| Employee benefit programs | + | |
| Insurance (other than health) | + | |
| Interest: | | |
| Mortgage (paid to banks, etc.) | + | |
| Other | + | |
| Legal and professional services | + | |
| Office Expenses | + | |
| Pension and profit sharing | + | |
| Rent or lease: | | |
| Vehicles, machinery, and equipment | + | |
| Other business property | + | |
| Repairs and maintenance | + | |
| Supplies | + | |
| Taxes and licenses: | + | |
| | + | |
| | + | |
| Travel, meals and entertainment: | + | |



| | | |
|------------------------------------------|--------|--|
| Travel | | |
| Meal and entertainment | + | |
| Utilities | + | |
| Wages (Less employment credit) | + | |
| Other expenses: | | |
| | + | |
| | + | |
| | + | |
| | + | |
| HAVE YOU PURCHASED A NEW VEHICLE? | | |
| If yes, Date: / / | Price: | |
| County: | State: | |

| SCHEDULE A – MEDICAL AND DENTAL EXPENSES | | |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| T/S/J | | Additional Information |
| | Medical insurance premiums you paid: | |
| | | + |
| | Miles driven for medical items | + |
| | Prescriptions medicines and drugs: | |
| | | + |
| | Other, such as: Doctors, dentists, nurses Lab fees and X-rays. Hearing aids, guide dogs Insurance reimbursements received | Hospital and nursing homes Medical and surgical supplies Eyeglasses and contact lenses |
| | | + |
| | | + |

| SCHEDULE A – TAX EXPENSES | | |
|----------------------------------|------------------------------------------------------------------|------------------------|
| T/S/J | | Additional Information |
| | State and local income taxes paid: | |
| | | + |
| | Real estate taxes paid on: | |
| | | + |
| | Personal property taxes | |
| | Other taxes, such as: Intangible taxes State disability taxes | |
| | | + |
| | | + |

| INTEREST EXPENSES | | |
|--------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------|
| T/S/J | | Additional Information |
| | Home mortgage interest From form 1098 | |
| | | + |
| | | + |
| | Other, such as: Home mortgage interest paid to individuals Enter name, address and social security number | |
| | | + |

| | | | |
|---------------------------------|-------------------------------------------------|---|------------------------|
| | | | |
| | | | |
| | | | |
| | Investment Interest | | |
| | | + | |
| | | | |
| | Investment expenses | | |
| | | + | |
| | | + | |
| CHARITABLE CONTRIBUTIONS | | | |
| T/S/J | Contributions made by cash or check: | | Additional Information |
| | | + | |
| | | + | |
| | | + | |
| | | + | |
| | Noncash items, such as: Goodwill Salvation Army | | |
| | | + | |
| | | + | |
| | | + | |
| | | + | |
| | Miles driven to medical items | | |



Schedule E - RENT AND ROYALTY PROPERTIES

| | | | |
|-------------------------------------------------------------------------------------------------|--|------------------------|------------------------|
| Schedule E - RENT AND ROYALTY PROPERTIES | | | |
| Taxpayer/Spouse/Joint (T/S/J) | | Additional Information | |
| Type of activity (1= Rental real estate, 2= Substantially non depreciable property, 3= Royalty) | | | |
| Percentage of ownership | | | |
| Dual percentage (Not vacation home percentage) | | | |
| Description: | | | |
| | | | |
| State Postal Code | | | |
| PERSONAL USE INFORMATION | | | |
| Number of days home was used personally | | Additional Information | |
| Number of days home was rented | | | |
| Number of days home was owned | | | |
| Carryover of disallowed vacation home expenses | | | |
| RENT AND ROYALTY INCOME | | | |
| Gross rents received | | + | |
| Gross royalties received | | + | |
| RENT AND ROYALTY EXPENSES | | | |
| Advertising | | + | Additional Information |
| Auto and travel | | + | |
| Cleaning and Maintenance | | + | |
| Commissions | | + | |
| Insurance | | + | |
| Legal and professional fees | | + | |
| Management fees | | + | |
| Mortgage interest | | + | |
| Other Interest: | | + | |
| | | + | |
| Repairs | | + | |
| Supplies | | + | |
| Taxes: | | + | |
| | | + | |
| Repairs | | + | |
| Supplies | | + | |
| Taxes: | | + | |
| | | + | |
| Utilities | | + | |
| Depletion | | + | |
| Other Expenses: | | + | |
| | | + | |
| | | + | |
| | | + | |
| | | + | |
| | | + | |
| | | + | |
| | | + | |
| LIKE EXCHANGES, IF APPLICABLE (1031) | | | |
| | | + | |
| | | + | |
| | | + | |
| STUDENT LOAN INTEREST PAID | | | |



| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------------------|
| Complete this section if you paid interest on a qualified student loan in 2025 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. | | |
| Qualified student loan interest paid by the taxpayer | + | Additional Information |
| Qualified student loan interest paid by spouse | + | |

| OTHER ADJUSTMENTS | | | | |
|------------------------------------------|----------------|---------------|-------------|------------------------|
| Alimony paid: | | | | |
| T/S/J | Recipient Name | Recipient SSN | Information | Additional Information |
| | | | + | |
| | | | + | |
| Information | | | | |
| Taxpayer | | Spouse | | |
| Self-employed health insurance premiums* | + | | + | |
| Self-employed long-term care premiums* | + | | + | |
| *Not entered elsewhere | | | | |
| Penalty on early withdrawal of savings | + | | + | |
| Repayment of sub-pay | + | | + | |

| CHILD AND DEPENDENT CARE EXPENSES | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Please enter all amounts paid in 2025 for the care of one or more dependents which enables you to work or attend school. Enter the amount of dependent care expenses paid for each qualifying dependent or Organizer form ID: 1040. | |
| Name of provider | Additional Information |
| Street address of provider | |
| City, state and zip code | |
| Social Security number OR Employer identification number | |
| Mark if provider is a tax-exempt organization | |
| Amount paid to care provider in 2025 | |
| Name of provider | |
| Street address of provider | |
| City, state, zip code | |
| Social Security Number OR Employer Identification number | |
| Mark if provider is tax-exempt organization | |
| Amount paid to care provider in 2025 | |

| EDUCATION CREDIT | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|-------------|--------------------|------------------------|
| Complete this section if you paid qualified education expenses for higher education costs. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. | | | | | |
| TS | Student's first name | Student's last name | Student SSN | Qualified expenses | Additional Information |
| | | | | + | |
| | | | | + | |
| | | | | + | |



| SALE INFORMATION | |
|--------------------------------------------------|------------------------|
| Description | Additional Information |
| Taxpayer/Spouse/Join (T/S/J) | |
| Date required | / / |
| Date sold | / / |
| Gross sales price or insurance proceeds received | + |
| Cost or other basis | + |
| Commissions and other expenses of sale | + |
| Depreciation allowed or allowable | + |
| Control totals | + |