

General Information

First Name
Middle Initial
Last Name
Suffix
Social Security Number
Date of Birth
Date of Death
Identity Protection PIN

Taxpayer

Home Phone
Work Phone
Cell Phone
Fax Number
Legally Blind
Totally Disabled
Claimed as a Dependent
Presidential Election Fund (\$3)
Occupation
E-mail address
State of Residence as of 12/31
County of Residence as of 12/31
School District as of 12/31
Sales tax rate of locality in 2025 % %

If Part Year, Period of Residency to to

Check ("X") which phone number to list on return.

Spouse

Home Phone
Work Phone
Cell Phone
Fax Number
Legally Blind
Totally Disabled
Claimed as a Dependent
Presidential Election Fund (\$3)
Occupation
E-mail address
State of Residence as of 12/31
County of Residence as of 12/31
School District as of 12/31
Sales tax rate of locality in 2025 % %

If Part Year, Period of Residency to to

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type Driver's license OR State Issued ID Driver's license OR State Issued ID
ID number
ID issuing state
ID issue date
ID expiration date

Filing Status

Status on 2024 return :



1 Single
2 Married filing joint
3 Married filing separately
(Enter spouse's name and SSN above)

4 Head of Household

Non-dependent name:

Non-dependent SSN:

5 Qualifying surviving spouse (QSS)

Year spouse died:

If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire year, enter their name

Taxpayer's Address

Street Apt/Suite/Unit
P.O.Box Private Mailbox Number Unit Type
City State Zip Code

In Care Of: First Name M.I. Last Name Suffix

In Care Of Social Security Number

If address is in a foreign country, enter that country

Foreign province/county Foreign postal code

If a bona fide resident of a U.S. territory, enter territory

Preparer's Information

Preparer's name Daniel J Carlberg
Firm's name Carlberg Co
Street 550 E Chapman Ave Suite C
City Orange State CA Zip Code 92866

Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign here Date

Name _____

SSN _____

Questions**Yes****No****Personal Information**

1 Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?

2 Did you purchase or sell your principal residence or did your address change?

3 Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?

4 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2025?

5 Were either you or your spouse in the military or National Guard?

6 Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?

7 Have you, your spouse, or dependents been issued a six digit IRS Identity Protection PIN (IP PIN) for this tax year?

Yes**No****Dependents**

1 Are there any changes in your dependents from last year?

2 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,350 in investment income?

3 Did you pay education expenses for your dependent children?

4 Did anyone in your family receive a scholarship of any kind during 2025?

5 Did you pay any dependent care expenses for a child or a parent?

6 Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?

7 Are all of your dependents either US residents or citizens?

Yes**No****Health Care Coverage**

1 Did you or a member of your family have minimum essential coverage in 2025? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)

Yes**No****Income (In 2025, did you or your spouse have any of the following?)**

1 Wages? (include form(s) W-2)

2 Non-employee compensation? (include form(s) 1099-NEC)

3 Miscellaneous Income? (include form(s) 1099-MISC)

4 Interest income? (include form(s) 1099-INT)

5 Dividend income? (include form(s) 1099-DIV)

6 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?

7 Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.

8 Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)

9 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)

10 Disability income? (include form(s) W-2 or 1099)

11 Unemployment compensation? (include form(s) 1099-G)

12 Did you receive income from a payment processor or online marketplace? (include form(s) 1099-K)

13 Alimony?

14 Did you receive tip income or overtime pay?

15 Did you receive payments from a Long-Term Care insurance contract?

16 Did you barter your services for goods or services from someone else?

17 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?

18 Did you receive employer-provided adoption benefits for a previous year?

19 Did you cash in any U.S. savings bonds?

20 Did you make a loan to someone at an interest rate below market rate?

21 Did you receive a housing allowance for ministerial services you provided?

22 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?

23 Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any digital assets?

24 Did you receive any income not reported in this Organizer?

Yes**No****Foreign Reporting**

1 Did you have an interest in or signature authority over a financial account in a foreign country?

2 Were you the grantor or transferor to a foreign trust?

3 Did you receive income from a foreign source or pay taxes to a foreign government?

Yes**No****Retirement & Other Plans**

1 Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)

2 Did you rollover a retirement plan distribution into another plan?

3 Did you convert a traditional IRA to a Roth IRA?

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

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

6 Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA? (Include form(s) 1099-SA)

7 Did you make any contributions to an HSA (Health Savings Account) in 2025?

8 Did you receive a distribution as a domestic abuse victim, due to terminal illness or a qualified disaster in 2025?

9 Did you receive an early distribution for a qualified birth or adoption distribution?

Yes **No** **Purchases, Sales, Gains and Losses**

- 1 Did you exchange any securities or investments for something other than cash?
- 2 Do you have any short sales, commodity sales, or straddles?
- 3 Did you receive Form 2439?
- 4 Did you buy or sell any bonds?
- 5 Did you receive stock from a stock bonus plan with your employer?
- 6 Did you sell any other personal assets at a gain?
- 7 Did you sell any real estate (other than your home) during the year?
- 8 Did you sell any assets using the installment method?
- 9 Did you receive proceeds from a prior year installment sale?
- 10 Did you purchase a rental property?
- 11 Did you exchange any property for other property?
- 12 Did you incur a loss because of damaged or stolen property?
- 13 Did you purchase a new vehicle, aircraft or boat?
- 14 Did any security become worthless during 2025?
- 15 Did any debts become uncollectible during 2025?
- 16 Did you purchase any items acquired out of state, online or by mail order that did not include sales tax?

Yes **No** **Business and Rental Property Income & Deductions**

- 1 If you own rental property, do you qualify as a Real Estate Professional?
- 2 Did you start or acquire a new business?
- 3 Did you sell any part of an existing business, or sell business assets?
- 4 Did you cease operating any business or rental property?
- 5 Did you remove any of your business assets for personal use?
- 6 Did you use part of your home for business purposes?
- 7 Did you make any contributions to a Keogh or a self-employed SEP plan for 2025?
- 8 Do you pay for any health or long term care insurance through your business?
- 9 If you or your spouse are self-employed, are either of you covered under an employer's health plan?
- 10 Did you purchase any furniture or equipment for your business?
- 11 Did you make any improvements to your rental properties?
- 12 Did you receive income from raising animals or crops?

Yes **No** **Other Deductions**

- 1 Did you use your car on the job (other than to and from work)?
- 2 Did you work out of town for part of the year?
- 3 Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
- 4 Did you incur any travel and entertainment expenses for business purposes?
- 5 Did you pay expenses for the care of your child or other dependent so you could work?
- 6 Did you purchase a 'clean fuel' or electric hybrid vehicle in 2025?
- 7 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2025?
- 8 Did you contribute less than an entire interest in any property to charity?
- 9 Did you refinance a mortgage or take out a home equity loan during 2025?
- 10 Did you incur moving expenses during the year due to a military order and incident to a permanent change in station?
- 11 Did you or your spouse pay any educational expenses for yourselves?
- 12 Did you pay any student loan interest?
- 13 Did you make any federal or state estimated payments?
- 14 Did you pay alimony?
- 15 Did you donate non-cash donations or a vehicle?
- 16 Did you incur medical or dental expenses?

Yes **No** **Miscellaneous**

- 1 Did you make gifts of more than \$19,000 to any one person?
- 2 Did you engage the service of any household employees?
- 3 Did your bank account information change within the last twelve months?
- 4 Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- 5 Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- 6 Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2025?

Yes **No**

Return preparation and filing

1 Do you want to e-file your return?

2 If you are due a refund, how do you want to receive it?

Check sent to you in the mail

Apply to next year's estimates

Direct deposit (please provide voided blank check)

Other quick refund via a bank product

Type of account: Checking

Savings

If you owe taxes, how do you want to pay them?

Paper check sent with my return Credit card

Installment Agreement

Direct debit (please provide a voided blank check)

Type of account: Checking

Savings

3

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:

Designee's

name

Phone

Number

Personal identification

Number (5 digit PIN)

Name

Name _____

SSN

SSN _____

10. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership Interest - Attach 1099-B & confirmation slips

Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

11. Other Income

List All Other Income (including non-taxable)

Alimony Received	_____
Child Support	_____
Scholarship (Grants)	_____
Unemployment Compensation (repaid)	_____
Prizes, Bonuses, Awards	_____
Gambling, Lottery (expenses _____)	_____
Unreported Tips	_____
Director / Executor's Fee	_____
Commissions	_____
Jury Duty	_____
Worker's Compensation	_____
Disability Income	_____
Veteran's Pension	_____
Payments from Prior Installment Sale	_____
State Income Tax Refund	_____
Other _____	_____
Other _____	_____

12. Medical/Dental Expenses

Medical Insurance Premiums (paid by you)	_____
Prescription Drugs	_____
Insulin	_____
Glasses, Contacts	_____
Hearing Aids, Batteries	_____
Braces	_____
Medical Equipment, Supplies	_____
Nursing Care	_____
Medical Therapy	_____
Hospital	_____
Doctor/Dental/Orthodontist	_____
Mileage (no. of miles):	_____

13. Taxes Paid

Real Property Tax (attach bills)	_____
Personal Property Tax	_____
Other _____	_____

14. Interest Expense

Mortgage interest paid (attach 1098)	_____
Interest paid to individual for your home (include amortization schedule)	_____
Paid to:	
Name _____	
Address _____	
Social Security No. _____	
Investment Interest	_____
Premiums paid or accrued for qualified mortgage insurance	_____

15. Casualty/Theft LossFor property damaged by storm, water, fire, accident, or stolen.
Location of Property _____

Description of Property	Other	Federally Declared Disaster Losses
Amount of Damage	_____	_____
Insurance Reimbursement	_____	_____
Repair Costs	_____	_____
Federal Grants Received	_____	_____

16. Charitable Contributions

Other	_____
Church	_____
United Way	_____
Scouts	_____
Telethons	_____
University, Public TV/Radio	_____
Heart, Lung, Cancer, etc.	_____
Wildlife Fund	_____
Salvation Army, Goodwill	_____
Other	_____
Non-Cash	_____
Volunteer (no. of miles)	_____ @ .14
	\$0.00

Name _____

SSN _____

Self-Employed Business Income and Expenses (Schedule C)Enter "X" in one box: Filer Spouse**General Information**

Employer Identification Number _____

(do not enter Social Security Number)

Principal business or profession _____

Business name _____

Business address _____

City _____

State _____

Zip _____

Foreign Country _____

Foreign Province/State _____

Postal Code _____

General Check Boxes

(Enter "X" where applicable)

1 Accounting Method Cash Accrual Other - (Specify) _____

2 Did you "materially participate" in this business? Yes No

3 Check ('X') if you started or acquired this business in 2025.

4 Did you make any payments in 2025 that would require you to file Form(s) 1099? Yes No

Business Income

* Report statutory income as W-2 income.

Gross receipts or sales not reported on Form 1099 or Form W-2

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

14 _____

15 Income reported on 1099 MISC

16 Gross amount of payment card/third party network transactions from Form 1099-K

17 Professional gambler winnings from Form W2-G

18 Gross installment sales less cost of goods sold

19 Returns and allowances

20 Other income

	Current Year Amount	Prior Year Amount
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Inventory (Enter "X" where applicable)

21 Method(s) used to value closing inventory Cost Lower of cost or market Other

22 Any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No

	Current Year Amount	Prior Year Amount
23		
24		
25		
26		
27		
28		

Assets Placed in Service This Year

Description:

A _____

B _____

C _____

D _____

E _____

F _____

G _____

	Date Placed In Service	Purchase Amount
A		
B		
C		
D		
E		
F		
G		

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)**Expenses**

29 Advertising
 30 Contract labor
 31 Commissions and fees
 32 Depletion
 33 Employee benefit programs (other than on line 39)
 34 Insurance (other than health)

	Current Year Amount	Prior Year Amount
29		
30		
31		
32		
33		
34		

Interest:

35 Mortgage (paid to banks, etc.)
 36 Other
 37 Legal and professional services
 38 Office expense
 39 Pension and profit-sharing plans

35		
36		
37		
38		
39		

Rent or Lease:

40 Machinery rental or lease
 41 Equipment rental or lease
 42 _____
 43 _____
 44 Other business property rental or lease
 45 _____
 46 _____
 47 _____
 48 Repairs and maintenance
 49 Supplies (not included in inventory cost of goods sold)
 50 Taxes and licenses

40		
41		
42		
43		
44		
45		
46		
47		
48		
49		
50		

Travel and Meals:

Travel
 51 _____
 52 _____
 53 _____
 54 _____
 Meals
 55 Enter "X" in the box if subject to DOT hours of service limits
 56 Meals subject to the Standard meal allowance that are 100% deductible after
 the federal M&IE rate is applied
 Meals subject to percentage limitation
 57 _____
 58 _____
 59 _____
 60 _____
 61 _____
 Meals not subject to percentage limitation (100% allowed)
 62 _____
 63 _____
 64 _____
 65 _____
 66 Utilities
 67 Wages

51		
52		
53		
54		
55	<input type="checkbox"/>	<input type="checkbox"/>
56		
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67		

Other Expenses:

68 _____
 69 _____
 70 _____
 71 _____
 72 _____
 73 _____
 74 _____
 75 _____
 76 _____

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74		
75		
76		

Name _____

SSN _____

Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
1					
2					
3					
4					
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43					
44					
45					

Input Sheet (Sch E (1040) Page 1)

Ownership Information

1 Enter Short Activity Name (8 Characters)	1	01
2 Enter Filer, Spouse or Joint	2	Filer
3 Enter Property Type	3	_____ * Required entry
Check ("X") if LLC: <input type="checkbox"/>		
4 Fair rental days	4	_____
5 Personal use days	5	_____
6 Check ("X") if prior year complete disposition (Installment Sale Only)	6	_____
7 Check ("X") to make election if property is part of a qualified joint venture (QJV)	7	_____
8 Check ("X") for active participation	8	X
9 Check ("X") for non-real estate rental activity	9	_____
10 Check ("X") for a non-passive rental activity	10	_____
11 Check ("X") if complete disposition of a passive activity	11	_____
12 Check ("X") for real estate professional	12	_____
13 Check ("X") to calculate at-risk limitation	13	_____
14 Check ("X") if foreign source	14	_____
15 Check ("X") if rental of non-depreciable property	15	_____
16 Check ("X") to exclude property from Sec 179 business income limit calculations	16	_____
17 Check ("X") if property is part personal and part rental	17	_____
Qualified Business Income Deduction		
18 Check ("X") if a Qualified Business	18	_____
19 Check ("X") if a Specified Service Trade or Business	19	_____

Property Information

Property Description (for state use) Rental
 Address _____
 City _____ State _____ Zip Code _____

If property is located in a foreign country, complete the information below:

Province/county _____ Postal Code _____
 Country name _____

Rentals Only: Enter ownership percentage if less than 100.00%.

NOTE: Enter full amounts in left column even if less than 100% ownership - Enter Whole Numbers.

Income:

	Full Amount	Allowed
a Income received reported on Form 1099-MISC		
Rent income	a 0	a 0
R royalty income	0	0
b Other income received not reported on Form 1099-MISC		
Rent income	b 0	b 0
R royalty income	0	0
c Gross amount of payment card/third party network transactions on Form 1099-K		
Rent income	c 0	c 0
3 Rents received	3 0	0
4 Royalties received	4 0	0

Expenses:

	Full Amount	Allowed
5 Advertising	5 0	0
6 a Auto expenses	6a 0	0
b Travel expenses:	6b 0	0
c Meal expenses:		
c1 Total meal expenses at 50% allowance	6c1 0	0
c2 Total meal expenses at 80% allowance	6c2 0	0
c3 Total meal expenses at 100% allowance	6c3 0	0
c4 Total meal expenses federal at M&IE rates	6c4 0	0
c5 Total deductible meal expenses	6c5 0	0
d Total auto and travel	6d 0	0
7 Cleaning and maintenance	7 0	0
8 Commissions	8 0	0
9 Insurance	9 0	0
10 Legal and other professional fees	10 0	0
11 Management fees	11 0	0
12 a Qualified mortgage interest paid to banks, etc.	12a 0	0
a1 Form 8990 limitation amount	12a1 0	0
a2 Qualified mortgage interest paid to banks, etc. (Limited to 12a1)	12a2 0	0
b Other mortgage interest paid to banks, etc.	12b 0	0
b1 Form 8990 limitation amount	12b1 0	0

	b2 Other mortgage interest paid to banks, etc. (Limited to 12b1)	12b2	0
c	Total mortgage interest (Sum Line 12a2 and 12b2)	12c	0
d	Enter qualified home mortgage interest (469(j)(7)) included in line 12c	12d	0
13	a Other interest	13a	0
	a1 Form 8990 limitation amount	13a1	0
	a2 Other interest (Limited to 13a1)	13a2	0
	b Enter qualified home mortgage interest (469(j)(7)) included in line 13a	13b	0
14	Repairs	14	0
15	Supplies	15	0
16	a Real estate taxes	16a	0
	b Other taxes	16b	0
	c Total taxes	16c	0
17	Utilities	17	0
18	a Depreciation expense (Ownership % will not be applied)	18a	0
	b Depletion expense (Ownership % will not be applied)	18b	0
	c Total depreciation/depletion expense	18c	0
19	a Other expenses	19a	0
	b Amortization (Ownership % will not be applied)	19b	0
	c Vacation home expense carryover	19c	0
	d Vacation home depreciation carryover	19d	0
	e Vacation home amortization carryover	19e	0
	f Expenses disallowed for Vacation Home	19f	0
20	Total expenses. Add lines 5 through 19	20	0
21	Subtract line 20 from line 3 and/or 4. If result is a (loss), see instructions to find out if you must file Form 6198	21	0
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	0