

General Information

	Taxpayer	Spouse
First Name	<input type="text"/>	<input type="text"/>
Middle Initial	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
Suffix	<input type="text"/>	<input type="text"/>
Social Security Number	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Date of Death	<input type="text"/>	<input type="text"/>
Identity Protection PIN	<input type="text"/>	<input type="text"/>
Check ("X") which phone number to list on return.		
Home Phone	<input type="text"/>	<input type="text"/>
Work Phone	<input type="text"/>	<input type="text"/>
Cell Phone	<input type="text"/>	<input type="text"/>
Fax Number	<input type="text"/>	<input type="text"/>
Legally Blind	<input type="text"/>	<input type="text"/>
Totally Disabled	<input type="text"/>	<input type="text"/>
Claimed as a Dependent	<input type="text"/>	<input type="text"/>
Presidential Election Fund (\$3)	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>
State of Residence as of 12/31	<input type="text"/>	<input type="text"/>
County of Residence as of 12/31	<input type="text"/>	<input type="text"/>
School District as of 12/31	<input type="text"/>	<input type="text"/>
Sales tax rate of locality in 2025	<input type="text"/> %	<input type="text"/> %
If Part Year, Period of Residency	<input type="text"/> to <input type="text"/>	<input type="text"/> to <input type="text"/>

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	<input type="checkbox"/> Driver's license OR <input type="checkbox"/> State Issued ID	<input type="checkbox"/> Driver's license OR <input type="checkbox"/> State Issued ID
ID number	<input type="text"/>	<input type="text"/>
ID issuing state	<input type="text"/>	<input type="text"/>
ID issue date	<input type="text"/>	<input type="text"/>
ID expiration date	<input type="text"/>	<input type="text"/>

Filing Status

Status on 2024 return :	<input type="checkbox"/>	
Status as of 12/31/2025 :	<input type="checkbox"/> 1 Single	<input type="checkbox"/> 4 Head of Household
Enter ("X") in the box	<input type="checkbox"/> 2 Married filing joint	Non-dependent name: <input type="text"/>
	<input type="checkbox"/> 3 Married filing separately	Non-dependent SSN: <input type="text"/>
	(Enter spouse's name and SSN above)	<input type="checkbox"/> 5 Qualifying surviving spouse (QSS)
		Year spouse died: <input type="text"/>

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	<input type="text"/>	Apt/Suite/Unit	<input type="text"/>
P.O.Box	<input type="text"/>	Private Mailbox Number	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
In Care Of:	First Name <input type="text"/>	M.I. <input type="text"/>	Last Name <input type="text"/>
In Care Of Social Security Number	<input type="text"/>	Suffix	<input type="text"/>
If address is in a foreign country, enter that country <input type="text"/>			
Foreign province/county	<input type="text"/>	Foreign postal code	<input type="text"/>
If a bona fide resident of a U.S. territory, enter territory <input type="text"/>			

Preparer's Information

Preparer's name	<input type="text"/>
Firm's name	<input type="text"/>
Street	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>

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	<input type="text"/>	Date	<input type="text"/>
here	<input type="text"/>	Date	<input type="text"/>

Name _____

SSN _____

Questions**Personal Information**

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Did you purchase or sell your principal residence or did your address change? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2025? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 Were either you or your spouse in the military or National Guard? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 Have you, your spouse, or dependents been issued a six digit IRS Identity Protection PIN (IP PIN) for this tax year? |

Dependents

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Are there any changes in your dependents from last year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,350 in investment income? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Did you pay education expenses for your dependent children? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 Did anyone in your family receive a scholarship of any kind during 2025? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 Did you pay any dependent care expenses for a child or a parent? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 Are all of your dependents either US residents or citizens? |

Health Care Coverage

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 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.) |

Income (In 2025, did you or your spouse have any of the following?)

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Wages? (include form(s) W-2) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Non-employee compensation? (include form(s) 1099-NEC) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Miscellaneous Income? (include form(s) 1099-MISC) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 Interest income? (include form(s) 1099-INT) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 Dividend income? (include form(s) 1099-DIV) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099) |
| <input type="checkbox"/> | <input type="checkbox"/> | 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) |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 Disability income? (include form(s) W-2 or 1099) |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 Unemployment compensation? (include form(s) 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 Did you receive income from a payment processor or online marketplace? (include form(s) 1099-K) |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 Alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 Did you receive tip income or overtime pay? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 Did you receive payments from a Long-Term Care insurance contract? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 Did you barter your services for goods or services from someone else? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp? |
| <input type="checkbox"/> | <input type="checkbox"/> | 18 Did you receive employer-provided adoption benefits for a previous year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 19 Did you cash in any U.S. savings bonds? |
| <input type="checkbox"/> | <input type="checkbox"/> | 20 Did you make a loan to someone at an interest rate below market rate? |
| <input type="checkbox"/> | <input type="checkbox"/> | 21 Did you receive a housing allowance for ministerial services you provided? |
| <input type="checkbox"/> | <input type="checkbox"/> | 22 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 23 Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any digital assets? |
| <input type="checkbox"/> | <input type="checkbox"/> | 24 Did you receive any income not reported in this Organizer? |

Foreign Reporting

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Did you have an interest in or signature authority over a financial account in a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Were you the grantor of or transferor to a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Did you receive income from a foreign source or pay taxes to a foreign government? |

Retirement & Other Plans

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Did you receive any distributions from a retirement plan? (Include form(s) 1099-R) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Did you rollover a retirement plan distribution into another plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Did you convert a traditional IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA? (Include form(s) 1099-SA) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 Did you make any contributions to an HSA (Health Savings Account) in 2025? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you exchange any securities or investments for something other than cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Do you have any short sales, commodity sales, or straddles? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you receive Form 2439? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you buy or sell any bonds? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you receive stock from a stock bonus plan with your employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you sell any other personal assets at a gain? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you sell any real estate (other than your home) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you sell any assets using the installment method? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you receive proceeds from a prior year installment sale? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase a rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you exchange any property for other property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you purchase a new vehicle, aircraft or boat? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did any security become worthless during 2025? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did any debts become uncollectible during 2025? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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

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

Yes No Other Deductions

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

Yes No Miscellaneous

- | | | | |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make gifts of more than \$19,000 to any one person? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you engage the service of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did your bank account information change within the last twelve months? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Do you want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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

☐

Other quick refund via a bank product

☐

Apply to next year's estimates

☐☐

Direct deposit (please provide voided blank check)

☐

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) _____

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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 Loss

For 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

		Current Year Amount	Prior Year Amount
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		

Inventory

(Enter "X" where applicable)

- 21 Method(s) used to value closing inventory . . . ☐ Cost ☐ Lower of cost or market ☐ Other ☐ Yes ☐ No
22 Any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No

		Current Year Amount	Prior Year Amount
23	Inventory at the beginning of year		
24	Purchases less cost of items withdrawn for personal use		
25	Cost of labor		
26	Materials and supplies		
27	Other Costs		
28	Inventory at end of year		

Assets Placed in Service This Year

Description:

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

Name _____

SSN _____

Business _____

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

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

Interest:

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

Rent or Lease:

40	Machinery rental or lease	40		
41	Equipment rental or lease	41		
42	_____	42		
43	_____	43		
44	_____	44		
	Other business property rental or lease			
45	_____	45		
46	_____	46		
47	_____	47		

48	Repairs and maintenance	48		
49	Supplies (not included in inventory cost of goods sold)	49		
50	Taxes and licenses	50		

Travel and Meals:**Travel**

51	_____	51		
52	_____	52		
53	_____	53		
54	_____	54		

Meals

55	Enter "X" in the box if subject to DOT hours of service limits	55	<input type="checkbox"/>	<input type="checkbox"/>
56	Meals subject to the Standard meal allowance that are 100% deductible after the federal M&IE rate is applied	56		
	Meals subject to percentage limitation			
57	_____	57		
58	_____	58		
59	_____	59		
60	_____	60		
61	_____	61		

Meals not subject to percentage limitation (100% allowed)

62	_____	62		
63	_____	63		
64	_____	64		
65	_____	65		
66	Utilities	66		
67	Wages	67		

Other Expenses:

68	_____	68		
69	_____	69		
70	_____	70		
71	_____	71		
72	_____	72		
73	_____	73		
74	_____	74		
75	_____	75		
76	_____	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					
5					
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7					
8					
9					
10					
11					
12					
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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.

	Full Amount	Allowed
Income:		
a Income received reported on Form 1099-MISC		
Rent income	a _____ 0	a _____ 0
Royalty income	_____ 0	_____ 0
b Other income received not reported on Form 1099-MISC		
Rent income	b _____ 0	b _____ 0
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
4 Royalties received		4 _____ 0
Expenses:	Full Amount	Allowed
5 Advertising	5 _____	_____ 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
8 Commissions	8 _____	_____ 0
9 Insurance	9 _____	_____ 0
10 Legal and other professional fees	10 _____	_____ 0
11 Management fees	11 _____	_____ 0
12 a Qualified mortgage interest paid to banks, etc.	12a _____	_____ 0
a1 Form 8990 limitation amount	12a1 _____	_____ 0
a2 Qualified mortgage interest paid to banks, etc. (Limited to 12a1)	12a2 _____	_____ 0
b Other mortgage interest paid to banks, etc.	12b _____	_____ 0
b1 Form 8990 limitation amount	12b1 _____	_____ 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 _____	
	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