

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Health insurance premiums (paid by you, not through work)

Amount above that is for Medicare premiums

Long-term care premiums (you)

Long-term care premiums (your spouse)

Long-term care premiums (dependents)

Mileage driven for medical purposes

Out of pocket medical & dental expenses

 Doctor, dental, etc

 Prescription medicines

 Glasses & contacts

 Hearing aids

 Medical equipment & supplies

 Hospital services

 Laboratory services

 Nursing services

 Other _____

 Other _____

Charitable Contributions

Donations to charity	Cash	Noncash	Amount
Church	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	_____
University	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Miles driven for charitable purposes

Other Miscellaneous Deductions

Amortizable bond premiums

Federal estate tax

Gambling losses

Impairment-related work expenses

Claim repayments

Unrecovered pension investments

Loss from other activities from Schedule K-1

Ordinary loss debt instrument

Excess deduction on termination

Safety equipment, tools, & supplies

Uniforms

Protective clothing (shoes, hardhats, glasses, etc.)

Dues to professional organizations

Books & subscriptions

Other _____

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer

 Safety equipment, tools, & supplies

 Uniforms

 Protective clothing (shoes, hardhats, glasses, etc.)

 Dues to professional organizations

 Books & subscriptions

 Other _____

 Union dues

 Tax preparation fees

 Other nonpersonal expenses related to taxable income

 Safe deposit box fees

 Investment expenses not entered elsewhere

 Other _____

 Home equity interest

Home mortgage interest paid (attach Form 1098)

Some of your home mortgage loan was not used to buy, build, or improve your home.

Home mortgage interest paid to an individual

Paid to:

 Name _____

 Address _____

 City, State, ZIP _____

 SSN or EIN _____

Points not reported on Form 1098

Investment interest

Healthcare Coverage Questionnaire

Name: _____

SSN:

Healthcare Information

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 eligible for services through an Indian health

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

2025

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:

<input type="checkbox"/> Professional gambler	<input type="checkbox"/> Newspaper delivery and you are under 18 years of age
<input type="checkbox"/> Exempt Notary income	<input type="checkbox"/> A clergy

Yes _____

 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	2025
Gross receipts or sales	Other income
Returns & allowances

Expenses

	2025	2025
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	<input type="checkbox"/> There was a change in inventory method.

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

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?

Mileage

Number of miles the vehicle was driven during 2025

Business Other

Commuting

Expenses

Garage rent Repairs

Gas

Insurance

Licenses

Oil

Parking fees

Rental fees

Interest

Property tax

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

Home expenses

Mortgage interest _____

In the "Office expenses" column,

Real estate taxes _____

enter those expenses that

Excess mortgage interest _____

pertain exclusively to your office;

Excess real estate taxes _____

In the "Home expenses" column,

Insurance _____

enter those expenses that

Rent _____

pertain to the entire dwelling.

Repairs & maintenance _____

Utilities _____

Other expenses _____

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, 2021? If "Yes," was any portion of the loan forgiven in 2025?

Income

	2025	2025
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	2025
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
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

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 \$2,600 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

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** **2021 Total Wages**

TS **Employer Name**

2025 Federal Wages

Retirement

Provide all copies of Form 1099-R

TS **Payer Name** **2023** **Distribution**

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2025
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?

Income

Name:

SSN:

Dividend Income

Provide all copies of Form 1099-DIV and other statements that report dividend income.

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income.

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Sale of Capital Assets

Name: _____

SSN:

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

Provide all brokerage statements

Installment Sale Income

TSJ	Description of property:	2025	Prior Years
Date acquired	_____	Date sold	_____
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	<input type="checkbox"/>		

Other Income and Adjustments

Name:

SSN:

Other Income

		2025 Taxpayer	2025 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	2025 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 orinination 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

Form 1099-NEC Income

Provide all copies of Form 1099-NEC

Other Information

Name:

SSN:

Mortgage Interest Provide all copies of Form 1098

TSJ	Lender's Name	Mortgage Interest Received	Mortgage Insurance Premiums	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
- You are a member of the clergy

Select if you:

- Used your personal vehicle for your job during 2025

Parking fees, tolls, local transportation

NOT reimbursed
by your employerReimbursed by your employer
not included in box 1 of your W-2

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 _____

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 service) 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 <input type="checkbox"/> Driver's license <input type="checkbox"/> 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 <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued photo ID Photo ID number _____ State photo ID was issued _____ Date photo ID was issued _____ Date photo ID expires _____
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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						