

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Table with columns for 2025 and 2024. Rows include: 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 and dental expenses (list).

Charitable Contributions

Table with columns for 2025 and 2024. Rows include: Donations to charity (cash), Miles driven for charitable purposes, Donations to charity (noncash). Note: If noncash donations are greater than \$500, list below.

Other Miscellaneous Deductions

Table with columns for 2025 and 2024. Rows include: 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.

Taxes Paid

Table with columns for 2025 and 2024. Rows include: State and local income taxes, General sales tax (vehicle, boat, home, etc.), Real estate taxes, Personal property taxes, Auto registration taxes not deductible for state, Other taxes (list).

For state purposes ONLY Job Expenses & Certain Miscellaneous Deductions

Table with columns for 2025 and 2024. Rows include: Necessary job expenses you paid that were not reimbursed by your employer (list), Union dues, Tax preparation fees, Other nonpersonal expenses related to taxable income (list), Investment expenses not entered elsewhere, Home equity interest.

Interest Paid

Table with columns for 2025 and 2024. Rows include: Home mortgage interest paid (attach Form 1098), 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 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

Table with 5 columns: Description, 2025, 2024, 2025, 2024. Rows include Gross receipts or sales, Returns & allowances, Other income.

Expenses

Table with 5 columns: Description, 2025, 2024, 2025, 2024. Rows include Advertising, Car & truck expenses, Commissions & fees, Contract labor, Depletion, Employee benefit programs, Insurance, Interest, Legal & professional services, Office expenses, Pension & profit-sharing plans, Rent, Repairs & maintenance, Supplies, Taxes & licenses, Travel, Total meals, Utilities, Wages, Family health coverage payments, Other expenses (list).

Cost of Goods Sold

Table with 5 columns: Description, 2025, 2024, 2025, 2024. Rows include Inventory at beginning of year, Purchases, Cost of personal use items, Cost of labor, Materials & supplies, Other costs, Inventory at end of year. Includes checkbox: There was a change in inventory method.

**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**

- |  |   |                                    |                                      |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land      | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence  | <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Royalties | <input type="checkbox"/> 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 \_\_\_\_\_

- |  |                          |                          |  |
|--|--------------------------|--------------------------|--|
| <input type="checkbox"/> This property was placed in service during 2025.      | Yes                      | No                       | Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental.<br>If "Yes," did you file Forms 1099 for the individuals? |
| <input type="checkbox"/> This property was disposed of during 2025.            | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> This property is your main home or second home.       | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> This property was owned as a qualified joint venture. | <input type="checkbox"/> | <input type="checkbox"/> |  |

**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 . . . . .	_____	_____	_____	_____	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.
Taxes . . . . .	_____	_____	_____	_____	
Utilities . . . . .	_____	_____	_____	_____	
Depletion . . . . .	_____	_____	_____	_____	
Other expenses (list)	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

## 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		Home Expenses	
	2025	2024	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.





### 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: _____	_____	_____	_____	_____

### 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	2025	2024	Reimbursed by your employer not included in box 1 of your W-2	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 _____	TSJ _____ FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Fair market value before incident _____	Fair market value before incident _____
Fair market value after incident _____	Fair market value after incident _____
Insurance reimbursement _____	Insurance reimbursement _____

**Other Information**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Health Savings Account**

TS \_\_\_\_\_

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

- Taxpayer only     Family

	2025	2024
HSA contributions made for 2025 . . . . .	_____	_____
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**

TSJ \_\_\_\_\_

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 . . . . .	_____	_____

## 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	_____	_____	_____	_____	_____	_____