

**Checklist**

Name:

SSN: \*\*\*-\*\*-\*\*\*\*

**Checklist**

This checklist is provided to help you gather necessary information for us to prepare your 2025 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2024 tax year.

**General Information and Prior Year Documentation**

- ☐ Proof of identity for those claimed on the return (driver's license or state issued ID, Social Security card, birth certificates for children. etc.)
- ☐ Income tax returns from the prior two years  
If there were losses from business activities in prior years, include prior five years of returns instead of two
- ☐ Depreciation schedules from prior years for businesses, rentals, etc.

**Current Year Income Documentation**

- ☐ Wage and tax statements (Form W-2)
- ☐ Gambling income (Form W2-G)
- ☐ IRA distributions, pensions, and annuities (Form 1099-R)
- ☐ Dividend income (Form 1099-DIV)
- ☐ Interest income (Form 1099-INT)
- ☐ Miscellaneous income (Form 1099-MISC)
- ☐ Nonemployee compensation (Form 1099-NEC)
- ☐ Unemployment compensation and other government payments (Form 1099-G)
- ☐ Credit card, debit card, and third-party network transactions (Form 1099-K)
- ☐ Reportable payment transactions
- ☐ Social Security benefits (Form SSA-1099)
- ☐ Railroad retirement benefits (Form RRB-1099)
- ☐ Income from partnerships, S corporations, estates, and trusts (Schedule K-1)
  - ☐ Basis information for any partnerships and S corporations
- ☐ Documentation of brokerage transactions and disposition of capital assets (Form 1099-B)
- ☐ Digital asset proceeds from brokerage transactions (Form 1099-DA)
- ☐ Proceeds from real estate transactions (Form 1099-S)
- ☐ Self-employed business income (Schedule C)
- ☐ Farm income (Schedule F)
- ☐ Farm rental income (Form 4835)
- ☐ Income from rental real estates and royalties (Schedule E)

**Other Income (provide supporting documentation for income received for the following items)**

- ☐ Sale of assets or property
- ☐ Cancellation of debt
- ☐ Other income \_\_\_\_\_

**Payments (provide supporting documentation for payments made for the following items)**

- ☐ Educator classroom expenses
- ☐ Employee business expenses
- ☐ Contributions to a Health Savings Account
- ☐ Expenses related to work relocation with the military
- ☐ Alimony
- ☐ Student loan interest
- ☐ Refunded student loan interest payments
- ☐ Student loan forgiveness
- ☐ Tuition and fees for higher education
- ☐ Expenses related to child or dependent care
- ☐ Contributions to a Retirement Savings Account
- ☐ Medical and dental expenses
- ☐ Real estate taxes

Checklist

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Checklist

- ☐ Other state and local taxes
- ☐ Mortgage interest
- ☐ Investment interest
- ☐ Cash contributions
- ☐ Noncash contributions (provide organization name)
- ☐ Unreimbursed employee expenses
- ☐ Investment expenses
- ☐ Gambling losses
- ☐ Other payments \_\_\_\_\_

Questionnaire

Name:

SSN: \*\*\*-\*\*-\*\*\*\*

Questionnaire

Personal Information

Yes No

- ☐ ☐ Did your marital status change during the year?  
If "Yes," explain. \_\_\_\_\_
- ☐ ☐ Did your name change during the tax year?  
If "Yes," explain. \_\_\_\_\_
- ☐ ☐ If your filing status is married, but you are filing separately from your spouse, did you and your spouse live apart for the last six months of 2025?
- ☐ ☐ Can you or your spouse be claimed as a dependent by someone else?
- ☐ ☐ Did your address change during the year?
- ☐ ☐ Were you, your spouse, or any dependents a victim of identity theft?  
If "Yes," explain. \_\_\_\_\_
- ☐ ☐ Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?  
If "Yes," provide Notice CP01A from the IRS.

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

Yes No

- ☐ ☐ Did you have any changes in dependents during the year?  
If "Yes," explain. \_\_\_\_\_
- ☐ ☐ Can another person qualify to claim any of your dependents?
- ☐ ☐ Did you have any child or dependent care expenses during the year?
- ☐ ☐ Did you have any adoption expenses during the year?
- ☐ ☐ Did you have any children under age 18 or a full-time student under age 24 with more than \$2,700 of unearned income?

Provide documentation for proof of dependent credits (school records, medical records, daycare records, etc.)

Health Care Information

Yes No

- ☐ ☐ Did any member of your household have healthcare coverage through the Marketplace (Obamacare)?  
If "Yes," provide copies of Form 1095-A.
- ☐ ☐ Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

Yes No

- ☐ ☐ Did you receive any tips not reported to your employer?
- ☐ ☐ Did you receive any disability income during the year?
- ☐ ☐ Did you cash in any U.S. savings bonds during the year?
- ☐ ☐ Did you start a new business or purchase any rental property during the year?
- ☐ ☐ Did you sell an existing business, rental property, or other property during the year?
- ☐ ☐ Did you purchase any business assets or convert any assets to business use?  
If "Yes," provide the cost of the asset, the date it was placed in service, and the business use percentage.
- ☐ ☐ Did you purchase any gasoline, diesel, or special fuels for off-road business use?
- ☐ ☐ Did you buy or sell any stocks, bonds, or other investments during the year?
- ☐ ☐ Did you sell a principal residence during the year?  
If "Yes," provide closing documentation for the purchase and sale of the home.
- ☐ ☐ Did you have a principal residence or a piece of real property foreclosed on during the year?
- ☐ ☐ Did you abandon a principal residence or a piece of real property during the year?
- ☐ ☐ Did you refinance your principal home or second home or take out a home equity loan during the year?  
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- ☐ ☐ Did you receive any principal or interest during this year from property sold in prior years?

## Questionnaire

Name:

SSN: \*\*\*-\*\*-\*\*\*\*

### Questionnaire

- ☐ ☐ ☐ Did you rent out your home or use it for business?
- ☐ ☐ ☐ Did you sell, exchange, or purchase any real estate during the year?
- ☐ ☐ ☐ Did you acquire a new or additional interest in a partnership or S corporation?
- ☐ ☐ ☐ Did you have any debts canceled or forgiven this year?
- ☐ ☐ ☐ Does anyone owe you money that has become uncollectible?
- ☐ ☐ ☐ Did you purchase a new or previously owned clean vehicle (electric vehicle, plug-in hybrid, fuel-cell vehicle, qualified commercial clean vehicle) during the year?  
If "Yes," provide the report the dealer or seller is required to provide to you and the vehicle identification number (VIN).
- ☐ ☐ ☐ Did you receive income or incur expenses associated with a fantasy sports league?  
If "Yes," provide documentation.
- ☐ ☐ ☐ Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?  
If "Yes," attach Form 1099-MISC, Form 1099-NEC, or Form 1099-K.
- ☐ ☐ ☐ Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?  
If "Yes," attach Form 1099-K or Form W-2.
- ☐ ☐ ☐ Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?  
If "Yes," provide documentation.
- ☐ ☐ ☐ Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?  
If "Yes," attach Form 1099-K.
- ☐ ☐ ☐ Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb, VRBO or HomeAway)?  
If "Yes," provide documentation.
- ☐ ☐ ☐ Did you receive income or incur expenses as an independent contractor (e.g., Shipt, Instacart, DoorDash)?  
If "Yes," provide documentation.
- ☐ ☐ ☐ Did you receive any other income you have not provided information for with this organizer?  
If "Yes," explain. \_\_\_\_\_

### Itemized Deduction Information

**Yes No**

- ☐ ☐ ☐ Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- ☐ ☐ ☐ Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- ☐ ☐ ☐ Did you receive any state or local income tax refunds from prior years?
- ☐ ☐ ☐ Did you make any major purchases (vehicle, boat, etc.) during the year?
- ☐ ☐ ☐ Did you pay any real estate property taxes or personal taxes during the year?
- ☐ ☐ ☐ Did you pay mortgage interest during the year?
- ☐ ☐ ☐ Did you make cash donations to charity during the year?
- ☐ ☐ ☐ Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- ☐ ☐ ☐ Did you donate a boat or vehicle during the year?  
If "Yes," attach Form 1098-C.
- ☐ ☐ ☐ Did you have gambling winnings or losses during the year?
- ☐ ☐ ☐ Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- ☐ ☐ ☐ Did you use your vehicle on the job other than for commuting to work?
- ☐ ☐ ☐ Did you work out of town at any time during the year?

### Retirement Information

**Yes No**

- ☐ ☐ ☐ Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- ☐ ☐ ☐ Did you make any withdrawals or receive distributions from a pension or profit-sharing plan, IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- ☐ ☐ ☐ Did you execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?

# Questionnaire

Name:

SSN: \*\*\*-\*\*-\*\*\*\*

## Questionnaire

☐ ☐ ☐ Did you receive any Social Security benefits during the year?

### Education Information

Yes No

- ☐ ☐ ☐ Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- ☐ ☐ ☐ Did anyone in your household attend a post-secondary school during the year?
- ☐ ☐ ☐ Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- ☐ ☐ ☐ Did you pay student loan interest for yourself, your spouse, or your dependents during the year?  
If "Yes," provide the amount of interest that was refunded.
- ☐ ☐ ☐ Did you receive forgiveness on a qualifying federal student loan?

### Foreign Tax Information

Yes No

- ☐ ☐ ☐ Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- ☐ ☐ ☐ Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- ☐ ☐ ☐ Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?
- ☐ ☐ ☐ Did you have any income from, or pay taxes to, a foreign country?
- ☐ ☐ ☐ Did you receive a Schedule K-3 from a partnership or S corporation?
- ☐ ☐ ☐ Did you have ownership in a foreign corporation at any time during the year?
- ☐ ☐ ☐ Did you own property in a foreign country?

### Refund, Withholding, and Estimated Tax Information

Yes No

- ☐ ☐ ☐ If you have an overpayment of 2025 taxes, do you want the refund applied to your 2026 estimated taxes?
- ☐ ☐ ☐ Did you make any estimated payments toward your 2025 taxes?
- ☐ ☐ ☐ Did you apply an overpayment of your 2024 taxes to your 2025 estimated taxes?
- ☐ ☐ ☐ Do you want to have any refund or balance due directly deposited or withdrawn? NOTE: Due to Executive Order 14247, Modernizing Payments to and from America's Banking Account, refunds received by check will be delayed at least six weeks. Direct deposit of refunds is recommended.  
If "Yes," provide a canceled checking or savings slip.
- ☐ ☐ ☐ Do you anticipate your income or withholdings to be different for 2026?

### One Big Beautiful Bill Implications

Yes No

- ☐ ☐ ☐ Did you receive qualified tips reported on Form W-2 or a statement provided by your employer?  
If "Yes," provide documentation or amount.
- ☐ ☐ ☐ Did you receive overtime pay reported on Form W-2 or a statement provided by your employer?  
If "Yes," provide documentation or amount.
- ☐ ☐ ☐ Did you purchase a new passenger vehicle for personal use during 2025?  
If "Yes," are the following true:  
**Yes No**  
☐ ☐ The final assembly was in the U.S.?  
☐ ☐ The gross vehicle weight is under 14,000 pounds?  
☐ ☐ The vehicle was not purchased with a lease?  
☐ ☐ The vehicle was used to secure the loan?
- ☐ ☐ ☐ If you have a dependent born during 2025, do you want to establish a Trump Account?  
**Yes No**  
☐ ☐ If "Yes," do you want to receive a \$1,000 pilot program contribution?

### Miscellaneous Information

Questionnaire

Name:

SSN: \*\*\*-\*\*-\*\*\*\*

Questionnaire

Yes No

- ☐ ☐
- Did you receive, sell, exchange, gift, or otherwise dispose of any digital asset or financial interest in any digital asset? If "Yes," provide any Forms 1099-DA received.
- 
- ☐ ☐
- Did you incur a gain or loss due to damaged or stolen property, while living in a federally declared disaster area?
- 
- If "Yes," provide the incident date, value of the property, amount of insurance reimbursements, and the declaration number assigned by FEMA.
- 
- ☐ ☐
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- 
- ☐ ☐
- Did you make gifts to any one person in excess of \$19,000 during the year?
- 
- Yes No
- 
- ☐ ☐
- If "Yes," are you splitting the gift with your spouse?
- 
- ☐ ☐
- Did you incur moving expenses with the military during the year?
- 
- ☐ ☐
- Did you make any energy-efficient improvements to your main home during the year?
- 
- ☐ ☐
- Are you a business owner who paid health insurance premiums for your employees during the year?
- 
- ☐ ☐
- Did you receive a cash payment or digital asset of more than \$10,000 in one transaction or two or more related transactions during the year?
- 
- Yes No
- 
- ☐ ☐
- If "Yes," was Form 8300, Report of Cash Payment over \$10,000 Received in Trade or Business, filed?
- 
- ☐ ☐
- Do you own interest or shares in or did you dispose of a Qualified Opportunity Fund during the year?
- 
- ☐ ☐
- Did you make any purchases subject to use tax during the year?
- 
- If "Yes," provide details.
- 
- ☐ ☐
- Did you receive any notices from the IRS or state taxing authority?
- 
- If "Yes," explain. \_\_\_\_\_
- 
- ☐ ☐
- May the IRS discuss your tax return with your preparer?
- 
- ☐ ☐
- Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?

Preparer Notes

Income

Name:SSN: \*\*\*-\*\*-\*\*\*\*

Wages & Salaries

Provide all copies of Form W-2

| TS | Employer Name | 2025 Federal Wages |
|----|---------------|--------------------|
|    |               |                    |
|    |               |                    |
|    |               |                    |
|    |               |                    |
|    |               |                    |
|    |               |                    |
|    |               |                    |
|    |               |                    |
|    |               |                    |
|    |               |                    |

Retirement

Provide all copies of Form 1099-R

| TS | Payer Name | 2025 Distribution |
|----|------------|-------------------|
|    |            |                   |
|    |            |                   |
|    |            |                   |
|    |            |                   |
|    |            |                   |
|    |            |                   |
|    |            |                   |
|    |            |                   |
|    |            |                   |
|    |            |                   |

☐ Yes☐ No

☐ Yes☐ No

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?

Did you use any of the distributions for disaster relief?



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

SSN: \*\*\*-\*\*-\*\*\*\*

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

Provide all brokerage statements

[illegible]

### Installment Sale Income

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

Date acquired \_\_\_\_\_ Date sold \_\_\_\_\_ 2025 Prior Years

|                                 |  |  |
|---------------------------------|--|--|
| 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 ☐

Other Income and Adjustments

Name:

SSN: \*\*\*-\*\*-\*\*\*\*

Other Income

|                                                                | 2025<br>Taxpayer | 2025<br>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<br>Taxpayer | 2025<br>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<br>Taxpayer | 2024<br>Taxpayer | 2025<br>Spouse | 2024<br>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<br>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<br>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 orination 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 . . . . .

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

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 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

☐ Single family residence

☐ Multi-family residence

☐ Vacation / short-term rental

☐ Commercial

☐ Land

☐ Royalties

☐ Self-rental

☐ 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

☐ This property was placed in service during 2025.

☐ This property was disposed of during 2025.

☐ This property is your main home or second home.

☐ This property was owned as a qualified joint venture.

Yes

No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental.

If "Yes," did you file Forms 1099 for the individuals?

Income

2025

2025

Rent income

Royalties from oil, gas, mineral, copyright or patent

Expenses

Rental Unit Expenses

Rental and Homeowner Expenses

Advertising

Auto & travel

Cleaning & maintenance

Commissions

Insurance

Legal & professional fees

Management fees

Mortgage interest

Other interest

Repairs

Supplies

Taxes

Utilities

Depletion

Other expenses

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.

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.

Drake Software - Individual Organizer - Copyright 2025

N\_E.LD

## Name:

SSN: \*\*\*-\*\*-\*\*\*\*\*

Provide all copies of Schedule K-1 and attachments

[illegible]

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<br>(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<br>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 . . . . .   |                                                                                 |

Form 4835 - Farm Rental Income and Expenses

Name:

SSN: \*\*\*-\*\*-\*\*\*\*

General Information

TSJ      Employer ID Number

Description

☐ This farm was disposed of during 2025

Income

|                                                                               | 2025 |                                                     | 2025 |
|-------------------------------------------------------------------------------|------|-----------------------------------------------------|------|
| Income from production of livestock, produce, grains, & other crops . . . . . |      | Crop insurance proceeds:                            |      |
| Total cooperative distributions . . . . .                                     |      | Amount received in 2025 . . . . .                   |      |
| Total agricultural payments . . . . .                                         |      | <input type="checkbox"/> You elect to defer to 2026 |      |
| Commodity Credit Corporation (CCC) loans:                                     |      | Amount deferred from 2024 . . . . .                 |      |
| CCC loans reported . . . . .                                                  |      | Other income . . . . .                              |      |
| CCC loans forfeited . . . . .                                                 |      |                                                     |      |

Expenses

|                                                     | 2025 |                                            | 2025 |
|-----------------------------------------------------|------|--------------------------------------------|------|
| Car & truck expenses . . . . .                      |      | Seeds & plants purchased . . . . .         |      |
| Chemicals . . . . .                                 |      | Storage & warehousing . . . . .            |      |
| Conservation expenses . . . . .                     |      | Supplies purchased . . . . .               |      |
| Custom hire (machine work) . . . . .                |      | Taxes . . . . .                            |      |
| Employee benefit programs . . . . .                 |      | Utilities . . . . .                        |      |
| Feed purchased . . . . .                            |      | Veterinary, breeding, & medicine . . . . . |      |
| Fertilizers & lime . . . . .                        |      | Other expenses (list)                      |      |
| Freight & trucking . . . . .                        |      |                                            |      |
| Gasoline, fuel, & oil . . . . .                     |      |                                            |      |
| Insurance (other than health) . . . . .             |      |                                            |      |
| Interest - mortgage (paid to banks, etc.) . . . . . |      |                                            |      |
| Interest - other . . . . .                          |      |                                            |      |
| Labor hired (less jobs credit) . . . . .            |      |                                            |      |
| Pension & profit-sharing plans . . . . .            |      |                                            |      |
| Rent - vehicles, machinery & equipment . . . . .    |      |                                            |      |
| Rent - other (land, animals, etc.) . . . . .        |      |                                            |      |
| Repairs & maintenance . . . . .                     |      |                                            |      |

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                       |                                                           | Yes                      | No                       |                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Was this vehicle available for use during off-duty hours? | <input type="checkbox"/> | <input type="checkbox"/> | Do you have evidence to support your deduction? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was another vehicle available for personal use?           | <input type="checkbox"/> | <input type="checkbox"/> | If "Yes," is the evidence written?              |

Mileage

Number of miles the vehicle was driven during 2025

|                     |                 |
|---------------------|-----------------|
| Business . . . . .  | Other . . . . . |
| Commuting . . . . . |                 |

Expenses

|                        |                         |
|------------------------|-------------------------|
| Garage rent . . . . .  | Repairs . . . . .       |
| Gas . . . . .          | Tires . . . . .         |
| Insurance . . . . .    | Tolls . . . . .         |
| Licenses . . . . .     | Lease addback . . . . . |
| Oil . . . . .          | Other expenses          |
| 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 . . . . .        |                 |               |
| 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.

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 . . . . .

Schedule A - Itemized Deductions

Name:

SSN: \*\*\*-\*\*-\*\*\*\*

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>Medical and Dental Expenses</div> <div>Health insurance premiums<br/>(paid by you, not through work) . . . . .</div> <div>Amount above that is for Medicare premiums . . . . .</div> <div>Long-term care premiums (you) . . . . .</div> <div>Long-term care premiums (your spouse) . . . . .</div> <div>Long-term care premiums (dependents) . . . . .</div> <div>Mileage driven for medical purposes . . . . .</div> <div>Out of pocket medical &amp; dental expenses</div> <div>Doctor, dental, etc . . . . .</div> <div>Prescription medicines . . . . .</div> <div>Glasses &amp; contacts . . . . .</div> <div>Hearing aids . . . . .</div> <div>Medical equipment &amp; supplies . . . . .</div> <div>Hospital services . . . . .</div> <div>Laboratory services . . . . .</div> <div>Nursing services . . . . .</div> <div>Other _____</div> <div>Other _____</div> | <div>Charitable Contributions</div> <div>Donations to charity</div> <div>CashNoncashAmount</div> <div>Church . . . . .<input type="checkbox"/><input type="checkbox"/></div> <div>Boy or Girl Scouts . . . . .<input type="checkbox"/><input type="checkbox"/></div> <div>Goodwill . . . . .<input type="checkbox"/><input type="checkbox"/></div> <div>Red Cross . . . . .<input type="checkbox"/><input type="checkbox"/></div> <div>Salvation Army . . . . .<input type="checkbox"/><input type="checkbox"/></div> <div>United Way . . . . .<input type="checkbox"/><input type="checkbox"/></div> <div>Veterans . . . . .<input type="checkbox"/><input type="checkbox"/></div> <div>Hospital . . . . .<input type="checkbox"/><input type="checkbox"/></div> <div>University . . . . .<input type="checkbox"/><input type="checkbox"/></div> <div>Other _____<input type="checkbox"/><input type="checkbox"/></div> <div>Miles driven for charitable purposes . . . . .</div> |
| <div>Taxes Paid</div> <div>State and local income taxes . . . . .</div> <div>General sales tax (vehicle, boat, home, etc.) . . . . .</div> <div>Real estate taxes . . . . .</div> <div>Personal property taxes . . . . .</div> <div>Auto registration taxes not deductible for state . . . . .</div> <div>Other taxes (list) _____</div> <div>_____</div> <div>_____</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <div>Other Miscellaneous Deductions</div> <div>Amortizable bond premiums . . . . .</div> <div>Federal estate tax . . . . .</div> <div>Gambling losses . . . . .</div> <div>Impairment-related work expenses . . . . .</div> <div>Claim repayments . . . . .</div> <div>Unrecovered pension investments . . . . .</div> <div>Loss from other activities from Schedule K-1 . . . . .</div> <div>Ordinary loss debt instrument . . . . .</div> <div>Excess deduction on termination . . . . .</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <div>Interest Paid</div> <div>Home mortgage interest paid (attach Form 1098) . . . . .</div> <div><input type="checkbox"/> Some of your home mortgage loan was not used to buy, build, or improve your home.</div> <div>Home mortgage interest paid to an individual . . . . .</div> <div>Paid to:</div> <div>Name _____</div> <div>Address _____</div> <div>City, State, ZIP _____</div> <div>SSN or EIN _____</div> <div>Points not reported on Form 1098 . . . . .</div> <div>Investment interest . . . . .</div>                                                                                                                                                                                                                                                                                                                                                           | <div>Job Expenses &amp; Certain Miscellaneous Deductions</div> <div>Necessary job expenses you paid that were not reimbursed by your employer</div> <div>Safety equipment, tools, &amp; supplies . . . . .</div> <div>Uniforms . . . . .</div> <div>Protective clothing (shoes, hardhats, glasses, etc.) . . . . .</div> <div>Dues to professional organizations . . . . .</div> <div>Books &amp; subscriptions . . . . .</div> <div>Other _____</div> <div>Union dues . . . . .</div> <div>Tax preparation fees . . . . .</div> <div>Other nonpersonal expenses related to taxable income</div> <div>Safe deposit box fees . . . . .</div> <div>Investment expenses not entered elsewhere . . . . .</div> <div>Other _____</div> <div>Home equity interest . . . . .</div>                                                                                                                                                                                                        |

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:

Select if you:

☐ 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

☐ Used your personal vehicle for your job during 2025

|                                                                                     | NOT reimbursed by your employer | Reimbursed by your employer not included in box 1 of your W-2 |
|-------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------|
| 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 _____             |

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Other Information

Name:

SSN: \*\*\*-\*\*-\*\*\*\*

Health Savings Account

TS \_\_\_\_\_

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

☐ Taxpayer only

☐ Family

2025

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

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 expenses while traveling to your new home . . . . .

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# 2025 Tax Organizer Personal Information

## Personal Information

| Name                                                                            |               | SSN           | Has<br>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

☐ 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<br>Routing Number | Bank<br>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<br>SSN | Has<br>IP PIN | Relationship | Months<br>in<br>Home | Date of Birth | Disabled | Full-<br>time<br>Student | Childcare<br>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           |           |        |                |        |               |        |

Income

Name:SSN: \*\*\*\_\*\*\_\*\*\*\*

Form 1099-MISC Income

Provide all copies of Form 1099-MISC

| TS | Payer Name | 2025 Amount |
|----|------------|-------------|
|    |            |             |
|    |            |             |
|    |            |             |
|    |            |             |
|    |            |             |
|    |            |             |
|    |            |             |
|    |            |             |
|    |            |             |
|    |            |             |

Form 1099-NEC Income

Provide all copies of Form 1099-NEC

| TS | Payer Name | 2025 Amount |
|----|------------|-------------|
|    |            |             |
|    |            |             |
|    |            |             |
|    |            |             |
|    |            |             |
|    |            |             |
|    |            |             |
|    |            |             |
|    |            |             |
|    |            |             |