

## 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

Driver's license    State-issued photo ID

Spouse's type of photo ID

Driver's license    State-issued photo ID

Photo ID number \_\_\_\_\_

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

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	_____	_____	_____	_____	_____	_____







### 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: _____	_____	_____

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 \_\_\_\_\_

**Taxes Paid**

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) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Interest Paid**

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 ..... \_\_\_\_\_

**Charitable Contributions**

	Cash	Noncash	Amount
Donations to charity			
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 ..... \_\_\_\_\_

**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 ..... \_\_\_\_\_

### 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 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 .....



### 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 .....	_____	<input type="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	2025
Rent income .....	_____	_____
		Royalties from oil, gas, mineral, copyright or patent .....
		_____

### Expenses

	Rental Unit Expenses	Rental <u>and</u> 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	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	



### Expenses Related to Business

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

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

#### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

- |   |                          |   |                          |                          |   |  |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |                                    |  |
|---|--------------------------|---|--------------------------|--------------------------|---|--|--------------------------|--------------------------|---|--------------------------|--------------------------|---|--------------------------|--------------------------|---|--------------------------|--------------------------|------------------------------------|--|
| <table border="0"> <tr> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> <td></td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Was this vehicle available for use during off-duty hours?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Do you have evidence to support your deduction?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Was another vehicle available for personal use?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>If "Yes," is the evidence written?</td> </tr> </table> | 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? |  |
| 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.

## 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 .....	_____	_____
Cost of items bought for resale .....	_____	_____
Sale of products you raised .....	_____	_____
Total cooperative distributions (Provide 1099-PATR) .....	_____	_____
Total agricultural payments .....	_____	_____
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 .....	_____	_____
Custom hire income .....	_____	_____
Beginning inventory for accrual .....	_____	_____
Ending inventory for accrual .....	_____	_____
<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method.		
Other income .....	_____	_____

### Expenses

	2025	2025
Car & truck expenses .....	_____	_____
Chemicals .....	_____	_____
Conservation expenses .....	_____	_____
Custom hire (machine work) .....	_____	_____
Employee benefit programs .....	_____	_____
Feed purchased .....	_____	_____
Fertilizers & lime .....	_____	_____
Freight & trucking .....	_____	_____
Gasoline, fuel, & oil .....	_____	_____
Insurance (other than health) .....	_____	_____
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 .....	_____	_____
Rent - other (land, animals, etc.) .....	_____	_____
Repairs & maintenance .....	_____	_____
Seeds & plants purchased .....	_____	_____
Storage & warehousing .....	_____	_____
Supplies purchased .....	_____	_____
Taxes .....	_____	_____
Utilities .....	_____	_____
Veterinary, breeding, & medicine .....	_____	_____
Family health coverage payments for taxpayer, spouse or dependents .....	_____	_____
Other expenses .....	_____	_____

### 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 ..... \_\_\_\_\_



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

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 _____

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 ..... \_\_\_\_\_