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2025 TAX ORGANIZER

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This tax organizer has been prepared for your use in gathering the information needed for your 2025 tax return.

To save you time, selected information from your 2024 tax return has been entered in this organizer. Please line through any information that does not apply to your 2025 tax return.

In some cases, 2024 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

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2025 TAX ORGANIZER

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I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer Signature	Date
Spouse Signature	Date



Questions (Page 1 of 5)

2025

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The following questions pertain to the 2025 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

	Yes	No
Did your marital status change?	<input type="checkbox"/>	<input type="checkbox"/>
Are you married?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, do you and your spouse want to file separate returns?	<input type="checkbox"/>	<input type="checkbox"/>
If No, are you in a domestic partnership, civil union, or other state-defined relationship?	<input type="checkbox"/>	<input type="checkbox"/>
Can you or your spouse be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse serve in the military or were you or your spouse on active duty?	<input type="checkbox"/>	<input type="checkbox"/>

Dependents:

Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
Note: Include non-child dependents for whom you provided more than half the support.		
Did you or your spouse pay for child care while you or your spouse worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 18 with unearned income more than \$1,350?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,350?	<input type="checkbox"/>	<input type="checkbox"/>
Did you adopt a child or begin adoption proceedings?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your dependents non-U.S. citizens or non-U.S. residents?	<input type="checkbox"/>	<input type="checkbox"/>

Healthcare:

Did you obtain healthcare coverage through the Marketplace?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1095-A.		
If you received advance premium tax credit, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1095-A for someone claimed as a dependent on another taxpayer's return or who is filing their own return and is not claimed as a dependent on another taxpayer's return?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your dependents required to file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Were you eligible for employer-sponsored healthcare coverage?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have any transactions pertaining to a health savings account (HSA)?	<input type="checkbox"/>	<input type="checkbox"/>
If you received a distribution from an HSA, include all Forms 1099-SA.		
Did you or your spouse have any transactions pertaining to a medical savings account (MSA)?	<input type="checkbox"/>	<input type="checkbox"/>
If you received a distribution from an MSA, include all Forms 1099-SA.		
Did you or your spouse receive any distributions from long-term care insurance contracts?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1099-LTC.		



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Questions (Page 2 of 5)**2B****Healthcare (continued):**

If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? Yes No
 If Yes, how many months were you covered? _____

If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? No
 If Yes, how many months were you covered? _____

Education:

Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?
 Did you or your spouse pay any student loan interest?
 Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?
 Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)?
 If Yes, include all Forms 1099-Q.
 If Yes, were the amounts withdrawn used for qualified tuition expenses?

Deductions and Credits:

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?
 If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities. _____
 Did you or your spouse incur any casualty or theft losses?
 Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?
 Did you or your spouse make any large purchases, such as motor vehicles and boats?
 Did you or your spouse pay interest on a new passenger vehicle purchased in 2025 that was assembled in the U.S.?
 If so, provide the vehicle identification number (VIN) of the vehicle. _____
 Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?
 Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?
 If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes:
 _____ Gallons _____ Type
 Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?
 Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?
 Did you or your spouse receive income for overtime?
 Did you or your spouse receive income for tips?
 If Yes, was it reported on a W-2, 1099-K, 1099-NEC, or Form 4317?
 If unreported, was it \$20 or more in any month?



Questions (Page 3 of 5)

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Investments:

Did you or your spouse have any debts canceled, forgiven or refinanced? Yes No

Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? Yes No

Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? Yes No

Did you or your spouse sell, exchange, or purchase any real estate? Yes No
If Yes, include closing statements.

Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? Yes No

Did you or your spouse engage in any put or call transactions? Yes No
If Yes, provide the transaction details.

Did you or your spouse close any open short sales? Yes No

Did you sell or exchange any digital assets? Yes No
If Yes, include all Forms 1099-DA.

Did you or your spouse sell any securities not reported on Form 1099-B? Yes No

Retirement or Severance:

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? Yes No

Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? Yes No

Did you or your spouse turn age 73 and have money in an IRA or other retirement account without taking any distribution? Yes No

Did you or your spouse make a qualified charitable distribution directly from an IRA? Yes No

Did you or your spouse retire or change jobs? Yes No

Did you or your spouse receive deferred, retirement or severance compensation? Yes No
If Yes, enter the date received (Mo/Da/Yr). _____

Personal Residence:

Did your address change? Yes No
If Yes, provide the new address.

If Yes, did you move to a different home because of a change in the location of your job? Yes No

Did you or your spouse claim a homebuyer credit for a home purchased in 2008? Yes No

Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? Yes No

Are your total mortgages on your first and/or second residence greater than \$750,000? Yes No
If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____

Did you or your spouse take out a home equity loan? Yes No

Did you or your spouse have an outstanding home equity loan at the end of the year? Yes No
If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____

Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? Yes No

Did you or your mortgagee receive mortgage assistance payments? Yes No
If Yes, include all Forms 1098-MA.



Questions (Page 4 of 5)

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Sale of Your Home:

Did you sell your home? Yes No

Did you receive Form 1099-S? Yes No
If Yes, include Form 1099-S.

Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? Yes No

Did you or your spouse ever rent out the property? Yes No

Did you or your spouse ever use any portion of the home for business purposes? Yes No

Have you or your spouse sold a principal residence within the last two years? Yes No

At the time of the sale, the residence was owned by the: Taxpayer Spouse Both

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$19,000 to any individual? Yes No

Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? Yes No

Did you or your spouse make any gifts to a trust for any amount? Yes No

Do you or your spouse have a life insurance trust? Yes No

Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? Yes No

Did you or your spouse forgive any indebtedness to any individual, trust or entity? Yes No

Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? Yes No

Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? Yes No

Did you or your spouse create or transfer money or property to a foreign trust? Yes No

Did you or your spouse own any foreign financial assets? Yes No

Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments? Yes No

Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax? Yes No

If Yes, did the corporation cease to be an S corporation? Yes No

If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business? Yes No

If Yes, did you or your spouse transfer any share of stock in the corporation? Yes No



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Questions (Page 5 of 5)

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Miscellaneous:

Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,800 during the year for domestic services performed in or around your home to individuals who could be considered household employees?

 Yes No

Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness?

Did you or your spouse engage in any bartering transactions?

Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?

For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?

In 2025, did you or your spouse: (a) receive (as a reward, award, or compensation); (b) sell, exchange, gift or otherwise

dispose of a digital asset (or a financial interest in a digital asset)?

In 2025, did you or your spouse receive Payroll Protection Program loan forgiveness or are you or your spouse seeking forgiveness?

If No, enter the date loan forgiveness was denied or that you or your spouse decided not to seek forgiveness.

Date (Mo/Da/Yr) _____

If No, enter the amount of the loan for which forgiveness was denied or the amount of the loan for which you or your spouse decided not to seek forgiveness.

Amount _____

Do you own an interest in an LLC or similar entity that has a reporting obligation under the Corporate Transparency Act?

Additional state pages have been included at the back of the organizer and should be reviewed.



Personal Information

2025

Taxpayer:

First Name and Initial	Last Name	Social Security Number
Occupation		Date of Birth (Mo/Da/Yr) Date of Death (Mo/Da/Yr)
Driver's License or State-Issued ID Number		Expiration Date (Mo/Da/Yr) Issue Date (Mo/Da/Yr) State
<input type="checkbox"/> Driver's License <input type="checkbox"/> State-Issued ID <input type="checkbox"/> No Identification		<input type="checkbox"/> Does not expire

Spouse:

First Name and Initial	Last Name	Social Security Number
Occupation		Date of Birth (Mo/Da/Yr) Date of Death (Mo/Da/Yr)
Driver's License or State-Issued ID Number		Expiration Date (Mo/Da/Yr) Issue Date (Mo/Da/Yr) State
<input type="checkbox"/> Driver's License <input type="checkbox"/> State-Issued ID <input type="checkbox"/> No Identification		<input type="checkbox"/> Does not expire

Contact Information:

Street Address	Apartment Number	
City	State	
Foreign Province or County		
Foreign Country		
Taxpayer Daytime/Work Phone	Taxpayer Evening/Home Phone	Taxpayer Foreign Phone
Taxpayer Cell Phone	Taxpayer Fax Number	
Spouse Daytime/Work Phone	Spouse Evening/Home Phone	Spouse Foreign Phone
Spouse Cell Phone	Spouse Fax Number	
Taxpayer Email Address		
Spouse Email Address		
Preferred Method of Contact		

May the IRS or other taxing authority discuss the return with the preparer?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>

Is the taxpayer claimed as a dependent on someone else's tax return?

<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Are you considered legally blind per IRS regulations?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Do you want to contribute to the Presidential Election Campaign Fund?

Are you a U.S. citizen or Green Card holder?

Personal Identification Numbers: Code - 1 - Issued by IRS Code - 2 - Issued by State or City

The IRS has recommended that taxpayers have an Identity Protection (IP) PIN to increase filing security. If you would like an IP PIN for yourself, your spouse, or your dependents or have one but do not know the IP PIN assigned, visit IRS.gov to retrieve it or apply.

TS	State	City	Code	PIN	Prior Year PIN



Personal Information

2025

Taxpayer:

First Name and Initial	Last Name	Social Security Number
Occupation	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)
<input type="checkbox"/> Driver's License <input type="checkbox"/> State-Issued ID		<input type="checkbox"/> Expiration Date (Mo/Da/Yr) <input type="checkbox"/> Issue Date (Mo/Da/Yr) <input type="checkbox"/> State
<input type="checkbox"/> Driver's License <input type="checkbox"/> State-Issued ID		<input type="checkbox"/> No Identification <input type="checkbox"/> Choose not to provide

Does not expire

Spouse:

First Name and Initial	Last Name	Social Security Number
Occupation	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)
<input type="checkbox"/> Driver's License <input type="checkbox"/> State-Issued ID		<input type="checkbox"/> Expiration Date (Mo/Da/Yr) <input type="checkbox"/> Issue Date (Mo/Da/Yr) <input type="checkbox"/> State
<input type="checkbox"/> Driver's License <input type="checkbox"/> State-Issued ID		<input type="checkbox"/> No Identification <input type="checkbox"/> Choose not to provide

Does not expire

Contact Information:

Street Address	Apartment Number	
City	State	
Foreign Province or County		
Foreign Country		
Taxpayer Daytime/Work Phone	Taxpayer Evening/Home Phone	Taxpayer Foreign Phone
Taxpayer Cell Phone	Taxpayer Fax Number	
Spouse Daytime/Work Phone	Spouse Evening/Home Phone	Spouse Foreign Phone
Spouse Cell Phone	Spouse Fax Number	
Taxpayer Email Address		
Spouse Email Address		
Preferred Method of Contact		

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

May the IRS or other taxing authority discuss the return with the preparer?
Is the taxpayer claimed as a dependent on someone else's tax return?

Are you considered legally blind per IRS regulations?
Do you want to contribute to the Presidential Election Campaign Fund?
Are you a U.S. citizen or Green Card holder?

Personal Identification Numbers: Code - 1 - Issued by IRS 2 - Issued by State or City

The IRS has recommended that taxpayers have an Identity Protection (IP) PIN to increase filing security. If you would like an IP PIN for yourself, your spouse, or your dependents or have one but do not know the IP PIN assigned, visit IRS.gov to retrieve it or apply.

TS	State	City	Code	PIN	Prior Year PIN
<input type="text"/>					
<input type="text"/>					



Dependent Information:

Did dependent have income over \$5,200?

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries: **Include all copies of your current year Forms W-2**

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.



2025

Dependents**3A****Dependent Information:**

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$5,200?

	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN	Prior Year IP PIN
A					
B					
C					
D					
E					
F					
G					
H					

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.



2025

Electronic Filing

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Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return

Do not electronically file the state return(s)

Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Taxpayer

Spouse

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN

Spouse PIN



2025

Electronic Filing

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Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. Electronic filing is the only filing method that provides you with acknowledgment that the IRS has received your return and is processing it. If you are to receive a refund and use direct deposit with electronic filing, you will normally receive your refund in about 3 weeks.

Note that not all returns qualify for electronic filing under IRS rules.

If you qualify for electronic filing, would you like to file the return electronically with the IRS?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>		<input type="checkbox"/>	

If you qualify, would you like to file your state returns electronically?

<input type="checkbox"/>		<input type="checkbox"/>	
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The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>		<input type="checkbox"/>	

Taxpayer

Spouse

<input type="checkbox"/>	
--------------------------	--

Spouse

If No, provide a 5-digit self-selected PIN:

Taxpayer PIN

Spouse PIN



2025

Electronic Filing

4

Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically. If you prefer not to electronically file your return, please refer to and sign the opt-out statement below. Because some states have official opt-out forms, additional signatures may be necessary before your return can be filed.

Opt-Out Statement:

has informed me (us) that my (our) 2025 Individual Income Tax return may be required to be electronically filed if the firm files the return on my (our) behalf. I (We) understand that electronic filing may provide a number of benefits to taxpayers, including an acknowledgment that the IRS received the return, a reduced chance of errors in processing, and faster refunds. I (we) do not want to file my (our) return electronically and will personally file the paper return. My (our) preparer will not file or otherwise mail or submit my (our) paper return to the IRS.

Taxpayer signature: _____ Date: _____

Spouse signature: _____ Date: _____

The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Taxpayer

Spouse

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN

Spouse PIN



Direct Deposit and Withdrawal

2025

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Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. Additional space has been provided for the use of multiple accounts. If you selected direct deposit or electronic withdrawal in 2024, your account information is already included below.

Yes	No

Would you like any refunds owed to you directly deposited?

Would you like to pay any amount due on your federal return using electronic withdrawal?

If Yes, what amount would you like withdrawn, if not the entire balance due?

If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)

Would you like to pay any amount due on your state return(s) using electronic withdrawal?

If Yes, what amount would you like withdrawn, if not the entire balance due?

If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

Would you like to pay any estimated payments due for your federal return using electronic withdrawal?

Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available?

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: Checking Traditional Savings IRA Savings
 Archer MSA Savings Coverdell Ed. Savings HSA Savings

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

Yes	No

Would you like any refunds owed to you directly deposited?

Would you like to pay any amount due on your federal return using electronic withdrawal?

If Yes, what amount would you like withdrawn, if not the entire balance due?

If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)

Would you like to pay any amount due on your state return(s) using electronic withdrawal?

If Yes, what amount would you like withdrawn, if not the entire balance due?

If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

Would you like to pay any estimated payments due for your federal return using electronic withdrawal?

Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available?

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: Checking Traditional Savings IRA Savings
 Archer MSA Savings Coverdell Ed. Savings HSA Savings

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.



Interest Information:

Include copies of all Forms 1099-INT or other documents for interest received

Tax-Exempt Interest Code: **1 - 1099-INT** **2 - Private Activity Bond** **3 - Both**

Seller-Financed Mortgage Interest Information:

Name of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2025 Interest Amount	2024 Interest Amount

Address of Individual from Whom Mortgage Interest Was Received

Enter Any Additional Information:

Note: List all items sold during the year on Form 7.



2025

Dividend Income**5B****Dividend Information:****Include copies of all Forms 1099-DIV or other documents for dividends received**

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
Total					

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

Code	Tax-Exempt Interest	2024 Gross Dividends Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
Total		

Enter Any Additional Information:

Note: List all items sold during the year on Form 7.



Interest Income and Foreign Information

2025

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Include all Forms 1099-INT or other documents for interest received

Interest Income:

(List all items sold during the year on Form 7.)

Special Interest Code:	2 - Seller Financed 1 - Qualified Educational Series EE Bonds	3 - Early Withdrawal Penalty Mortgage Interest	5 - Accrued Interest 4 - Nominee Interest	7 - Amortizable Bond Premium Adjustment
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TSJ	Source	Interest Income	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

Social Security No. of Home Buyer	Address of Individual from Whom Mortgage Interest Was Received	Code	Tax-Exempt Interest
A			
B			
C			
D			
E			

Federal Withholding	State Withholding	Investment Expenses	Tax Exempt Paid CUSIP No.	2024 Interest Amount
A				
B				
C				
D				
E				

Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

Additional State Information:

Payer ID	New Hampshire or Illinois Reason Interest is Nontaxable
A	
B	
C	
D	
E	

Foreign Bank Accounts and Trusts:

At any time during 2025, did you have an interest in or a signature authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?

Yes No

If Yes, enter name of foreign country

Were you the grantor of, or transferor to, a foreign trust that existed during 2025, whether or not you had any beneficial interest in it?



Dividend Income and Foreign Information

2025

5B

Dividend Income:

Include all Forms 1099-DIV or other documents for dividends received
(List all items sold during the year on Form 7.)

TSJ	Source	Form 1099-DIV				
		Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a	Code	Tax-Exempt Interest
A						
B						
C						
D						
E						

Form 1099-DIV

	Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nondividend Distributions	2024 Gross Dividends Amount
A						
B						
C						
D						
E						

Tax-Exempt Interest Code:
1 - 1099-DIV
2 - Private Activity Bonds
3 - Both

Form 1099-DIV

	Box 4 Federal Withholding	Box 5 Section 199A Dividends	Box 6 Investment Expenses	State Withholding
A				
B				
C				
D				
E				

Foreign Taxes Paid or Accrued:

	Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A						
B						
C						
D						
E						

Additional State Information:

	Payer ID	New Hampshire Reason Dividend is Nontaxable
A		
B		
C		
D		
E		

Foreign Bank Accounts and Trusts:

At any time during 2025, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

Yes

No

If Yes, enter name of foreign country

Were you the grantor of, or transferor to, a foreign trust that existed during 2025, whether or not you had any beneficial interest in it?



Foreign Assets

2025

5C

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

General Information:

TSJ
 Title of filer
 Enter all countries where you have foreign bank accounts

Foreign Identification:

Passport
 Foreign TIN
 If not passport or TIN, enter description
 Number
 Country of issue

<input type="checkbox"/> Yes	<input type="checkbox"/> No

Information on Foreign Financial Accounts:

1 - Bank Account 2 - Securities Account 3 - Other				
Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name
A				
B				

Street Address	City
A	
B	

State	ZIP/Postal Code	Country	GIIN
A			
B			

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Type of TIN Code: A - Employer Identification No. (EIN) B - SSN or ITIN C - Foreign

Last Name or Organization Name	First Name	Middle Initial	Suffix	Taxpayer ID Number
A				
B				

# of Joint Owners	Street Address	City
A		
B		

1 - No financial interest 1B - No financial interest - US person, officer or employee, residing outside US 2A - Joint - spouse is joint owner 2B - Joint - other joint owner 3 - Consolidated

State	ZIP/Postal Code	Country	Ownership Code	Filer's Title
A				
B				

1 - Deposit 2 - Custodial

Type	Foreign Currency	Exchange Rate	Source of Exchange	Acct Open	Acct Closed	Joint	No Tax Items Reported
A							
B							



Foreign Assets

2025

5D

Asset Information:

Description	Identifying Number	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Jointly Owned	No Tax Items Reported

Value	Foreign Currency	Exchange Rate	Source of Exchange Rate

If Asset is Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Partnership 2 - Corporation 3 - Trust 4 - Estate

Name of Foreign Entity	Type of Foreign Entity	Mailing Address of Foreign Entity

City or Town of Foreign Entity	Province, County or State of Foreign Entity	Country of Foreign Entity	Postal Code of Foreign Entity	GIIN

If Asset is NOT Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - U.S. person
2 - Foreign person

1 - Issuer 2 - Counterparty

Name of Issuer	Issuer Code	Type of Issuer	Residence of Issuer

1 - Individual 2 - Partnership 3 - Corporation 4 - Trust 5 - Estate

Mailing Address of Issuer	City or Town of Issuer

Province, County or State of Issuer	Country of Issuer	Postal Code of Issuer

Yes No

Foreign assets were acquired or sold during the tax year

Foreign Bank Accounts and Trusts:

At any time during 2025, did you have an interest in or a signature or other authority over a financial account

in a foreign country, such as a bank account, securities account or other financial account?

If Yes, enter name of foreign country

 Were you the grantor of, or transferor to, a foreign trust that existed during 2025, whether or not you had
any beneficial interest in it?



Brokerage Statement Details

5EA

2025

TSJ	Payer Name	Account No.	Information Included (X or ✓)
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
O			
P			
Q			
R			
S			
T			

Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							
O							
P							
Q							
R							
S							
T							



Tax-Exempt Interest Code: 1 - 1099-DIV/1099-INT 2 - Private Activity Bonds 3 - Both

Note: For other amounts not listed, attach a copy of your brokerage statement.



2025

Consolidated Brokerage Statement**5E**

Brokerage Name	TSJ	Account Number
Brokerage Address		

Interest Income and Foreign Information**Interest Income:** (List all items sold during the year on Form 5G.)

Special Interest Code:	2 - Early Withdrawal Penalty	4 - Accrued Interest	6 - Amortizable Bond Premium Adjustment
1 - Qualified Educational Series EE Bonds	3 - Nominee Interest	5 - Original Issue Discount Adjustment	



	Source	Interest Income	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

Code	Tax-Exempt Interest	Investment Expenses	Federal Withholding	State Withholding	Tax Exempt Bond CUSIP No.	2024 Interest Amount
A						
B						
C						
D						
E						

Foreign Taxes Paid or Accrued:

	Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A						
B						
C						
D						
E						

Additional State Information:

Payer ID	New Hampshire or Illinois Reason Interest is Nontaxable
A	
B	
C	
D	
E	



2025

Consolidated Brokerage Statement

Dividend Income and Foreign Information

5F

List all items sold during the year on Form 5G.

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

Dividend Income:

Source	Form 1099-DIV				
	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a	Code	Tax-Exempt Interest
A					
B					
C					
D					
E					

Form 1099-DIV					
Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nondividend Distributions	2024 Gross Dividends Amount
A					
B					
C					
D					
E					

Form 1099-DIV			
Box 4 Federal Withholding	Box 5 Section 199A Dividends	Box 6 Investment Expenses	State Withholding
A			
B			
C			
D			
E			

Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

Additional State Information:

Payer ID	New Hampshire Reason Dividend is Nontaxable
A	
B	
C	
D	
E	



2025

Consolidated Brokerage Statement Sales of Stocks, Securities, Capital Assets and Miscellaneous Income

5G

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-MISC, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mutual fund transactions		
Exchange of any securities or investments for something other than cash		
Sales of inherited property		
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale		
Commodity sales, short sales or straddles		
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest		
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock		
Securities which became worthless		

	Kind of Property and Description	Quantity	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)
A				
B				
C				
D				

	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A				
B				
C				
D				

Other Income:

	Nature and Source	2025 Amount	2024 Amount

Other Adjustments to Income:

	Nature and Source	2025 Amount	2024 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

	Paid To	2025 Amount	2024 Amount

Foreign Bank Accounts and Trusts:

At any time during 2025, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

Yes No

If Yes, enter name of foreign country

Were you the grantor of, or transferor to, a foreign trust that existed during 2025, whether or not you had any beneficial interest in it?



2025

Business Income and Cost of Goods Sold

6

Name of Business:

Principal Business or Profession:

TSJ

Employer ID number

Street address

City, state, ZIP or postal code, and country

Method of inventory

Method of accounting

Business Questions for 2025:

Did you dispose of this business?

Yes	No
-----	----

If Yes, what was the disposition date?

(Mo/Da/Yr)

Was there a change in determining quantities, costs or valuations between opening and closing inventory?

.....
.....

Were you involved in the operations of this business on a regular, continuous and substantial basis?

Have you prepared or will you prepare all required Forms 1099?

2025 Amount	2024 Amount
.....

Health insurance premiums paid for yourself and your dependents

Income:

Payment card and third party transactions:

Include all Forms 1099-K

Description	2025 Amount	2024 Amount
.....
.....
.....
.....

Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC

.....
.....
.....

Other Income:

.....
.....
.....

Other gross receipts or sales

Less returns and allowances

Cost of Goods Sold:

Beginning inventory

2025 Amount	2024 Amount
.....
.....
.....
.....

Purchases less cost of items withdrawn for personal use

Cost of labor (do not include amounts paid to yourself)

Materials and supplies

Other costs of goods sold:

2025 Amount	2024 Amount
.....
.....
.....
.....

Description	2025 Amount	2024 Amount
.....
.....
.....
.....

Ending inventory



Name of Business:

Principal Business or Profession: _____

Expenses:

Advertising	.....
Car and truck expenses	.....
Parking fees and tolls	.....
Commissions and fees	.....
Contract labor	.....
Employee benefit programs and health insurance (other than pension and profit-sharing plans)	.....
Insurance (other than health)	.....
Interest - mortgage (paid to banks, etc.)	.....
Interest - other	.....
Legal and professional fees	.....
Office expense	.....
Pension and profit-sharing plans	.....
Rent or lease - vehicles, machinery and equipment	.....
Rent or lease - other business property	.....
Repairs and maintenance	.....
Supplies (not included in Cost of Goods Sold)	.....
Taxes and licenses	.....
Travel	.....
Meals	.....
Entertainment (deductible only on some state returns)	.....
Utilities	.....
Wages	.....
Dependent care benefits	.....

Other Expenses:

Property and Equipment: **Include a list if more space is needed**

X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price



2025

Business Expenses - Vehicle and Other Listed Property

6B

Name of Business:

Principal Business or Profession:

Listed Property Questions for 2025:

Do you have evidence to support your deduction?

If Yes, is the evidence written?

Do you have evidence to support the business use percentage claimed on listed property?

If Yes, is the evidence written?

Yes	No

If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?

Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?

Do you treat all use of vehicles by employees as personal use?

Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?

Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?

Yes	No

Vehicle:

Description of vehicle

Date placed in service

(Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use?

Was your vehicle available for use during off-duty hours?

Vehicle 1	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vehicle 2	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
2025 Miles	
2024 Miles	
2025 Amount	
2024 Amount	

Mileage:

Total miles

Total business miles

Total commuting miles for the year

Actual Expenses:

Gasoline, oil, repairs, insurance, etc

Interest

Taxes

Fair market value of leased vehicle

Vehicle rentals/leases



2025

Name of Business: **Principal Business or Profession:**

Business Expenses: Enter all expenses at 100 percent

If not 100%, please enter the percentage to apply to this business

Parking fees and tolls
Local transportation
Travel expenses
Meals
Entertainment (deductible only on some state returns)
Other Business Expenses:

2025 Amount	2024 Amount

Other Business Expenses:

Description	2025 Amount	2024 Amount

Reimbursements: List only reimbursements NOT reported in Box 1 of your Form W-2

Amount received for other expenses
Amount received for meals
Amount received for entertainment
If you are a statutory employee, does your employer's reimbursement plan for meals
allow you to deduct the cost of meals for the period from January 1 to December 31?

2025 Amount	2024 Amount

and
Vehicle:

If not 100%, please enter the percentage to apply to this business

Description of vehicle _____
Date vehicle was placed in service _____ **(Mo/Da/Yr)** _____

Do you (or your spouse) have another vehicle available for personal purposes?

Yes No
 Yes No

Total miles
Total business miles
Average daily commuting miles
Total commuting miles for the year
Gasoline and oil
Repairs
Insurance
Interest
Taxes
Value of employer provided vehicle
Temporary vehicle rentals
Fair market value of leased vehicle
Vehicle leases

Other Vehicle Expenses:

Description	2025 Amount	2024 Amount



2025

Sales of Stocks, Securities, Capital Assets & Installment Sales

7

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

Mutual fund transactions Exchange of any securities or investments for something other than cash Sales of inherited property Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale Commodity sales, short sales or straddles Reinvestment of the proceeds of gains in a qualified opportunity fund Sale of any investments in qualified opportunity funds Debts that became uncollectible Securities that became worthless Sale of any property where you will receive payments in future years 	Yes <input type="checkbox"/> <input type="checkbox"/> 	No <input type="checkbox"/> <input type="checkbox"/>
---	--	---

TSJ	Kind of Property and Description	Quantity	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)
A				
B				
C				
D				
E				
F				
G				
H				

A	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A				
B				
C				
D				
E				
F				
G				
H				

Installment Sales: Do not include interest received in principal amount

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2025 Principal Received	2024 Principal Received



2025

Sale of Your Home and Moving Expenses

8

Sale or Exchange of Your Home:**Include the closing statements from the purchase and sale of your former and new homes****Former Home Information:**

TSJ
 Date acquired (Mo/Da/Yr)
 Date sold (Mo/Da/Yr)
 Selling price

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? Yes No
 If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live

in the home for at least 2 of the 5 years preceding the sale? Yes No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated _____

Moving Expenses:TSJ Were the moving expenses reimbursed by your employer? Yes NoEnter reimbursements not included in wages on your Form W-2 Was the move due to a permanent change of station pursuant to a military order? Yes No**Mileage:**

Number of miles from old home to new workplace (applicable only on some state returns)

Number of miles from old home to old workplace (applicable only on some state returns)

Number of automobile miles **Transportation Expenses:**

Costs of transportation of household goods and personal effects

Costs of travel and lodging (do not include meals or automobile expenses)

Automobile expenses (gasoline, oil, etc.)

Meals (Pennsylvania only)

Miles

Amount



Pension, Annuity and Retirement Plan Information

2025

9A

Pensions and Annuities: Include all Forms 1099-R and any nontaxable distribution details

TSJ	Name of Payer	2025 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2024 Gross Distributions

Self-Employed Retirement Plan: Include copies of all Forms 1099-R

Taxpayer

Yes	No

Spouse

Yes	No

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?

Do you want to contribute the maximum amount allowed?

Contributions to:

Simplified employee pension plan

Defined benefit plan

Defined contribution plan

SIMPLE plan

2025 Amount

2025 Amount



Rental and Royalty Income

2025

10

Location of Property: _____
 TSJ _____
 Type of property _____

Have you prepared or will you prepare all required Forms 1099? _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Ownership percentage if not 100% _____

2025	2024
	%

How many days was this property rented at fair market value? _____

How many days was this property used personally (including use by family members)? _____

Income:

Rents received _____
 Royalties received _____

2025 Amount	2024 Amount

Payment card and third party transactions: Include all Forms 1099-K

Description	2025 Amount	2024 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2025 Amount	2024 Amount

Other income:

Description	2025 Amount	2024 Amount



Location of Property:

Expenses:

Advertising	.....
Auto and travel	.....
Cleaning and maintenance	.....
Commissions	.....
Insurance	.....
Legal and other professional fees	.....
Management fees	.....
Mortgage interest paid to banks, etc.	.....
Mortgage interest paid to individuals	.....
Other interest	.....
Repairs	.....
Supplies	.....
Taxes	.....
Utilities	.....
Dependent care benefits	.....
Employee benefits	.....
Other Expenses:	.....

Other Expenses:



Location of Property: _____

Property and Equipment: **Include a list if more space is needed**

Acquisitions:

Dispositions:

Percentage Depletion Information:



2025

**Rental and Royalty Vehicle
and Other Listed Property****10C****Location of Property:** _____**Listed Property Questions for 2025:**

Do you have evidence to support your deduction? Yes No
 If Yes, is the evidence written?
 Do you have evidence to support the business use percentage claimed on listed property?
 If Yes, is the evidence written?

If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?
 Do you treat all use of vehicles by employees as personal use?
 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?
 Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?

Vehicle:

Description of vehicle
 Date placed in service (Mo/Da/Yr)
 Do you (or your spouse) have another vehicle available for your personal use? Yes No
 Was your vehicle available for use during off-duty hours? Yes No

Vehicle 1	
2025 Miles	2024 Miles
2025 Amount	
Gasoline, oil, repairs, insurance, etc	2024 Amount
Interest	
Taxes	
Fair market value of leased vehicle	
Vehicle rentals/leases	

Vehicle 2	
2025 Miles	2024 Miles
2025 Amount	
Gasoline, oil, repairs, insurance, etc	2024 Amount
Interest	
Taxes	
Fair market value of leased vehicle	
Vehicle rentals/leases	



Rental and Royalty Business Expenses

10D

2025

Location of Property: _____

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, enter the percentage to apply to this business %

Parking fees and tolls
 Local transportation
 Travel expenses
 Meals
 Entertainment (deductible only on some state returns)
 Other Business Expenses:

2025 Amount	2024 Amount

Description	2025 Amount	2024 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses
 Amount received for meals
 Amount received for entertainment

2025 Amount	2024 Amount

Vehicle:

If not 100%, enter the percentage to apply to this business %
 Description of vehicle
 Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?
 Was your vehicle available for personal use during off-duty hours?

Yes No
 Yes No

Total miles
 Total business miles
 Average daily commuting miles
 Total commuting miles for the year
 Gasoline and oil
 Repairs
 Insurance
 Interest
 Taxes
 Value of employer provided vehicle
 Temporary vehicle rentals
 Fair market value of leased vehicle
 Vehicle leases

2025	2024

Other Vehicle Expenses:

Description	2025 Amount	2024 Amount



Location of Property: _____

Partial Use of Your Home for Business:

Square footage of home used exclusively for business
Total square footage of home

2025

Were improvements made to the home and/or home office since the time you began using the home for business? Yes No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

Casualty losses	.....
Deductible mortgage interest paid to:	
Financial institutions	.....
Individuals	.....
Real estate taxes	.....
Insurance	.....
Repairs and maintenance	.....
Utilities	.....
Rent	.....

Other Expenses:

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Partnership Income: Include all Schedules K-1

S Corporation Income: Include all Schedules K-1

Estate and Trust Income: **Include all Schedules K-1**

Real Estate Mortgage Investment Conduit (REMIC) Income:

TSJ	Entity Name	Employer ID Number



2025

Partnership and S Corporation Business Expenses**11A****Activity Name:****Business Expenses:** **Enter all expenses at 100 percent**

If not 100%, enter the percentage to apply to this business %

Parking fees and tolls
 Local transportation
 Travel expenses
 Meals
 Entertainment (deductible only on some state returns)
 Other Business Expenses:

2025 Amount	2024 Amount

Description	2025 Amount	2024 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

2025 Amount	2024 Amount

Amount received for other expenses
 Amount received for meals
 Amount received for entertainment

Vehicle:

If not 100%, enter the percentage to apply to this business %

Description of vehicle
 Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?
 Was your vehicle available for personal use during off-duty hours?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Total miles
 Total business miles
 Average daily commuting miles
 Total commuting miles for the year
 Gasoline and oil
 Repairs
 Insurance
 Interest
 Taxes
 Value of employer provided vehicle
 Temporary vehicle rentals
 Fair market value of leased vehicle
 Vehicle leases

2025	2024

Other Vehicle Expenses:

Description	2025 Amount	2024 Amount



Activity Name: _____

Partial Use of Your Home for Business:

2025

Square footage of home used exclusively for business
Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? . . . Yes No

Expenses: **Enter all expenses at 100 percent**

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

Casualty losses
Deductible mortgage interest paid to:
 Financial institutions
 Individuals
Real estate taxes
Insurance
Repairs and maintenance
Utilities
Rent

Other Expenses:

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



**Farm Income
(Page 2 of 2)**

12A

2025

Proprietor's Name:

Principal Crop or Activity:

Income:

Payment card and third party transactions: Include all Forms 1099-K

Description	2025 Amount	2024 Amount

Government payments: Include all Forms 1099-G

Description	2025 Amount	2024 Amount

Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC

Description	2025 Amount	2024 Amount

Other income:

Description	2025 Amount	2024 Amount



Proprietor's Name: _____

Principal Crop or Activity: _____

Expenses:

Business meals	.....
Entertainment (deductible only on some state returns)	.....
Car and truck expenses	.....
Chemicals	.....
Conservation expenses	.....
Custom hire (machine work)	.....
Employee benefit programs and health insurance (other than pension and profit sharing plans)	.....
Feed purchased	.....
Fertilizers and lime	.....
Freight and trucking	.....
Gasoline, fuel and oil	.....
Insurance (other than health)	.....
Interest - mortgage (paid to banks, etc.)	.....
Interest - other	.....
Labor hired	.....
Pension and profit-sharing plans	.....
Rent or lease - vehicles, machinery and equipment	.....
Rent or lease - other (land, animals, etc.)	.....
Repairs and maintenance	.....
Seeds and plants purchased	.....
Storage and warehousing	.....
Supplies purchased	.....
Taxes	.....
Utilities	.....
Veterinary, breeding and medicine	.....
Capitalized preproductive period expenses	.....
Dependent care benefits	.....

Other Expenses:

Property and Equipment: Include a list if more space is needed

X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price



Farm Vehicle and Other Listed Property

12C

2025

Proprietor's Name:

Principal Crop or Activity:

Listed Property Questions for 2025:

Do you have evidence to support your deduction?

If Yes, is the evidence written?

Do you have evidence to support the business use percentage claimed on listed property?

If Yes, is the evidence written?

Yes	No

If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?

Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?

Do you treat all use of vehicles by employees as personal use?

Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?

Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?

Yes	No

Vehicle:

Description of vehicle

Date placed in service . . . (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use?

Was your vehicle available for use during off-duty hours?

Vehicle 1	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
2025 Miles	
2024 Miles	
Vehicle 2	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
2025 Miles	
2024 Miles	
2025 Amount	
2024 Amount	

Mileage:

Total miles

Total business miles

Total commuting miles for the year

Actual Expenses:

Gasoline, oil, repairs, insurance, etc

Interest

Taxes

Fair market value of leased vehicle

Vehicle rentals/leases



Farm Business Expenses

12D

2025

Proprietor's Name:

Principal Crop or Activity:

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, enter the percentage to apply to this business %

Parking fees and tolls
 Local transportation
 Travel expenses
 Meals
 Entertainment (deductible only on some state returns)

2025 Amount	2024 Amount

Other Business Expenses:

Description	2025 Amount	2024 Amount

Reimbursements:

List only reimbursements NOT reported in Box 1 of your Form W-2

Amount received for other expenses
 Amount received for meals
 Amount received for entertainment

2025 Amount	2024 Amount

Vehicle:

If not 100%, enter the percentage to apply to this business %

Description of vehicle
 Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?
 Was your vehicle available for personal use during off-duty hours?

Yes No
 Yes No

Total miles
 Total business miles
 Average daily commuting miles
 Total commuting miles for the year
 Gasoline and oil
 Repairs
 Insurance
 Interest
 Taxes
 Value of employer provided vehicle
 Temporary vehicle rentals
 Fair market value of leased vehicle
 Vehicle leases

2025	2024

Other Vehicle Expenses:

Description	2025 Amount	2024 Amount



Proprietor's Name: _____

Principal Crop or Activity: _____

Partial Use of Your Home for Business:

Square footage of home used exclusively for business [Redacted]
Total square footage of home [Redacted]

Were improvements made to the home and/or home office since the time you began using the home for business? Yes No

Expenses: **Enter all expenses at 100 percent**

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

Casualty losses
Deductible mortgage interest paid to:
 Financial institutions
 Individuals
Real estate taxes
Insurance
Repairs and maintenance
Utilities
Rent

Other Expenses:

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Include Forms: W-2G, 1099-MISC, 1099-NEC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-QA, and 1099-G

Miscellaneous Income and Adjustments:

Miscellaneous Income and Adjustments:		TSJ _____		TSJ _____	
		2025 Amount	2024 Amount	2025 Amount	2024 Amount
Unemployment compensation received				
Unemployment compensation repaid in 2025				
Social security benefits received				
Social security benefits repaid in 2025				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2025				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				

State and Local Income Tax Refunds:

Other Income:

Alimony Paid or Received:



Miscellaneous Adjustments

13A

2025

Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2025 Amount	2024 Amount

Health Savings Accounts (HSAs) Include all Forms 1099-SA

TS	Description	2025 Amount	2024 Amount
	Contributions made for 2025		
	Distributions received from all HSAs in 2025		

What type of coverage applies to your high deductible health plan? Self only Family Yes No

Were any HSA contributions listed above also shown on your Form W-2?

Were all distributions from your HSA for unreimbursed medical expenses?

Did you or your spouse enroll in Medicare?

If Yes, what month did you enroll?

What month did your spouse enroll?

Other Adjustments to Income: Include all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2025 Amount	2024 Amount



2025

Ministerial Income**13B**

TS

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

Do you have any expenses associated with a business as a minister?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If Yes, enter the name of the business:

Do you have any expenses associated with your wages received as a minister?

If Yes, enter the occupation:

Parsonage:

Fair rental value of parsonage provided by church

Utility allowance of parsonage

Actual expenses for utilities of parsonage

2025 Amount	2024 Amount

Rental or Parsonage Allowance:

Parsonage or rental allowance

Utility allowance

Actual expenses for parsonage

Actual expenses for utilities

Fair rental value of home, plus the cost of utilities

2025 Amount	2024 Amount



2025

Medical and Dental Expenses:

Prescription medicines and drugs
Total medical insurance premiums paid *
Long-term care expenses
Total insurance reimbursement
Number of miles traveled for medical care
Personal protective equipment
Lodging
Doctors, dentists, etc.
Hospitals
Lab fees
Eyeglasses and contacts

Taxpayer long-term care insurance premiums paid
Spouse long-term care insurance premiums paid

2025 Amount	2024 Amount

* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

TSJ	Description	2025 Amount	2024 Amount

Taxes Paid: **Include copies of your tax bills**

Personal property taxes paid (include vehicle taxes)
General sales taxes paid on specified items

TSJ	2025 Amount	2024 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2025 Amount	2024 Amount

Other Taxes Paid:

TSJ	Description	2025 Amount	2024 Amount

If you purchased or sold your home in 2025, did you include any taxes from your closing statement in the amounts above? Yes No



2025

Itemized Deductions - Mortgage Interest and Points**14A****Mortgage Questions for 2025:**

If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . . Yes No

Did you refinance your home? (If Yes, enclose the closing statement) . . .

If Yes, how many years is your new mortgage loan? . . .

Did you purchase a new home or sell your former home during the year? . . .

If Yes, enclose the closing statements from the purchase and sale of your new and former homes.

If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? . . .

If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . .

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2025 Amount	2024 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2025 Amount	2024 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2025 Amount	2024 Amount
		Yes	No		

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2025 Amount	2024 Amount



Itemized Deductions - Contributions

2025

15

Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2025 Amount	2024 Amount

TSJ	Conservation Real Property	2025 Amount	2024 Amount
	100% limit		
	50% limit		

TSJ	Description	2025 Miles	2024 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

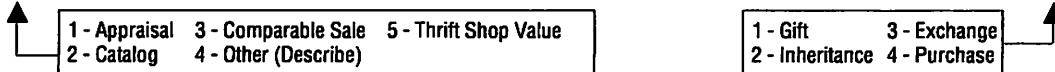
Noncash Contributions Totaling \$500 or Less: Include all documentation.

TSJ	Description of Donated Property	2025 Amount	2024 Amount

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

TSJ	Property Description	Date Acquired	Date of Donation	Cost or Basis
A				
B				
C				

Fair Market Value (FMV)	Method Used to Determine FMV	Other Method Description	Method of Acquisition



Donee Organization Name	Donee Organization Address



2025

Itemized Deductions - Miscellaneous

16

* These expenses are not deductible on the federal return but may be deductible on some state returns.

Miscellaneous Itemized Deductions:

Union and professional dues *
 Tax preparation fee *
 Professional subscriptions *
 Hobby expense (To extent of income) *
 Safe deposit box *
 Uniforms and protective clothing *
 Work tools *
 Gambling losses
 Estate taxes

TSJ	2025 Amount	2024 Amount

Other Itemized Deductions:

Examples:

- Certain legal and accounting fees *
- Employment agency fees *
- Impairment-related work expense of a disabled person
- Investment expenses *
- Certain educational expenses *
- Repayment of amounts under a claim of right
- Custodial fees *
- Amortizable bond premium

TSJ	Description	2025 Amount	2024 Amount

Casualty or Theft Loss:

TSJ

Property description

Which of the following describes the type of property that sustained the casualty or theft loss?

Personal use Business use Income producing Employee Use Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Was the loss due to a federally declared disaster? Yes No

Date acquired (Mo/Da/Yr)

Date damaged or lost (Mo/Da/Yr)

Original cost or other basis

Fair market value before casualty

Fair market value after casualty

Cost of replacement

Insurance reimbursement



Itemized Deductions - Business Use of Home

16A

2025

These expenses are not deductible on the Federal return but may be deductible on some state returns.

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home _____

Total hours home was used for day care during the year

2025	2024

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes

No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

Casualty losses
Deductible mortgage interest paid to:
 Financial institutions
 Individuals
Real estate taxes
Insurance
Repairs and maintenance
Utilities
Rent

Other Expenses:

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



2025

**Employee Business Expenses
(Page 1 of 2)**

17

TS: _____ Occupation: _____

Business Expenses: Enter all expenses at 100 percent Include all documentation

Occupation code _____

1 - Performing artist	3 - Fee-basis state or local government official	5 - Outside salesperson
2 - Handicapped employee	4 - National Guard or Reserve	(Big Rapids, MI only)

If not 100%, enter the percentage to apply to Schedule A %

2025 Amount	2024 Amount

Parking fees and tolls

Local transportation

Travel expenses

Meals

Entertainment (deductible only on some state returns)

Other Business Expenses:

Description	2025 Amount	2024 Amount

Reimbursements: List only reimbursements NOT reported in Box 1 of your Form W-2

2025 Amount	2024 Amount

Amount received for other expenses

Amount received for meals

Amount received for entertainment

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No



Partial Use of Your Home for Business:

Square footage of home used exclusively for business
Total square footage of home
Total hours home was used for day care during the year

2025	2024

Was your home used for day care purposes for the entire year? _____

Were improvements made to the home and/or home office since the time you began using the home for business? _____

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

Expenses: **Enter all expenses at 100 percent**

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

Casualty losses
Deductible mortgage interest paid to:
 Financial institutions
 Individuals
Real estate taxes
Insurance
Repairs and maintenance
Utilities
Rent

Other Expenses:

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



2025

Child/Dependent Care Expenses & Education Expenses

18

Child/Dependent Care Expenses:

General Information:

TSJ _____

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Were you or your spouse a full time student or disabled?

Did you pay an individual for services performed in your home?

Expenses incurred in 2024 but paid in 2025

Employer-provided dependent care benefits that were forfeited in 2025

2024 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

Name

Street address

City, state, ZIP or postal code, and country

Social security number OR

Employer identification number

Telephone number (California only)

Provider was a household employee

Expenses incurred and paid in 2025

Yes		No
2025 Amount		2024 Amount

Expenses incurred and not paid in 2025

Provider 2:

Name

Street address

City, state, ZIP or postal code, and country

Social security number OR

Employer identification number

Telephone number (California only)

Provider was a household employee

Expenses incurred and paid in 2025

Yes		No
2025 Amount		2024 Amount

Expenses incurred and not paid in 2025

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	Dis- abled	2025 Expenses Incurred	2024 Expenses Incurred

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

Include copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	2025 Qualified Expenses



2025

Household Employment Taxes

19

General Information:

TSJ _____

Employer identification number _____

Did you pay any one household employee cash wages of \$2,400 or more in 2025? Yes NoDid you withhold any federal income tax from wages paid to any household employee? Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2024 or 2025? **Social Security, Medicare and Income Taxes:**

2025 Amount	2024 Amount

Cash wages subject to social security taxes _____

Cash wages subject to Medicare taxes (if different than cash wages subject to social security) _____

Cash wages subject to additional Medicare tax withholding _____

Federal income tax withheld _____

State disability plan payments subject to social security taxes _____

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security) _____

Federal Unemployment (FUTA) Tax:Did you pay unemployment contributions to more than one state? Yes NoWere all of the wages subject to FUTA tax subject to the state's unemployment tax?

State	Total Cash Wages Subject to FUTA	2024 Amount

Complete the following for all state unemployment contributions made:

X if payment to be made after April 18, 2026

Name of State	Total Taxable Wages	Contribution Paid to Unemployment Fund	X	2024 Amount



2025

Federal Tax Payments

20

Refund Application:

If you have an overpayment of 2025 taxes, do you want the excess:

Refunded	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Applied to your 2026 estimated tax liability	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Federal Estimated Tax Payments:

2025 1st Quarter Estimate	(Due 04-15-2025)
2025 2nd Quarter Estimate	(Due 06-17-2025)
2025 3rd Quarter Estimate	(Due 09-16-2025)
2025 4th Quarter Estimate	(Due 01-15-2026)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2024 overpayment applied to 2025 estimate

Tax Planning Information for Tax Year 2026:

Do you expect any of the following to occur in 2026?

A change in your marital status	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A change in the number of your dependents	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, provide details.



State and City Tax Payments

2025

20A

State and City Estimated Tax Payments:

2025 1st Quarter Estimate
 2025 2nd Quarter Estimate
 2025 3rd Quarter Estimate
 2025 4th Quarter Estimate

If you have an overpayment of 2025 taxes, do you
 want the excess applied to your 2026 estimated tax liability? Yes No

2024 overpayment applied to 2025 estimate
 Balance of prior year(s)' tax paid in 2025 plus
 amount paid with 2024 extensions
 Estimated tax payments for 2024 paid in 2025

TSJ _____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

State and City Estimated Tax Payments:

2025 1st Quarter Estimate
 2025 2nd Quarter Estimate
 2025 3rd Quarter Estimate
 2025 4th Quarter Estimate

If you have an overpayment of 2025 taxes, do you
 want the excess applied to your 2026 estimated tax liability? Yes No

2024 overpayment applied to 2025 estimate
 Balance of prior year(s)' tax paid in 2025 plus
 amount paid with 2024 extensions
 Estimated tax payments for 2024 paid in 2025

TSJ _____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

State and City Estimated Tax Payments:

2025 1st Quarter Estimate
 2025 2nd Quarter Estimate
 2025 3rd Quarter Estimate
 2025 4th Quarter Estimate

If you have an overpayment of 2025 taxes, do you
 want the excess applied to your 2026 estimated tax liability? Yes No

2024 overpayment applied to 2025 estimate
 Balance of prior year(s)' tax paid in 2025 plus
 amount paid with 2024 extensions
 Estimated tax payments for 2024 paid in 2025

TSJ _____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid



Include all of your current year Forms W-2G



NOTE: Only complete Forms 34 and/or 35 if in 2025:

- You made gifts of cash or marketable securities to an individual that exceeded \$18,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift tax return was not prepared by us, include a copy.

For gifts other than cash, include a copy of any appraisal(s) of assets.

If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

Gift 1:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift			
Address of person			
Your relationship to the person (e.g., son, granddaughter or friend)			
Age of the person			
Date(s) of gift(s)	(Mo/Da/Yr)		
Description and amount of assets gifted (e.g., \$18,000 in cash or 500 shares of ABC stock)			
Cost basis of assets gifted if other than cash	<input type="text"/>		
Value of assets gifted if other than cash	<input type="text"/>		

Gift 2:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift			
Address of person			
Your relationship to the person (e.g., son, granddaughter or friend)			
Age of the person			
Date(s) of gift(s)	(Mo/Da/Yr)		
Description and amount of assets gifted (e.g., \$18,000 in cash or 500 shares of ABC stock)			
Cost basis of assets gifted if other than cash	<input type="text"/>		
Value of assets gifted if other than cash	<input type="text"/>		



2025

Additional Information