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Dependents and Wages

Dependent Information:

Table with 6 columns: First Name and Initial, Last Name, Social Security Number, Date of Birth (Mo/Da/Yr), Date of Death (Mo/Da/Yr), Relationship to Taxpayer. Rows A-H.

Did dependent have income over \$5,200?



Table with 5 columns: Months Lived in Your Home, X if Disabled, Yes or No, Identity Protection PIN, Prior Year IP PIN. Rows A-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.

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.

Table with 7 columns: TS, Employer's Name, Taxable Wages, Federal, FICA/TIER 1, Medicare, State, Local. Multiple rows for data entry.



**Dependents**

**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.

---



Electronic Filing

**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?		<b>Yes</b>	<b>No</b>
Taxpayer .....		<input type="checkbox"/>	<input type="checkbox"/>
Spouse .....		<input type="checkbox"/>	<input type="checkbox"/>

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

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_



Electronic Filing

**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.

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

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

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

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

**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?

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

Taxpayer .....

Spouse .....

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

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

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_



**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?		<b>Yes</b>	<b>No</b>
Taxpayer .....		<input type="checkbox"/>	<input type="checkbox"/>
Spouse .....		<input type="checkbox"/>	<input type="checkbox"/>

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

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_



Direct Deposit and Withdrawal

2025

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.

Would you like any refunds owed to you directly deposited? Yes No
Would you like to pay any amount due on your federal return using electronic withdrawal? Yes No

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? Yes No
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? Yes No
Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available? Yes No

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.

Would you like any refunds owed to you directly deposited? Yes No
Would you like to pay any amount due on your federal return using electronic withdrawal? Yes No

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? Yes No
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? Yes No
Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available? Yes No

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.





2025 Tax Organizer  
Dividend Income

Form  
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					
<b>Total</b>					

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		
<b>Total</b>		

Enter Any Additional Information:


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



Interest Income and Foreign Information

2025

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: 1 - Qualified Educational Series EE Bonds 2 - Seller Financed Mortgage Interest 3 - Early Withdrawal Penalty 4 - Nominee Interest 5 - Accrued Interest 6 - Original Issue Discount Adjustment 7 - Amortizable Bond Premium Adjustment

Table with 6 columns: TSJ, Source, Interest Income, U.S. Bonds and Obligations, Code, Special Interest. Rows A-E.

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

Table with 4 columns: Social Security No. of Home Buyer, Address of Individual from Whom Mortgage Interest Was Received, Code, Tax-Exempt Interest. Rows A-E.

Table with 5 columns: Federal Withholding, State Withholding, Investment Expenses, Tax Exempt Paid CUSIP No., 2024 Interest Amount. Rows A-E.

Foreign Taxes Paid or Accrued:

Table with 7 columns: 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). Rows A-E.

Additional State Information:

Table with 2 columns: Payer ID, New Hampshire or Illinois Reason Interest is Nontaxable. Rows A-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? Yes No



**Dividend Income and Foreign Information**

2025

**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?



2025 Tax Organizer
Foreign Assets

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

Information on Foreign Financial Accounts:

1 - Bank Account 2 - Securities Account 3 - Other

Table with 5 columns: Account Type, If Other Account Type, Describe, Maximum Account Value, Account Number, Financial Institution Name

Table with 2 columns: Street Address, City

Table with 4 columns: State, ZIP/Postal Code, Country, GIIN

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

Table with 6 columns: Last Name or Organization Name, First Name, Middle Initial, Suffix, Taxpayer ID Number

Table with 3 columns: # of Joint Owners, Street Address, City

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

Table with 5 columns: State, ZIP/Postal Code, Country, Ownership Code, Filer's Title

1 - Deposit 2 - Custodial

Table with 8 columns: Type, Foreign Currency, Exchange Rate, Source of Exchange, Acct Open, Acct Closed, Joint, No Tax Items Reported



2025 Tax Organizer
Foreign Assets

Form 5D

Asset Information:

Table with columns: Description, Identifying Number, Date Acquired (Mo/Da/Yr), Date Sold (Mo/Da/Yr), Jointly Owned, No Tax Items Reported. Below it, a table with columns: Value, Foreign Currency, Exchange Rate, Source of Exchange Rate.

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

Form with dropdown menu (1 - Partnership, 2 - Corporation, 3 - Trust, 4 - Estate) and tables for Name 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

Form with dropdown menu (1 - U.S. person, 2 - Foreign person) and another dropdown (1 - Issuer, 2 - Counterparty). Tables for Name of Issuer, Issuer Code, Type of Issuer, Residence of Issuer, Mailing Address of Issuer, City or Town of Issuer, Province, County or State of Issuer, Country of Issuer, Postal Code of Issuer.

Foreign assets were acquired or sold during the tax year ..... Yes No

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?

John Taugen CPA



2025

Brokerage Statement Details

	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.



**Consolidated Brokerage Statement**

2025

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
1 - Qualified Educational Series EE Bonds	3 - Nominee Interest	5 - Original Issue Discount Adjustment	Premium 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		



**Consolidated Brokerage Statement  
Dividend Income and Foreign Information**

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		



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

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?

Table with 2 columns: Yes, No. Rows include: 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.

Table with 4 columns: Kind of Property and Description, Quantity, Date Acquired (Mo/Da/Yr), Date Sold (Mo/Da/Yr). Rows A, B, C, D.

Table with 4 columns: Gross Sales Price (Less Commissions), Cost or Other Basis, Federal Tax Withheld, State Tax Withheld. Rows A, B, C, D.

Other Income:

Table with 3 columns: Nature and Source, 2025 Amount, 2024 Amount.

Other Adjustments to Income:

Table with 3 columns: Nature and Source, 2025 Amount, 2024 Amount.

Investment Interest Expense:

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

Table with 3 columns: 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? Yes No



Business Income and Cost of Goods Sold

2025

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?

Table with 2 columns: 2025 Amount, 2024 Amount. Row: Health insurance premiums paid for yourself and your dependents

Income:

Include all Forms 1099-K

Payment card and third party transactions:

Table with 3 columns: Description, 2025 Amount, 2024 Amount. Row: Description

Miscellaneous income:

Include all Forms 1099-MISC and 1099-NEC

Table with 3 columns: Description, 2025 Amount, 2024 Amount. Row: Description

Other Income:

Table with 3 columns: Description, 2025 Amount, 2024 Amount. Row: Description

Other gross receipts or sales
Less returns and allowances

Cost of Goods Sold:

Table with 2 columns: 2025 Amount, 2024 Amount. Rows: Beginning inventory, 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:

Table with 3 columns: Description, 2025 Amount, 2024 Amount. Row: Description

Ending inventory





**Business Expenses - Vehicle and Other Listed Property**

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

**Listed Property Questions for 2025:**

Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

**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?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
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? .....	<input type="checkbox"/>	<input type="checkbox"/>
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? .....	<input type="checkbox"/>	<input type="checkbox"/>

**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? .....

Vehicle 1	
Description of vehicle .....	
Date placed in service . . . . . (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? .....	
2025 Miles	2024 Miles
2025 Amount	2024 Amount

Vehicle 2	
Description of vehicle .....	
Date placed in service . . . . . (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? .....	
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 Tax Organizer
Business Expenses

Form 6C

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 %

Table with 2 columns: 2025 Amount, 204 Amount. Rows include Parking fees and tolls, Local transportation, Travel expenses, Meals, Entertainment (deductible only on some state returns).

Table with 3 columns: Description, 2025 Amount, 204 Amount. Row for Other Business Expenses.

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

Table with 2 columns: 2025 Amount, 204 Amount. Rows for reimbursement amounts.

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No

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

Table with 2 columns: 2025, 2024. Rows for various vehicle-related expenses.

Table with 3 columns: Description, 2025 Amount, 204 Amount. Row for Other Vehicle Expenses.



Business Use of Home

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

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

Table with 2 columns: 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 checkboxes

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.

Table with 4 columns: Direct Expenses (2025 Amount, 2024 Amount), Indirect Expenses (2025 Amount, 2024 Amount)

Other Expenses:

Table with 4 columns: Description, Direct Expenses (2025 Amount, 2024 Amount), Indirect Expenses (2025 Amount, 2024 Amount)

Seller-Financed Mortgage Interest Information:

Table with 3 columns: Name of Individual to Whom Mortgage Interest Was Paid, Identification Number of Individual, Address of Individual to Whom Mortgage Interest Was Paid



**2025 Tax Organizer**  
**Sales of Stocks, Securities,**  
**Capital Assets & Installment Sales**

**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?

	Yes	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 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 .....		

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				

	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



Sale of Your Home and Moving Expenses

2025

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:

Table with 2 columns: Description, Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Table with 2 columns: Description, Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale?
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?
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?
Enter 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?

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

Table with 1 column: 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)

Table with 1 column: Amount





Pension, Annuity and Retirement Plan Information

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

Table with 8 columns: 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

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?
Do you want to contribute the maximum amount allowed?

Form with columns for Taxpayer and Spouse, and sub-columns for Yes and No

Contributions to:
Simplified employee pension plan
Defined benefit plan
Defined contribution plan
SIMPLE plan

Form with columns for 2025 Amount for Taxpayer and Spouse



Rental and Royalty Income

Location of Property: \_\_\_\_\_

TSJ \_\_\_\_\_

Type of property \_\_\_\_\_

Have you prepared or will you prepare all required Forms 1099?  Yes  No

Ownership percentage if not 100% \_\_\_\_\_ %

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

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

2025	2024

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





Rental and Royalty
Property and Equipment & Depletion

Location of Property: \_\_\_\_\_

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

Acquisitions:

Table with 4 columns: X if not new, Description, Date Acquired (Mo/Da/Yr), Cost

Dispositions:

Table with 5 columns: Description, Date Acquired (Mo/Da/Yr), Cost, Date Sold (Mo/Da/Yr), Selling Price

Percentage Depletion Information:

Table with 3 columns: Production Type, 2025 Amount, 2024 Amount

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Rental and Royalty Vehicle and Other Listed Property

Location of Property: \_\_\_\_\_

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?

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?

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?

Table for Vehicle 1 with columns for 2025 Miles, 2024 Miles, 2025 Amount, and 2024 Amount.

Table for Vehicle 2 with columns for 2025 Miles, 2024 Miles, 2025 Amount, and 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



Rental and Royalty Business Expenses

2025

Location of Property: \_\_\_\_\_

Business Expenses: Enter all expenses at 100 percent

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

Table with 2 columns: 2025 Amount, 204 Amount. Rows include Parking fees and tolls, Local transportation, Travel expenses, Meals, Entertainment, and Other Business Expenses.

Table with 3 columns: Description, 2025 Amount, 204 Amount. Row for Other Business Expenses.

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

Table with 2 columns: 2025 Amount, 204 Amount. Rows for Reimbursements.

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 checkboxes for vehicle questions.

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

Table with 2 columns: 2025, 2024. Rows for Vehicle expenses.

Other Vehicle Expenses:

Table with 3 columns: Description, 2025 Amount, 204 Amount. Row for Other Vehicle Expenses.



Rental - Business Use of Home

Location of Property: \_\_\_\_\_

Partial Use of Your Home for Business:

Table with 2025 column

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.

Table with 4 columns: Direct Expenses (2025 Amount, 2024 Amount), Indirect Expenses (2025 Amount, 2024 Amount). Rows include Casualty losses, Deductible mortgage interest, Real estate taxes, Insurance, Repairs and maintenance, Utilities, Rent.

Other Expenses:

Table with 4 columns: Description, Direct Expenses (2025 Amount, 2024 Amount), Indirect Expenses (2025 Amount, 2024 Amount).

Seller-Financed Mortgage Interest Information:

Table with 3 columns: Name of Individual to Whom Mortgage Interest Was Paid, Identification Number of Individual, Address of Individual to Whom Mortgage Interest Was Paid.





Partnership and S Corporation Business Expenses

2025

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

Business Expenses: Enter all expenses at 100 percent

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

	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

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 .....

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

	2025	2024
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



Passthrough Business Use of Home

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.

	Direct Expenses		Indirect Expenses	
	2025 Amount	2024 Amount	2025 Amount	2024 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2025 Amount	2024 Amount	2025 Amount	2024 Amount

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



**Miscellaneous Income, Adjustments and Alimony**

2025

**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:**

	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:**

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

**Other Income:**

TSJ	Nature and Source	2025 Amount	2024 Amount

**Alimony Paid or Received:**

TSJ	Recipient's Name	Recipient's Social Security Number	Date of Original Divorce or Separation (Mo/Da/Yr)	Date Divorce or Separation Agreement Modified (Mo/Da/Yr)	Alimony Received?	2025 Amount	2024 Amount

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Miscellaneous Adjustments

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

Table with 3 columns: TS, 2025 Amount, 2024 Amount

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

Table with 4 columns: TS, Description, 2025 Amount, 2024 Amount

Form with checkboxes for Self only/Family and Yes/No columns for various HSA questions.

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

Table with 4 columns: TSJ, Nature and Source, 2025 Amount, 2024 Amount



**Itemized Deductions - Medical and Taxes**

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 .....

TSJ	2025 Amount	2024 Amount

2025 Amount	2024 Amount

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

\* 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



**Itemized Deductions - Mortgage Interest and Points**

2025

**Mortgage Questions for 2025:**

	<b>Yes</b>	<b>No</b>
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? . . . . . _____		
Did you purchase a new home or sell your former home during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
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? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
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? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**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

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**Itemized Deductions - Contributions**

2025

**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
A				
B				
C				

- 1 - Appraisal    3 - Comparable Sale    5 - Thrift Shop Value
- 2 - Catalog    4 - Other (Describe)

- 1 - Gift    3 - Exchange
- 2 - Inheritance    4 - Purchase

	Donee Organization Name	Donee Organization Address
A		
B		
C		



**Itemized Deductions - Miscellaneous**

2025

\* 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**

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.

	Direct Expenses		Indirect Expenses	
	2025 Amount	2024 Amount	2025 Amount	2024 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2025 Amount	2024 Amount	2025 Amount	2024 Amount

**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



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ .....

Were you or your spouse a full time student or disabled? ... Yes No

Did you pay an individual for services performed in your home? ... Yes No

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

Table with columns: Yes, No, 2025 Amount, 2024 Amount

Expenses incurred and paid in 2025 .....

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

Table with columns: Yes, No, 2025 Amount, 2024 Amount

Expenses incurred and paid in 2025 .....

Expenses incurred and not paid in 2025 .....

Qualifying Persons for Child/Dependent Care Expenses:

Table with columns: 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

Table with columns: First Name and Initial, Last Name, Social Security Number, 2025 Qualified Expenses



# 2025 Tax Organizer

## Federal Tax Payments

### 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?

	Yes	No
A change in your marital status .....	<input type="checkbox"/>	<input 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

State and City Estimated Tax Payments:

Table with columns: Amount Due, Date Paid if Not Date Due (Mo/Da/Yr), Amount Paid. Includes fields for TSJ and State/City.

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

State and City Estimated Tax Payments:

Table with columns: Amount Due, Date Paid if Not Date Due (Mo/Da/Yr), Amount Paid. Includes fields for TSJ and State/City.

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

State and City Estimated Tax Payments:

Table with columns: Amount Due, Date Paid if Not Date Due (Mo/Da/Yr), Amount Paid. Includes fields for TSJ and State/City.

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





Calendar

2024

Calendar grid for 2024 showing months from January to December with days of the week and dates.

2025

Calendar grid for 2025 showing months from January to December with days of the week and dates.

2026

Calendar grid for 2026 showing months from January to December with days of the week and dates.



**Gifts Made Outright to an Individual**

2025

**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 style="width: 100%;" type="text"/>		
Value of assets gifted if other than cash .....	<input style="width: 100%;" 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 style="width: 100%;" type="text"/>		
Value of assets gifted if other than cash .....	<input style="width: 100%;" type="text"/>		



2025 Tax Organizer  
**Gifts Made in Trust**

**NOTE: Complete this form only if you have made gifts in or to a trust during the year.**

**For each gift made in trust during the year, provide the following information:**

Name of trust receiving the gift \_\_\_\_\_

Name of the trustee \_\_\_\_\_

Address of the trustee \_\_\_\_\_

Trust identification number \_\_\_\_\_

Name of the beneficiary of the trust \_\_\_\_\_

Your relationship to the beneficiary  
(e.g., son, granddaughter or friend) \_\_\_\_\_

Age of the beneficiary \_\_\_\_\_

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

Value of assets gifted if other than cash

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.

\_\_\_\_\_

**Include a copy of the following:**

**A copy of the trust document(s) unless previously furnished to us.**

**A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.**