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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

Personal Information

3

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	ZIP or Postal Code
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"/>
<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"/>
<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"/>

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?

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.

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

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.

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?
Taxpayer

Yes	No
<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



2025

Direct Deposit and Withdrawal

4A

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

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		
Total		

Enter Any Additional Information:

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



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

Yes	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
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							



2025

Brokerage Statement Details

5EA

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 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?

Mutual fund transactions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exchange of any securities or investments for something other than cash	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sales of inherited property	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Commodity sales, short sales or straddles	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Securities which became worthless	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Yes	No

	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?

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

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?

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



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:

Yes	No

Did you dispose of this business?
 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

2025 Amount	2024 Amount

Cost of Goods Sold:

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:

2025 Amount	2024 Amount

Other costs of goods sold:

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:

Yes	No

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:

Yes	No

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?

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

Vehicle:

Description of vehicle

Vehicle 1	

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?

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

Vehicle 2	

--

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

--	--

Mileage:

Total miles

2025 Miles	2024 Miles

Total business miles

Total commuting miles for the year

2025 Miles	2024 Miles

Actual Expenses:

Gasoline, oil, repairs, insurance, etc

2025 Amount	2024 Amount

Interest

Taxes

Fair market value of leased vehicle

Vehicle rentals/leases

2025 Amount	2024 Amount



2025

Business Expenses

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 %

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

2025 Amount	2024 Amount

Amount received for entertainment

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?

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



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

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

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

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	Yes	No
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				

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

Pension, Annuity and Retirement Plan Information

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	Spouse
----------	--------

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

Yes	No

Do you want to contribute the maximum amount allowed?

Yes	No

Contributions to:

Simplified employee pension plan
 Defined benefit plan
 Defined contribution plan
 SIMPLE plan

2025 Amount

2025 Amount



2025

Rental and Royalty Income

10

Location of Property:TSJ
Type of propertyHave you prepared or will you prepare all required Forms 1099? Yes No

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



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:	.....

1000



Partnership Income: **Include all Schedules K-1**

S Corporation Income: Include all Schedules K-1

Estate and Trust Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number

Real Estate Mortgage Investment Conduit (REMIC) Income: **Include all Schedules Q**

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**

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?

<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



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:

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:



2025

Miscellaneous Adjustments**13A****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



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



2025

Itemized Deductions - Contributions

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
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		



2025

Child/Dependent Care Expenses & Education Expenses

18

Child/Dependent Care Expenses:

General Information:

TSJ _____Were you or your spouse a full time student or disabled? _____

	Yes		No
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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 _____

	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 _____

	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:

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

Federal Tax Payments

20

Refund Application:

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

Refunded Yes No
 Applied to your 2026 estimated tax liability Yes 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

Yes No

A change in the number of your dependents

Yes No

A substantial change in your income

Yes No

A substantial change in your withholding

Yes No

A substantial change in deductions

Yes No

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



Include all of your current year Forms W-2G



2025

Gifts Made Outright to an Individual

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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"/>		