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## **2025 TAX ORGANIZER**

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

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

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

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

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**

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## **2025 TAX ORGANIZER**

**T  
O**

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

<b>Taxpayer Signature</b>	<b>Date</b>
<b>Spouse Signature</b>	<b>Date</b>

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

Personal Information:

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

Dependents:

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

Healthcare:

Did you obtain healthcare coverage through the Marketplace?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1095-A.		
If you received advance premium tax credit, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1095-A for someone claimed as a dependent on another taxpayer's return or who is filing their own return and is not claimed as a dependent on another taxpayer's return?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your dependents required to file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>





Questions (Page 2 of 5)

2B

Healthcare (continued):

	Yes	No
Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Were you eligible for employer-sponsored healthcare coverage?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have any transactions pertaining to a health savings account (HSA)? If you received a distribution from an HSA, include all Forms 1099-SA.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? If you received a distribution from an MSA, include all Forms 1099-SA.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive any distributions from long-term care insurance contracts? If Yes, include all Forms 1099-LTC.	<input type="checkbox"/>	<input type="checkbox"/>
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered?	<input type="checkbox"/>	<input type="checkbox"/>
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? If Yes, how many months were you covered?	<input type="checkbox"/>	<input type="checkbox"/>

Education:

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

Deductions and Credits:

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse incur any casualty or theft losses?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any large purchases, such as motor vehicles and boats?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes. Gallons Type	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?	<input type="checkbox"/>	<input type="checkbox"/>



Questions (Page 3 of 5)

2C

Investments:

	Yes	No
Did you or your spouse have any debts canceled, forgiven or refinanced?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell, exchange, or purchase any real estate? If Yes, include closing statements.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any put or call transactions? If Yes, provide the transaction details.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse close any open short sales?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell or exchange any digital assets? If Yes, include all Forms 1099-DA.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell any securities not reported on Form 1099-B?	<input type="checkbox"/>	<input type="checkbox"/>

Retirement or Severance:

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse turn age 73 and have money in an IRA or other retirement account without taking any distribution?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make a qualified charitable distribution directly from an IRA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse retire or change jobs?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive deferred, retirement or severance compensation? If Yes, enter the date received (Mo/Da/Yr). _____	<input type="checkbox"/>	<input type="checkbox"/>

Personal Residence:

Did your address change? If Yes, provide the new address. If Yes, did you move to a different home because of a change in the location of your job?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse claim a homebuyer credit for a home purchased in 2008?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?	<input type="checkbox"/>	<input type="checkbox"/>
Are your total mortgages on your first and/or second residence greater than \$750,000? If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse take out a home equity loan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have an outstanding home equity loan at the end of the year? If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your mortgagee receive mortgage assistance payments? If Yes, include all Forms 1098-MA.	<input type="checkbox"/>	<input type="checkbox"/>



Sale of Your Home:

	Yes	No
Did you sell your home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1099-S? If Yes, include Form 1099-S.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever rent out the property?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever use any portion of the home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the:	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse <input type="checkbox"/> Both

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$19,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts to a trust for any amount?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have a life insurance trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse forgive any indebtedness to any individual, trust or entity?	<input type="checkbox"/>	<input type="checkbox"/>

Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse create or transfer money or property to a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own any foreign financial assets?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did the corporation cease to be an S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you or your spouse transfer any share of stock in the corporation?	<input type="checkbox"/>	<input type="checkbox"/>



Questions (Page 5 of 5)

2E

Miscellaneous:

	Yes	No
Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,800 during the year for domestic services performed in or around your home to individuals who could be considered household employees?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive unreported tip income of \$20 or more in any month?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?	<input type="checkbox"/>	<input type="checkbox"/>
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?	<input type="checkbox"/>	<input type="checkbox"/>
In 2025, did you or your spouse: (a) receive (as a reward, award, or compensation); (b) sell, exchange, gift or otherwise dispose of a digital asset (or a financial interest in a digital asset)?	<input type="checkbox"/>	<input type="checkbox"/>
In 2025, did you or your spouse receive Payroll Protection Program loan forgiveness or are you or your spouse seeking forgiveness?	<input type="checkbox"/>	<input type="checkbox"/>
If No, enter the date loan forgiveness was denied or that you or your spouse decided not to seek forgiveness. Date (Mo/Da/Yr) _____		
If No, enter the amount of the loan for which forgiveness was denied or the amount of the loan for which you or your spouse decided not to seek forgiveness. Amount _____		
Do you own an interest in an LLC or similar entity that has a reporting obligation under the Corporate Transparency Act?	<input type="checkbox"/>	<input type="checkbox"/>

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



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)
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification

☐ 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)
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification

☐ Does not expire

### Contact Information:

Street Address	Apartment Number	
City	State	
Foreign Province or County	ZIP or Postal Code	
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? . . . . .  
Is the taxpayer claimed as a dependent on someone else's tax return? . . . . .

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

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

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

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



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)
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification
		<input type="checkbox"/> Choose not to provide

☐ Does not expire

### Spouse:

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

☐ Does not expire

### Contact Information:

Street Address	Apartment Number	
City	State	
	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? . . . . .  
Is the taxpayer claimed as a dependent on someone else's tax return? . . . . .

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

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



Dependents and Wages

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.

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.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local



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

## 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? 

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

Taxpayer . . . . . ☐

Spouse . . . . . ☐

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

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

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



2025

## Electronic Filing

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### Electronic Filing:

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

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

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

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

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

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

**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?

Taxpayer .....

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

Spouse .....

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

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

Taxpayer PIN .....

Spouse PIN .....



## Electronic Filing

4

### Electronic Filing:

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

### Opt-Out Statement:

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

Taxpayer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Would you like to use a randomly generated PIN?

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.

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? (Mo/Da/Yr)

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? (Mo/Da/Yr)

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? (Mo/Da/Yr)

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? (Mo/Da/Yr)

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. ☐



## Interest Income

**5A**

### Interest Information:

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

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

[illegible]

**Seller-Financed Mortgage Interest Information:**

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

Address of Individual from Whom Mortgage Interest Was Received

**Enter Any Additional Information:**


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



2025

Dividend Income

5B

Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

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

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

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

Enter Any Additional Information:

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



2025

## Interest Income and Foreign Information

5A

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

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

### Interest Income:

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

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

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

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

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

### Foreign Taxes Paid or Accrued:

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

### Additional State Information:

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

### Foreign Bank Accounts and Trusts:

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

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



Dividend Income and Foreign Information

5B

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

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

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

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

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

Foreign Taxes Paid or Accrued:

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

Additional State Information:

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

Foreign Bank Accounts and Trusts:

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

If Yes, enter name of foreign country . . . . .

Yes

No

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

## Foreign Assets

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

### Information on Foreign Financial Accounts:

1 - Bank Account 2 - Securities Account 3 - Other

Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name
A				
B				

Street Address	City
A	
B	

State	ZIP/Postal Code	Country	GIIN
A			
B			

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

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

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

# of Joint Owners	Street Address	City
A		
B		

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

State	ZIP/Postal Code	Country	Owner-ship Code	Filer's Title
A				
B				

1 - Deposit 2 - Custodial

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



# Foreign Assets

5D

## Asset Information:

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

Value	Foreign Currency	Exchange Rate	Source of Exchange Rate

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

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

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

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

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

1 - U.S. person  
2 - Foreign person

1 - Issuer 2 - Counterparty

Name of Issuer	Issuer Code	Type of Issuer	Residence of Issuer

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

Mailing Address of Issuer	City or Town of Issuer

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

Yes No

Foreign assets were acquired or sold during the tax year

## Foreign Bank Accounts and Trusts:

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

If Yes, enter name of foreign country

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



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

5E

Brokerage Name	TSJ	Account Number
Brokerage Address		

Interest Income and Foreign Information

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

Special Interest Code:	2 - Early Withdrawal Penalty	4 - Accrued Interest	6 - Amortizable Bond
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		



2025

Consolidated Brokerage Statement  
Dividend Income and Foreign Information

5F

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

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

Dividend Income:

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

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

Foreign Taxes Paid or Accrued:

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

Additional State Information:

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



2025

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

5G

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

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

Did you have any of the following during the year?

- 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

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?

If Yes, enter name of foreign country

Yes	No

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?

--	--



# 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? _____	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the disposition date? _____ (Mo/Da/Yr)	<input type="checkbox"/>	<input type="checkbox"/>
Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in the operations of this business on a regular, continuous and substantial basis? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you prepared or will you prepare all required Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>

2025 Amount	2024 Amount

Health insurance premiums paid for yourself and your dependents \_\_\_\_\_

## Income:

Include all Forms 1099-K

Payment card and third party transactions:

Description	2025 Amount	2024 Amount

Miscellaneous income:

Include all Forms 1099-MISC and 1099-NEC


Other Income:


Other gross receipts or sales \_\_\_\_\_  
Less returns and allowances \_\_\_\_\_

## Cost of Goods Sold:

Beginning inventory \_\_\_\_\_  
Purchases less cost of items withdrawn for personal use \_\_\_\_\_  
Cost of labor (do not include amounts paid to yourself) \_\_\_\_\_  
Materials and supplies \_\_\_\_\_  
Other costs of goods sold: \_\_\_\_\_

2025 Amount	2024 Amount

Description	2025 Amount	2024 Amount

Ending inventory \_\_\_\_\_



2025

Business Expenses and Property & Equipment

6A

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

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

Expenses:

	2025 Amount	2024 Amount
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:

Description	2025 Amount	2024 Amount

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? .....	<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:

	Yes	No
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? .....

### 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 .....

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





Business Use of Home

6D

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). 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.



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?

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				

	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

8

### Sale or Exchange of Your Home:

Include the closing statements from the purchase and sale of your former and new homes

#### Former Home Information:

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

#### Original Cost and Cost of Improvements:

Description	Amount

#### Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? ☐ Yes ☐ No  
If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live  
in the home for at least 2 of the 5 years preceding the sale? ☐ Yes ☐ No  
If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage  
was acquired or the date the mortgage was most recently renegotiated .....

### Moving Expenses:

TSJ .....

Were the moving expenses reimbursed by your employer? ☐ Yes ☐ No  
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? ☐ Yes ☐ No

#### Mileage:

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

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) .....

Amount



## 9

TS ..... \_\_\_\_\_

[illegible][illegible]



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

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

Taxpayer		Spouse	
Yes	No	Yes	No
2025 Amount		2025 Amount	

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



2025

Rental and Royalty Income

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

TSJ \_\_\_\_\_

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

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

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

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





**10A**

**Expenses:**

[illegible][illegible]



Rental and Royalty  
Property and Equipment & Depletion

10B

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

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

Acquisitions:

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

Dispositions:

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

Percentage Depletion Information:

Production Type	Royalty Income	
	2025 Amount	2024 Amount



# Rental and Royalty Vehicle and Other Listed Property

10C

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

## Listed Property Questions for 2025:

	Yes	No
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:

	Yes	No
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? .....

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

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

Vehicle 2	
Description of vehicle .....	
Date placed in service .....	
Do you (or your spouse) have another vehicle available for your personal use? .....	
Was your vehicle available for use during off-duty hours? .....	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2025 Miles	2024 Miles
2025 Amount	2024 Amount

## Mileage:

Total miles .....

Total business miles .....

Total commuting miles for the year .....

## Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....



2025

Rental and Royalty Business Expenses

10D

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

Business Expenses: Enter all expenses at 100 percent

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

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

2025 Amount	2024 Amount

Description	2025 Amount	2024 Amount

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

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

2025 Amount	2024 Amount

Vehicle:

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

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

☐ Yes ☐ No

☐ Yes ☐ No

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

2025	2024

Other Vehicle Expenses:

Description	2025 Amount	2024 Amount



2025

## Rental - Business Use of Home

10E

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

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....

Total square footage of home .....

2025

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

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

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

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

Example: Real estate taxes.

	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



2025

Partnership, S Corporation, Estate, Trust  
and REMIC Income

Partnership Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

S Corporation Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

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 \_\_\_\_\_ %

	2025 Amount	2024 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals .....		
Entertainment (deductible only on some state returns) .....		
Other Business Expenses:		

Description	2025 Amount	2024 Amount

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

	2025 Amount	2024 Amount
Amount received for other expenses .....		
Amount received for meals .....		
Amount received for entertainment .....		

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? ☐ Yes ☐ No  
Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ 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



2025

Passthrough Business Use of Home

11B

Activity Name: . . . . .

Partial Use of Your Home for Business:

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

2025

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

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
Example: Cost of painting or repairs made to the specific area or room used for business.  
  
Indirect expenses are required for keeping up and running your entire home.  
Example: Real estate taxes.

	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





Farm Income  
(Page 1 of 2)

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

TSJ \_\_\_\_\_  
Employer identification number \_\_\_\_\_  
Method of accounting \_\_\_\_\_

Farm Questions for 2025:

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

Did you dispose of this farm? \_\_\_\_\_

If Yes, what was the disposition date? \_\_\_\_\_ (Mo/Da/Yr)

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

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

2025 Amount	2024 Amount

Health insurance premiums paid for yourself and your dependents \_\_\_\_\_

Sales of Livestock and Other Items Bought for Resale (Cash Method Only):

Description	2025		2024	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

Income (Accrual Method):

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

Income:

Sales of livestock, produce, grains, etc. you raised \_\_\_\_\_  
Total cooperative distributions (Forms 1099-PATR) \_\_\_\_\_  
Taxable cooperative distributions \_\_\_\_\_  
Total agricultural program payments \_\_\_\_\_  
Taxable agriculture program payments \_\_\_\_\_  
Total Commodity Credit Corporation (CCC) loans \_\_\_\_\_  
Total crop insurance proceeds and certain disaster payments received in 2025 \_\_\_\_\_  
Taxable crop insurance proceeds received \_\_\_\_\_  
Crop insurance proceeds deferred from prior year \_\_\_\_\_  
Custom hire (machine work) income \_\_\_\_\_  
Federal gasoline tax or fuel tax credit or refund \_\_\_\_\_  
State gasoline tax or fuel tax credit or refund \_\_\_\_\_

2025 Amount	2024 Amount



2025

Farm Income  
(Page 2 of 2)

12A

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

Income:

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

Description	2025 Amount	2024 Amount

Government payments: Include all Forms 1099-G

Description	2025 Amount	2024 Amount

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

Description	2025 Amount	2024 Amount

Other income:

Description	2025 Amount	2024 Amount



**12B**

**Expenses:**

[illegible][illegible]

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

Farm Vehicle and Other Listed Property

12C

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

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? ☐ Yes ☐ No

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 \_\_\_\_\_

Vehicle 1		Vehicle 2	
Description of vehicle _____		Description of vehicle _____	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No		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		Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2025 Miles	2024 Miles	2025 Miles	2024 Miles
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
2025 Amount	2024 Amount	2025 Amount	2024 Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Farm Business Expenses

12D

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

Business Expenses: Enter all expenses at 100 percent

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

	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 \_\_\_\_\_ (Mo/Da/Yr)

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

Yes No  
Yes No

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

2025	2024

Other Vehicle Expenses:

Description	2025 Amount	2024 Amount



2025

Farm Business Use of Home

12E

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

2025

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

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
Example: Real estate taxes.

	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

13

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 .....

TSJ _____	
2025 Amount	2024 Amount

TSJ _____	
2025 Amount	2024 Amount

### 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



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

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?

Yes

No

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

TSJ	Nature and Source	2025 Amount	2024 Amount





2025

## Ministerial Income

13B

TS .....

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

Yes

No

If Yes, enter the name of the business: .....

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

--

--

If Yes, enter the occupation: .....

### Parsonage:

Fair rental value of parsonage provided by church .....  
Utility allowance of parsonage .....  
Actual expenses for utilities of parsonage .....

2025 Amount	2024 Amount

### Rental or Parsonage Allowance:

Parsonage or rental allowance .....  
Utility allowance .....  
Actual expenses for parsonage .....  
Actual expenses for utilities .....  
Fair rental value of home, plus the cost of utilities .....

2025 Amount	2024 Amount



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

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



# Itemized Deductions - Mortgage Interest and Points

14A

## Mortgage Questions for 2025:

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



## 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

Itemized Deductions - Miscellaneous

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

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



2025

Itemized Deductions - Business Use of Home

16A

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

Partial Use of Your Home for Business:

2025	2024

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

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



Employee Business Expenses  
(Page 1 of 2)

17

TS: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Occupation code \_\_\_\_\_

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

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

	2025 Amount	2024 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals .....		
Entertainment (deductible only on some state returns) .....		

Other Business Expenses:	Description	2025 Amount	2024 Amount

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

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

2025 Amount	2024 Amount

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



2025

Employee Business Expenses  
(Page 2 of 2)

17A

Vehicle: Include all documentation

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

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 \_\_\_\_\_

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





## Employee Business Expenses- Business Use of Home

17B

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

### 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 ☐ 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



# Household Employment Taxes

19

## General Information:

TSJ \_\_\_\_\_

Employer identification number \_\_\_\_\_

	Yes	No
Did you pay any one household employee cash wages of \$2,400 or more in 2025? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you withhold any federal income tax from wages paid to any household employee? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2024 or 2025? .....	<input type="checkbox"/>	<input type="checkbox"/>

## Social Security, Medicare and Income Taxes:

Cash wages subject to social security taxes .....

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

Cash wages subject to additional Medicare tax withholding .....

Federal income tax withheld .....

State disability plan payments subject to social security taxes .....

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

2025 Amount	2024 Amount

## Federal Unemployment (FUTA) Tax:

	Yes	No
Did you pay unemployment contributions to more than one state? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the wages subject to FUTA tax subject to the state's unemployment tax? .....	<input type="checkbox"/>	<input type="checkbox"/>

State	Total Cash Wages Subject to FUTA	2024 Amount

Complete the following for all state unemployment contributions made:

X if payment to be made after April 18, 2026

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



2025

Federal Tax Payments

Refund Application:

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

Refunded . . . . .

YesNo

Applied to your 2026 estimated tax liability 

YesNo

Federal Estimated Tax Payments:

2025 1st Quarter Estimate . . . . . (Due 04-15-2025)

2025 2nd Quarter Estimate . . . . . (Due 06-17-2025)

2025 3rd Quarter Estimate . . . . . (Due 09-16-2025)

2025 4th Quarter Estimate . . . . . (Due 01-15-2026)

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

2024 overpayment applied to 2025 estimate . . . . .

Tax Planning Information for Tax Year 2026:

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

A change in your marital status . . . . .

Yes

No

A change in the number of your dependents . . . . .

A substantial change in your income . . . . .

A substantial change in your withholding . . . . .

A substantial change in deductions . . . . .

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



2025

State and City Tax Payments

20A

State and City Estimated Tax Payments:

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

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

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:

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

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

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:

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

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

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



## 21

[illegible]



# Foreign Employment Information

(Page 1 of 3)

30

## General Information:

TS ..... \_\_\_\_\_

Foreign address ..... \_\_\_\_\_  
.....  
.....

Name of employer ..... \_\_\_\_\_

Employer's U.S. address ..... \_\_\_\_\_  
.....  
.....

Employer's foreign address ..... \_\_\_\_\_  
.....  
.....

Employer type: Foreign entity, U.S. company,  
Foreign affiliate of a U.S. company, Self ..... \_\_\_\_\_

Enter the last year that Form 2555 was filed to  
claim either of the exclusions ..... \_\_\_\_\_

Type of exclusions revoked in prior years ..... \_\_\_\_\_

Year exclusion revoked ..... \_\_\_\_\_

If a separate foreign residence was maintained for your  
family due to adverse living conditions, please provide  
the city, country, and number of days maintained ..... \_\_\_\_\_

List tax home(s) during tax year and dates established ..... \_\_\_\_\_

Country of citizenry or nationality ..... \_\_\_\_\_

Qualified housing expenses for the tax year .....

Adjustment to employer provided amounts for qualified  
housing expense .....

## Tax Home History:

Most recent tax home .....  
First previous tax home .....  
Second previous tax home .....  
Third previous tax home .....

Principal City and Country of Employment	Start Date (Mo/Da/Yr)	End Date (Mo/Da/Yr)



2025

# Foreign Employment Information

(Page 2 of 3)

30A

## Bona Fide Residence Test Information:

Beginning date for foreign residence (Mo/Da/Yr) \_\_\_\_\_

Ending date for foreign residence (Mo/Da/Yr) \_\_\_\_\_

Kind of foreign living quarters:

Purchased house, Rented house or apartment, Rented room,

Quarters furnished by employer \_\_\_\_\_

If any family members lived abroad with you during any part  
of the tax year, enter their names. Include the dates when  
the family members lived with you

Relationship	First Name	MI	Last Name	Date Arrived	Date Left	X if Entire Period

Was a statement made to foreign country authorities declaring you  
were not a resident of their country? \_\_\_\_\_

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

Were you required to pay income tax in that country? \_\_\_\_\_

Does the foreign country have an income tax? \_\_\_\_\_

State any contractual terms or other conditions relating to the  
length of employment abroad \_\_\_\_\_

What type of visa was used to enter the foreign country? \_\_\_\_\_

Explain any limitations of the visa as to length of stay or  
employment in a foreign country \_\_\_\_\_

If a home was maintained in U.S. while residing abroad, show  
address, whether rented, names and relationships of occupants

Address

Street address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

X if rented \_\_\_\_\_

Occupants			
First Name	MI	Last Name	Relationship





Foreign Employment Information  
(Page 3 of 3)

30B

Travel Abroad for 12 Month Period:

Name of Country (Including U.S.)	Date Arrived (Mo/Da/Yr)	Date Left (Mo/Da/Yr)	Full Days in Country	Number of Days Present in U.S. on Business



2025

Foreign Housing Expenses Worksheet

30C

Indicate below (for yourself, spouse and dependents living with you) the amount of housing expenses incurred (whether paid by you or your employer) in the foreign country. If expenses are listed in foreign currency, indicate dates of payment to the left of the amount boxes and enter type of currency.

Type of currency . . . . .	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses
Rent . . . . .			
Fair market value of employer-owned housing furnished to you (Without reduction for U.S. equivalent housing charge) . . . . .			
Foreign real estate, occupancy taxes or television taxes (not included on Medical Expenses and Taxes form, detail by country on continuation sheet) . . . . .			
Utilities (but not telephone charges) . . . . .			
Real and personal property insurance . . . . .			
"Key money" or other similar nonrefundable deposits paid to secure a lease . . . . .			
Repairs and maintenance . . . . .			
Furniture rental . . . . .			
Lodging portion of temporary living expenses (Do not include on Moving Expenses page) . . . . .			

Other Expenses:

Description	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses

Total expenses . . . . .			
--------------------------	--	--	--

Indicate if meals and/or lodging were provided by or on behalf of your employer on his business premises:  
(If you resided in a camp, you are considered to be on the business premises of your employer.)

To you . . . . .

To your family members . . . . .

Yes

No



2025

# Foreign Travel and Workdays Information Worksheet

30D

Complete for every month even if this may have been your first or last year in the U.S.

Travel To/From the U.S.				Days in Month	Days Worked In and Outside U.S.				
Dates (Mo/Da/Yr)		Dates (Mo/Da/Yr)			Days Not Worked*		Days Worked**		
Left Foreign Country	Arrived U.S.	Left U.S.	Arrived Foreign Country		U.S.	Foreign	U.S.	Foreign	
				January	31				
				February	28				
				March	31				
				April	30				
				May	31				
				June	30				
				July	31				
				August	31				
				September	30				
				October	31				
				November	30				
				December	31				
				Total	365				

- \* Weekends, holidays, vacation, sick, etc.
- \*\* Include weekends and holidays if you worked on these days.

During 2025, in which state(s)/city(ies) did you work? List the dates

State/City	From (Mo/Da/Yr)	To (Mo/Da/Yr)	Days Worked

Total (must agree with U.S. days worked shown above)

Days in U.S. for any reason in 2024  2023





**(Page 2 of 2)**

## 31A

**Allowances and Reimbursements (Continued):**

Other Allowances and Reimbursements:

Description	2025 Amount	2024 Amount

**State and Local Information:**

State	Employer's State I.D. No.	State Wages, Tips	State Income Tax	Local Wages, Tips	Local Income Tax	City	Locality Name

**Other Income and Noncash Income:**

TSJ	Nature and Source	2025 Amount	2024 Amount

**Other Adjustments:**

TSJ	Nature and Source	2025 Amount	2024 Amount

**Miscellaneous Income:**

	TSJ _____		TSJ _____	
	2025 Amount	2024 Amount	2025 Amount	2024 Amount
Miscellaneous Income:				
Unemployment compensation received				
Unemployment compensation repaid in 2025				
Social security benefits received				
Social security benefits repaid in 2025				

**Enter Any Additional Information:**

[illegible]



Foreign Wages and Other Income Worksheet

31B

You may skip this page if company statements for this information are provided.

NOTE: If you received income in 2025 for services performed in prior years, (bonus, separation payments, etc.) provide us with a copy of your tax return for these years unless we have them in our possession. If expenses are listed in foreign currency, indicate dates of payment and type of currency to the left of the amount boxes.

Compensation: You must provide the originals of Form W-2

Employer:

Gross base salary  
Tax deferred savings (401K)  
Bonus - 2025  
Bonus - other years  
Indicate year(s)  
Cost of living allowance  
Education  
Dependent travel  
Housing  
Group life insurance  
Tax equalization  
Foreign taxes reimbursed - 2025  
- 2024 and prior years  
Moving

Taxpayer	Spouse

Other Allowances - Description	Taxpayer	Spouse

Non-cash Remuneration:

Home (lodging)  
Meals  
Car

Taxpayer	Spouse

For additional employers, provide details on a continuation sheet.



## 32

Country of residence: \_\_\_\_\_

[illegible]

Year	Date Paid (Mo/Da/Yr)	Amount

[illegible]



2024

JANUARY							FEBRUARY							MARCH							APRIL						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6					1	2	3						1	2		1	2	3	4	5	6
7	8	9	10	11	12	13	4	5	6	7	8	9	10	3	4	5	6	7	8	9	7	8	9	10	11	12	13
14	15	16	17	18	19	20	11	12	13	14	15	16	17	10	11	12	13	14	15	16	14	15	16	17	18	19	20
21	22	23	24	25	26	27	18	19	20	21	22	23	24	17	18	19	20	21	22	23	21	22	23	24	25	26	27
28	29	30	31				25	26	27	28	29			24	25	26	27	28	29	30	28	29	30				
														31													
MAY							JUNE							JULY							AUGUST						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
			1	2	3	4							1		1	2	3	4	5	6					1	2	3
5	6	7	8	9	10	11	2	3	4	5	6	7	8	7	8	9	10	11	12	13	4	5	6	7	8	9	10
12	13	14	15	16	17	18	9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17
19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24
26	27	28	29	30	31		23	24	25	26	27	28	29	28	29	30	31				25	26	27	28	29	30	31
							30																				
SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7			1	2	3	4	5						1	2	1	2	3	4	5	6	7
8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14
15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21
22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28
29	30						27	28	29	30	31			24	25	26	27	28	29	30	29	30	31				

2025

JANUARY							FEBRUARY							MARCH							APRIL						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
			1	2	3	4							1							1		1	2	3	4	5	
5	6	7	8	9	10	11	2	3	4	5	6	7	8	2	3	4	5	6	7	8	6	7	8	9	10	11	12
12	13	14	15	16	17	18	9	10	11	12	13	14	15	9	10	11	12	13	14	15	13	14	15	16	17	18	19
19	20	21	22	23	24	25	16	17	18	19	20	21	22	16	17	18	19	20	21	22	20	21	22	23	24	25	26
26	27	28	29	30	31		23	24	25	26	27	28		23	24	25	26	27	28	29	27	28	29	30			
														30	31												
MAY							JUNE							JULY							AUGUST						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3	1	2	3	4	5	6	7			1	2	3	4	5						1	2
4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9
11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16
18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23
25	26	27	28	29	30	31	29	30						27	28	29	30	31			24	25	26	27	28	29	30
																					31						
SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6				1	2	3	4							1		1	2	3	4	5	6
7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8	7	8	9	10	11	12	13
14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15	14	15	16	17	18	19	20
21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27
28	29	30					26	27	28	29	30	31		23	24	25	26	27	28	29	28	29	30	31			
														30													

2026

JANUARY							FEBRUARY							MARCH							APRIL						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3	1	2	3	4	5	6	7	1	2	3	4	5	6	7				1	2	3	4
4	5	6	7	8	9	10	8	9	10	11	12	13	14	8	9	10	11	12	13	14	5	6	7	8	9	10	11
11	12	13	14	15	16	17	15	16	17	18	19	20	21	15	16	17	18	19	20	21	12	13	14	15	16	17	18
18	19	20	21	22	23	24	22	23	24	25	26	27	28	22	23	24	25	26	27	28	19	20	21	22	23	24	25
25	26	27	28	29	30	31								29	30	31					26	27	28	29	30		
MAY							JUNE							JULY							AUGUST						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2		1	2	3	4	5	6				1	2	3	4						1	
3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8
10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15
17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22
24	25	26	27	28	29	30	28	29	30					26	27	28	29	30	31		23	24	25	26	27	28	29
31																					30	31					
SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
		1	2	3	4	5					1	2	3	1	2	3	4	5	6	7			1	2	3	4	5
6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12
13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19
20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26
27	28	29	30				25	26	27	28	29	30	31	29	30						27	28	29	30	31		





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 .....	<div></div>		
Value of assets gifted if other than cash .....	<div></div>		

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 .....	<div></div>		
Value of assets gifted if other than cash .....	<div></div>		



2025

## Gifts Made in Trust

35

**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.**



### Detail Depreciation

**DP**

**Business or Activity:** \_\_\_\_\_

[illegible]

[illegible]



# 2025 Tax Return Checklist

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

	Prior Year	Current Year
<b>Income:</b>		
Wages (IRS W-2)	_____	_____
Interest Income (IRS 1099-INT)	_____	_____
Dividend Income (IRS 1099-DIV)	_____	_____
Brokerage Statements (Form 1099-A,B,S)	_____	_____
IRA/Pension/Annuity Income (IRS 1099R)	_____	_____
Schedule K-1s (IRS K-1)	_____	_____
Miscellaneous Income and Adjustments (IRS-1099-MISC, NEC, G)	_____	_____
Rent and Royalty Income	_____	_____
Digital Asset Proceeds From Broker Transactions (IRS 1099-DA)	_____	_____

<b>Itemized Deductions:</b>		
Medical/Dental Expenses	_____	_____
Real Estate Taxes	_____	_____
Property Taxes	_____	_____
Mortgage Interest (Form 1098)	_____	_____
Charitable Contributions	_____	_____

<b>Other:</b>		
Estimated Tax Payments	_____	_____

\* Provide any tax related information not listed above, e.g. new brokerage statements, K-1 investments, etc.

**Tax Organizer Legend:**  
Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



**2025**

500341 04-01-25



## Interest Income

[illegible]



**2025**

500361 04-01-25



[illegible]



## IRA/Pension/Annuity Income

[illegible]



## Rent and Royalty Income

[illegible]



## Schedule K-1 Information

[illegible]

[illegible]



Itemized Deductions

TSJ	Description	Prior Year Amount	Information Included (X or ✓)
-----	-------------	-------------------	-------------------------------

Medical/Dental Expenses:


Real Estate Taxes:


Property Taxes:


Mortgage Interest:


Charitable Contributions:




2025

Federal, State, and City Tax Payments

Refund Application:

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

Refunded ☐ Yes ☐ No

Applied to next year's 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 (Mo/Da/Yr)	Amount Paid

State and City Estimated Tax Payments:

2025 1st Quarter Estimate

2025 2nd Quarter Estimate

2025 3rd Quarter Estimate

2025 4th Quarter Estimate

TSJ

State/City Name

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

2025 1st Quarter Estimate

2025 2nd Quarter Estimate

2025 3rd Quarter Estimate

2025 4th Quarter Estimate

TSJ

State/City Name

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

2025 1st Quarter Estimate

2025 2nd Quarter Estimate

2025 3rd Quarter Estimate

2025 4th Quarter Estimate

TSJ

State/City Name

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

2025 1st Quarter Estimate

2025 2nd Quarter Estimate

2025 3rd Quarter Estimate

2025 4th Quarter Estimate

TSJ

State/City Name

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid



2025

## Alabama Information (Page 1 of 2)

### General Information:

Name and address of present employer:

Taxpayer:

Name . . .  
Address . . .  
City . . .  
State . . .  
ZIP Code . . .  
Foreign Province/State/County . . .  
Foreign Country . . .  
Foreign Postal Code . . .

Spouse:

Name . . .  
Address . . .  
City . . .  
State . . .  
ZIP Code . . .  
Foreign Province/State/County . . .  
Foreign Country . . .  
Foreign Postal Code . . .

### Residency Information:

From  
(Mo/Da/Yr)

To  
(Mo/Da/Yr)

If you did not live in Alabama for all of 2025, enter the dates you did live in Alabama . . . . .  
Enter the state names other than Alabama for which you had income . . . . .

### Education Savings:

Did you or your spouse make any contributions to an Alabama Prepaid Affordable College Tuition  
Program or Alabama College Education Savings Program account? . . . . .

Yes  
☐

No  
☐

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2025 Amount Contributed

### Consumer Use Tax:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax:

General use . . . . .  
Automotive vehicles . . . . .  
Farm machinery and equipment . . . . .


### Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

Senior Services Trust Fund . . . . .  
Alabama Arts Development Fund . . . . .  
Alabama Nongame Wildlife Fund . . . . .  
Child Abuse Trust Fund . . . . .  
Alabama Veteran's Program . . . . .  
State Parks Division of the Department of  
Conservation and Natural Resources . . . . .  
Department of Mental Health - 2023 . . . . .  
Cancer Research Institute . . . . .  
Alabama Medicaid Agency . . . . .


Foster Care Trust Fund . . . . .  
Mental Health . . . . .  
Alabama Breast & Cervical Cancer Program . . . . .  
Alabama Military Support Foundation . . . . .  
Alabama Veterinary Medical Foundation  
Spay-Neuter Program . . . . .  
Children First Trust Fund . . . . .


Alabama Election Campaign Fund Contribution - Democratic Party . . . . .  
- Republican Party . . . . .




[illegible]

**Residency Information:**

If you did not live in Arizona for all of 2025, enter the dates you did live in Arizona . . . . . \_\_\_\_\_

Enter the state names other than Arizona where you had income . . . . . \_\_\_\_\_

Yes	No

Did you or your spouse make any contributions to a qualified state tuition (Section 529) plan? . . . . .

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2025 Amount Contributed

Enter the amount you wish to contribute on your 2025 tax return to:

Sustainable State Parks and Road Fund	
Wildlife Fund	
Child Abuse Prevention Fund	
Domestic Violence Shelter Fund	
Neighbors Helping Neighbors Fund	
Special Olympics Fund	
Veteran's Donation Fund	
I Didn't Pay Enough Fund	
Solutions Teams Assigned to Schools	
Spay/Neuter of Animals Fund	
Political Gift - Democratic	
Libertarian	
Republican	

[illegible]



Arkansas Information

General Information:

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

Do you qualify as being deaf for personal credit purposes? .....

Early Childhood Program certification number .....

	Name of Developmentally Disabled Individual	Social Security Number	Type of Disability
A			
B			
C			

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Arkansas for all of 2025, enter the dates you did live in Arkansas .....

Enter the state names other than Arkansas where you had income .....

Education Savings:

Did you or your spouse make any contributions to an Arkansas Tax Deferred Tuition Savings Program account? 

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

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2025 Amount Contributed

Check-Off Contribution:

Enter the amount you wish to contribute on your 2025 tax return to:

- Arkansas Disaster Relief Program .....
- Arkansas Game and Fish Foundation .....
- Arkansas School for the Blind and Deaf .....
- Baby Sharon’s Children’s Catastrophic Illness Program .....
- Organ Donor Awareness Education Program .....
- Area Agencies on Aging Program .....
- Military Family Relief Program .....
- Newborn Umbilical Cord Blood Initiative .....
- Law Enforcement Family Relief Trust Fund .....


Enter Any Additional Arkansas Information:




General Information:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Did you, your spouse, and all household members have full-year health care coverage? ☐ Yes ☐ No

Attach all Forms FTB 3895 and/or IRS 1095 received and any applicable exemption information.

Principal/Physical Residence at Time of Filing:

California Residents Only

County at time of filing

Street address

Apt No.

City, State, ZIP

Country, province, and postal code (if foreign)

Residency Information:

Complete this section only if you were a resident of any other state during any portion of the year	Taxpayer	Spouse
State or country of domicile <input type="text"/>	<input type="text"/>	<input type="text"/>
If you were a military nonresident, enter state stationed in abbreviation <input type="text"/>	<input type="text"/>	<input type="text"/>
If you became a resident of California in 2025, enter - State of prior residence abbreviation <input type="text"/>	<input type="text"/>	<input type="text"/>
- Date of move <input type="text"/> (Mo/Da/Yr)	<input type="text"/>	<input type="text"/>
If you became a nonresident of California in 2025, enter - New state of residence abbreviation <input type="text"/>	<input type="text"/>	<input type="text"/>
- Date of move <input type="text"/> (Mo/Da/Yr)	<input type="text"/>	<input type="text"/>
If you were a California nonresident the entire year, enter your state of residence <input type="text"/>	<input type="text"/>	<input type="text"/>
How many days during 2025 were spent in California? <input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you own homes and/or properties in California during 2025? <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you were a prior resident of California, enter the date you moved back to California <input type="text"/> (Mo/Da/Yr)	<input type="text"/>	<input type="text"/>
If you were a prior resident of California, enter the date you left California <input type="text"/> (Mo/Da/Yr)	<input type="text"/>	<input type="text"/>

Voluntary Contributions: Enter the amount you wish to contribute on your 2025 tax return to the following funds:

California Seniors Special Fund <input type="text"/>	California Senior Citizen Advocacy Voluntary Tax Contribution Fund <input type="text"/>
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund <input type="text"/>	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund <input type="text"/>
Rare and Endangered Species Preservation Voluntary Tax Contribution Program <input type="text"/>	Mental Health Crisis Prevention Voluntary Tax Contribution Fund <input type="text"/>
California Breast Cancer Research Voluntary Tax Contribution Fund <input type="text"/>	California ALS Research Network Voluntary Tax Contribution Fund <input type="text"/>
California Firefighters' Memorial Voluntary Tax Contribution Fund <input type="text"/>	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund <input type="text"/>
Emergency Food for Families Voluntary Tax Contribution Fund <input type="text"/>	California Pediatric Cancer Research Voluntary Tax Contribution Fund <input type="text"/>
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund <input type="text"/>	Parkinson's Disease Research Voluntary Tax Contribution Fund <input type="text"/>
California Cancer Research Voluntary Tax Contribution Fund <input type="text"/>	
School Supplies for Homeless Children Voluntary Tax Contribution Fund <input type="text"/>	
State Parks Protection Fund/Parks Pass Purchase <input type="text"/>	
Protect Our Coast and Oceans Voluntary Tax Contribution Fund <input type="text"/>	





2025

Colorado Information (Page 1 of 2)

Residency Information:

Taxpayer		Spouse	
From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)

If you did not live in Colorado for all of 2025, enter the dates you  
did live in Colorado . . . . .

Enter the state names other than Colorado where you had income . . . . .

Education Savings:

Did you or your spouse make any contributions to a Colorado 529 College Savings Plan account? . . . . .

If Yes, enter the following:

Yes	No

TS	Account Holder Name	Account Holder Social Security Number	Account Number	2025 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

Nongame Conservation and Wildlife		Colorado Healthy Rivers Fund . . . . .	
Restoration Cash Fund . . . . .		Alzheimer's Association Fund . . . . .	
Colorado Domestic Abuse Program Fund . . . . .		Colorado Cancer Fund . . . . .	
Homeless Prevention Activities Program Fund . . . . .		Make-A-Wish Foundation of Colorado	
American Red Cross Colorado Disaster Response,		Fund . . . . .	
Readiness, and Preparedness Fund . . . . .		Unwanted Horse Fund . . . . .	
Western Slope Military Veterans		Feeding Colorado Fund . . . . .	
Cemetery Fund . . . . .			
Pet Overpopulation Fund . . . . .			
Habitat for Humanity of Colorado Fund . . . . .			
Military Family Relief Fund . . . . .			
Special Olympics of Colorado Fund . . . . .			
Colorado Nonprofit Fund* . . . . .			

\* Include name of organization and registration number

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2025

## Connecticut Information (Page 1 of 2)

### General Information:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax:

Combine individual purchases less than \$300 each per category and enter the total purchase amount.

Luxury items .....  
Computer and data processing services .....  
Vessels, motors for vessels, or trailers to transport vessels .....  
Other purchases .....


For any amounts entered, include the date of purchase, description, purchase price, and tax paid.

### Residency Information:

Taxpayer		Spouse	
From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)

If you did not live in Connecticut for all of 2025:

Enter the dates you did live in Connecticut .....

List the prior/new state of residence .....

Enter the state names other than Connecticut where you had income .....


### Education Savings:

Did you or your spouse make any contributions to a Connecticut Higher Education Trust (CHET) account? .....

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

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	CHET Account Number	2025 Amount Contributed

### Nonresident and Part-Year Resident Employee Apportionment Worksheet Information:

If your employment required you to perform services both inside and outside Connecticut and you do not know the actual amount of income you earned in Connecticut and you were an employee who was compensated, complete the information below:

Basis for apportionment: Working days (1), Sales (2), Mileage (3) .....

Days/sales/miles outside Connecticut .....

Days/sales/miles inside Connecticut .....

Nonworking days (only to be used with working days basis for apportionment) .....

Total income being apportioned .....

### Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

AIDS Research Education Fund .....  
Organ Transplant Fund .....  
Endangered Species/Wildlife Fund .....  
Breast Cancer Research Fund .....  
Safety Net Services Fund .....  
Military Family Relief Fund .....  
Connecticut Higher Education Trust (CHET) Baby Scholar Fund .....  
Mental Health Community Investment Account .....




**Credit for Property Taxes Paid:**

Select Property Code
1 - Primary Residence
2 - Auto 1
3 - Auto 2 - Married Filing Jointly only

Name of Connecticut Tax Town or District	Description of Property If primary residence, enter street address If motor vehicle, enter year, make and model	Date Paid (Mo/Da/Yr)	Amount Paid	Prop. Code

## This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.



Delaware Information

General Information:

Business telephone number (including area code) \_\_\_\_\_

Do you qualify as permanently disabled? ☐ Yes ☐ No ☐ Yes ☐ No

Residency Information:

If you did not live in Delaware for all of 2025, enter the dates you did live in Delaware \_\_\_\_\_

Enter the state names other than Delaware where you had income \_\_\_\_\_

Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

	Taxpayer	Spouse
Delaware's Nongame Wildlife, Endangered Species, and Natural Areas Preservation Fund		
Emergency Housing Assistance Fund		
Delaware Breast Cancer Coalition		
Organ Donation Awareness Trust Fund		
Diabetes Education Fund		
Delaware Veteran's Home Fund		
Delaware National Guard and Reserve Emergency Assistance Fund		
Juvenile Diabetes Research Foundation		
Multiple Sclerosis Society		
Ovarian Cancer Fund		
White Clay Creek Wild and Scenic River Preservation Fund		
Home of the Brave Fund		
Senior Trust Fund		
Veteran's Trust Fund		
Protecting DE's Children Fund		
Food Bank of Delaware		
Delaware Habitat for Humanity		
B+ Childhood Cancer Foundation		
Beau Biden Fund		
Combined Campaign for Justice		
Unlocked the Light Foundation Fund		

Enter Any Additional Delaware Information:



2025

## District of Columbia Information (Page 1 of 5)

### Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in the District of Columbia for all of 2025, enter the dates you did live  
in the District of Columbia . . . . .

Enter the state names other than the District of Columbia where you had income . . . . .

### Education Savings:

Yes	No
-----	----

Did you or your spouse make any contributions to a qualified DC "529" College Savings Plan account? . . . .  
If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2025 Amount Contributed

### Property Tax Credit Information:

TS . . . . .

Enter the amount of annual rent paid . . . . .

What type of property is the property tax credit for? . . . . .  
☐ House ☐ Apartment ☐ Rooming house ☐ Condominium  
☐ Cooperative

#### Landlord's information:

Name . . . . .  
Address . . . . .  
Apartment number . . . . .  
City, state and ZIP code . . . . .  
Telephone number . . . . .

### Business Credits

Organ and Bone Marrow Donor Credit . . . . .  
Job Growth Incentive Act Credit . . . . .  
Amount of homeownership assistance provided to eligible employees . . . . .  
Number of eligible employees . . . . .

### Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

Tax-Payer Support for Afterschool Programs for At-Risk Students . . . . .  
DC Statehood Delegation Fund . . . . .  
Anacostia River Cleanup and Protection Fund . . . . .



2025

## District of Columbia Information (Page 2 of 5)

### Disability Income Exclusion Information:

Were you physically or mentally impaired on January 1, 2025? . . . . .  
Is your disability expected to last 12 months or more? . . . . .  
Did you file a physician's certification in previous years? . . . . .

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

Date retired (Mo/Da/Year) . . . . .  
Name of employer . . . . .  
Name of payer . . . . .  
Physician's name . . . . .  
Physician's address . . . . .  
Physician's apartment number . . . . .  
Physician's city, state and ZIP code . . . . .  
Physician's phone number . . . . .

TS _____
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TS _____
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_____

### Non-Custodial Parent EITC Claim Information:

Dependent name . . . . .  
Dependent SSN . . . . .  
Location of court . . . . .  
Case or Docket number . . . . .  
Name of government agency . . . . .  
Street address of government agency . . . . .  
City, state and ZIP code . . . . .  
Monthly court ordered payments . . . . .  
Start date of ordered payments (Mo/Da/Yr) . . . . .

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Custodian first name and initial . . . . .  
Custodian last name . . . . .  
Custodian social security number . . . . .  
Custodian street address . . . . .  
City, state and ZIP code . . . . .  
Custodian date of birth (Mo/Da/Year) . . . . .

_____
_____
_____
_____
_____
_____

### Health Insurance Information

Did you and all household members have health insurance coverage for the entire year? . . . . .  
If No, did you or any household members qualify for an exemption? . . . . .  
If Yes, enter the applicable exemption. \_\_\_\_\_  
If No, indicate which months you and/or your household members did not have health insurance coverage and did not have an exemption.

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

Household Member Names	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

### Enter Any Additional District of Columbia Information:

_____
_____





2025

Unincorporated Business Franchise Tax Information:

General Information:

TSJ \_\_\_\_\_  
Number of business locations: \_\_\_\_\_  
    Within DC \_\_\_\_\_  
    Outside DC \_\_\_\_\_  
DC business tax number \_\_\_\_\_  
Sales and use tax account number \_\_\_\_\_  
Federal employer I.D. number \_\_\_\_\_  
Fiscal year begin date \_\_\_\_\_  
Fiscal year end date \_\_\_\_\_  
Business name \_\_\_\_\_  
Business street address \_\_\_\_\_  
Business city, state, and ZIP code \_\_\_\_\_

Supplemental Information:

Principal business activity \_\_\_\_\_  
Type of ownership \_\_\_\_\_  
Date business began (Mo/Da/Yr) \_\_\_\_\_  
Was the business terminated during 2025? ☐ Yes ☐ No  
    If Yes, enter the termination date and reason below.  
    Termination date (Mo/Da/Yr) \_\_\_\_\_  
    Termination reason \_\_\_\_\_  
IRS Service Center where the 2025 federal income tax return was filed \_\_\_\_\_  
Taxpayer name shown on the 2025 federal income tax return filed \_\_\_\_\_  
  
Have you filed annual Federal Information Return Forms 1096 and 1099? ☐ Yes ☐ No  
    If No, enter the reason for not filing Forms 1096 and 1099 \_\_\_\_\_  
  
Which method is used on the federal income tax return? Accrual ☐ Cash ☐ Other (specify) \_\_\_\_\_  
  
Did you withhold DC income tax from your employees' wages during 2025? ☐ Yes ☐ No  
    If No, enter the reason for not withholding DC income tax \_\_\_\_\_  
  
Did you file a DC franchise tax return for the business for 2024? ☐ Yes ☐ No  
    If No, enter the reason for not filing a DC franchise tax return \_\_\_\_\_  
  
Did you file an annual ballpark fee return? ☐ Yes ☐ No  
Has the IRS made or proposed any adjustments to your 2025 income tax return, or did you file any amended federal income tax returns? ☐ Yes ☐ No



Enter the total amount of Class 2 property taxes paid for qualified retail location . . . . .

Telephone number . . . . . \_\_\_\_\_

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

[illegible]





Georgia Information

General Information:

Taxpayer Disability Information:

Type .....  
Date ..... (Mo/Da/Yr) .....

Spouse Disability Information:

Type .....  
Date ..... (Mo/Da/Yr) .....

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Georgia for all of 2025, enter the dates you did live in Georgia .....

Education Savings:

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

Did you or your spouse make any contributions to a Georgia Path2College 529 Plan account? .....  
If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2025 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

Wildlife Conservation Fund .....	
Fund for Children and Elderly .....	
Cancer Research Fund .....	
Land Conservation Program .....	
National Guard Foundation .....	
Dog and Cat Sterilization Fund .....	
Saving the Cure Fund .....	
Realizing Educational Achievement Can Happen .....	
Public Safety Memorial Grant .....	
Disabled Veterans' Scholarship Fund .....	

Enter Any Additional Georgia Information:




2025

Hawaii Information

General Information:

County of residence \_\_\_\_\_

Jury duty pay returned to employer \_\_\_\_\_

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

Do you qualify as deaf or disabled? \_\_\_\_\_

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Hawaii for all of 2025, enter the dates you did live in Hawaii \_\_\_\_\_

Enter the state names other than Hawaii where you had income \_\_\_\_\_

Voluntary Contributions:

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

Do you wish to contribute \$3 to the Hawaii Election Campaign Fund? This will not increase your balance due or decrease your refund \_\_\_\_\_

Do you wish to contribute \$2 to the Hawaii school-level minor repairs and maintenance special fund? \_\_\_\_\_

Do you wish to contribute \$5 to the Hawaii Public Libraries Fund? \_\_\_\_\_

Do you wish to contribute \$5 to the Hawaii Domestic Violence/Child Abuse and Neglect Funds? \_\_\_\_\_

Low-Income Household Renters:

Address \_\_\_\_\_

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

Dates occupied \_\_\_\_\_

Owner's name \_\_\_\_\_

Owner's address \_\_\_\_\_

Owner's tax ID number \_\_\_\_\_

Enter total rent paid \_\_\_\_\_

Enter Any Additional Hawaii Information:




# Idaho Information

## General Information:

Are you disabled and age 62, 63 or 64? .....

Are you the unremarried widow of a retired U.S. Civil Service employee,  
U.S. Military Serviceman, Idaho fireman or Idaho policeman? .....

Enter the amount of Internet or out of state purchases for which you did not pay sales tax ..

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

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

## Residency Information:

If you did not live in Idaho for all of 2025, enter the dates you  
did live in Idaho .....

Enter the state names other than Idaho where you had income .....

Taxpayer	
From (Mo/Da/Yr)	To (Mo/Da/Yr)
<input type="text"/>	<input type="text"/>

Spouse	
From (Mo/Da/Yr)	To (Mo/Da/Yr)
<input type="text"/>	<input type="text"/>

Are you a resident on active military duty? .....

Are you a military nonresident? .....

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

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

## Education Savings:

Did you or your spouse make any contributions to a Idaho College Savings Program account? .....

If Yes, enter the following:

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

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2025 Amount Contributed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

Nongame Wildlife Conservation Fund .....

Idaho Guard and Reserve Family Support Fund .....

Children's Trust Fund/Child Abuse Prevention .....

Special Olympics Idaho .....

Idaho Food Bank .....

Veterans Support Fund .....

Opportunity Scholarship Program .....

American Red Cross of Idaho Fund .....

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

## Enter Any Additional Idaho Information:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>



2025

General Information:

County of residence \_\_\_\_\_

Enter the total property tax paid applicable to the personal residence \_\_\_\_\_

Property index number \_\_\_\_\_

County name \_\_\_\_\_

Enter the amount of general merchandise for which you did not pay any sales tax \_\_\_\_\_

Enter the amount of qualifying food, non-prescription drugs and medical appliances for which you did not pay any sales tax \_\_\_\_\_

Are you a member, shareholder, partner, beneficiary, or owner of an LLC or other organization that holds a medical cannabis cultivation center or medical cannabis dispensary registration? 

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

Do you or your spouse have income from the sale of assets owned by a gaming licensee? 

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

Enter the amount of Illinois income tax you withheld from a household employee \_\_\_\_\_

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
-----------------	---------------

If you did not live in Illinois for all of 2025, enter the dates you did live in Illinois \_\_\_\_\_

Enter the state names other than Illinois where you had income \_\_\_\_\_

Education Savings:

Did you or your spouse make any contributions to a Bright Start College Savings Program, Bright Directions College Savings Program, or College Illinois Prepaid Tuition Program? 

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

If Yes, enter the following: 

X if contribution was a gift	
------------------------------	--

TS	Name of Designated Beneficiary	Type of Plan	Social Security Number	Account Number	2025 Amount Contributed	X

ABLE Savings Account:

Did you or your spouse make any contributions to a qualified Illinois ABLE savings account? 

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

If Yes, enter the following: 

X if contribution was a gift	
------------------------------	--

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2025 Amount Contributed	X

Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to the following funds:

Wildlife Preservation Fund	
Alzheimer's Disease Research, Care, and Support Fund	
Assistance to the Homeless Fund	
Diabetes Research Fund	
Hunger Relief Fund	
Ronald McDonald House Charities Fund	
100 Club of Illinois Fund	

**Qualified Education Expense Information:**

P - Public School N - Non-Public School H - Home School



Dependent Name	Grade (K-12)	School Name	School City	School Type	Tuition, Book/Lab Fees

Are you including a receipt for qualified education expenses? . . . . . ☐ Yes ☐ No

Can IDOR share your income information to determine health insurance benefits? . . . ☐ Yes ☐ No

**Enter Any Additional Illinois Information:**

[illegible]



2025

General Information:

Taxpayer	Spouse
----------	--------

County of residence \_\_\_\_\_

County of employment \_\_\_\_\_

Enter the amount of Internet or out of state purchases for which you did not pay sales tax \_\_\_\_\_

Residency Information:

Taxpayer		Spouse	
From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)

If you did not live in Indiana for all of 2025, enter the dates you did live in Indiana \_\_\_\_\_

Enter the state names other than Indiana where you had income \_\_\_\_\_

Education Savings:

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

Did you or your spouse make any contributions to an Indiana CollegeChoice 529 Education Savings Plan? \_\_\_\_\_

If Yes and you made contributions for the purpose of paying for qualified higher education expenses, enter the following:

TS	Taxpayer or Spouse is not the Account Owner	Name of Designated Beneficiary	Social Security Number	Account Number	2025 Amount Contributed

If Yes and you made contributions for the purpose of paying for K-12 tuition expenses, enter the following:

TS	Taxpayer or Spouse is not the Account Owner	Name of Designated Beneficiary	Social Security Number	Account Number	2025 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

Nongame Wildlife Fund	
Public K-12 Education Fund	
Military Family Relief Fund	

Deductions and Credits:

Taxpayer	Spouse

Enter the amount of Indiana lottery winnings \_\_\_\_\_

If you made a contribution during 2025 to an Indiana college or university, enter the following information:

Name of College or University	Date	Amount





## lowa Information

### General Information:

County of residence . . . . . \_\_\_\_\_

School district number . . . . . \_\_\_\_\_

Has your name or address changed since filing last year's return? . . . . . ☐ Yes ☐ No

Taxpayer

**Spouse**

Tuition and textbook expenses for Grades K-12 . . . . .

**Residency Information:**

If you did not live in Iowa for all of 2025, enter the dates

you did live in Iowa . . . . .

Enter the state names other than Iowa where you had income . . . . .

Taxpayer

From  
(Mo/Da/Yr)

To  
(Mo/Da/Yr)

**Spouse**

From  
(Mo/Da/Yr)

To  
(Mo/Da/Yr)

### Education Savings:

Did you or your spouse make any contributions to a College Savings Iowa or Iowa Advisor 529 Plan account? .....

If Yes, enter the following:

Yes

No

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2025 Amount Contributed

### Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

Fish and Game Protection Fund . . . . .

Veterans Trust Fund/Volunteer Fire Fighter Preparedness Fund . . . . .

**Enter Any Additional Iowa Information:**

[illegible]





2025

General Information:

County \_\_\_\_\_

School district number \_\_\_\_\_

Enter the amount of Internet or out of state purchases for which you did not pay sales tax \_\_\_\_\_

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Kansas for all of 2025, enter the dates you did live in Kansas \_\_\_\_\_

Enter the state names other than Kansas where you had income \_\_\_\_\_

Education Savings:

Did you or your spouse make any contributions to a Learning Quest or other state's qualified tuition (Section 529) plan account? \_\_\_\_\_

Yes	No
-----	----

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2025 Amount Contributed

ABLE Savings Account:

Did you or your spouse make any contributions to an ABLE savings account? \_\_\_\_\_

Yes	No
-----	----

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2025 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

Kansas Nongame Wildlife Improvement Fund (Chickadee Checkoff)	
Senior Citizens Meals on Wheels Contribution Program	
Breast Cancer Research Fund	
Military Emergency Relief Fund	
Kansas Hometown Heroes Fund	
Kansas Creative Arts Industry Fund	
Local School District Contribution Fund	
School district number (if different from above)	
Kansas Historic Site Contribution Fund	
Historic Site Number	

Intangibles Tax Information:

City \_\_\_\_\_

Township \_\_\_\_\_

Do you qualify as being disabled or blind? \_\_\_\_\_ Yes \_\_\_\_\_ No

County \_\_\_\_\_



2025

Homestead and Food Sales Tax Claim Information:

	Yes	No
Was any part of your homestead rented or used for business?		
Do you want to send your 2026 homestead advancement to the county treasurer?		
Is your property tax delinquent?		
Are you filing as surviving spouse of a disabled veteran or an active duty service member who died in the line of duty?		

If you qualify as disabled and are not over 55, enter the date of your disability (Mo/Da/Yr):

Taxpayer \_\_\_\_\_

Spouse \_\_\_\_\_

If you qualify as a disabled veteran, enter the date of your disability (Mo/Da/Yr): \_\_\_\_\_

Household Income:	2025 Amount
Social security death benefits	
SSI and SS disability income	
Other veteran's pensions benefits	
TAF payments, general assistance, worker's compensation, grants and scholarships	
Other Household Income:	

Recipient	Source	2025 Amount

Other Exempt Income:

Description	2025 Amount

Please list any other members of the household that lived with you for an extended period during the tax year. Do not include your dependents.

Name	Date of Birth (Mo/Da/Yr)	Relationship	Number of Months in Household	Social Security Number

Enter Any Additional Kansas Information:






2025

Louisiana Information (Page 1 of 2)

General Information:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

From  
(Mo/Da/Yr)

To  
(Mo/Da/Yr)

If you did not live in Louisiana for all of 2025, enter the dates you did live in Louisiana

Enter the state names other than Louisiana where you had income

Education Savings:

Yes

No

Did you or your spouse make any contributions to a START Savings Program account?

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2025 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

Military Family Assistance Fund	
Coastal Protection and Restoration Fund	
Wildlife Habitat and Natural Heritage Trust Fund	
Louisiana Cancer Advisory Board	
Louisiana Food Bank Association	
Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana	
American Red Cross	
Louisiana National Guard Honor Guard for Military Funerals	
Additional Donation to the Military Family Assistance Fund	
Additional Donation to Coastal Protection and Restoration Fund	
Additional Donation to Louisiana Food Bank Association	
The START Program	
Dreams Come True, Inc	
Sexual Trauma Awareness and Response (STAR)	
Maddie's Footprints	



### School Expenses Information:

- Enter information for each qualified dependent:

Enter qualified expenses for each dependent listed above:

**Enter Any Additional Louisiana Information:**

[illegible]



General Information:

Are you engaged in commercial farming or fishing? ☐ Yes ☐ No

Are you or your spouse rated permanently disabled by the Department of Veteran's Affairs? ☐ Yes ☐ No

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Maine for all of 2025, enter the dates you did live in Maine

Enter the state names other than Maine where you had income

Education Savings:

Did you or your spouse make any contributions to a qualified state tuition (Section 529) plan account? ☐ Yes ☐ No

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2025 Amount Contributed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

Endangered and Nongame Wildlife Fund

Maine Children's Trust

Companion Animal Sterilization Fund

Maine Military Family Relief Fund

Maine Veterans' Memorial Cemetery Maintenance Fund

Maine Public Library Fund

Maine Children's Cancer Research Fund

Emergency Food Assistance Program Fund

Do you want \$3.00 to go to the Maine Clean Election Fund? ☐ Yes ☐ No

Does your spouse want \$3.00 to go to this fund? ☐ Yes ☐ No

Park Passes:

Number of park passes to be purchased:

Individual park pass?

Vehicle park pass?



Property Tax Fairness Credit

Rent paid on your home

Amount paid for utilities and similar items

Does rent paid include heat, utilities, furniture, snowplowing or similar items? 

Yes

No

Was your rent reduced or paid in part by the government?

Landlord's name and telephone number

Did you or your spouse, if married, receive social security disability benefits or supplemental security income disability benefits in 2025? 

Yes

No

Enter Any Additional Maine Information:



2025

General Information:

Political subdivision \_\_\_\_\_

If the political subdivision is not known, enter the county of residence and city, town, or taxing area:

County of residence on December 31, 2025 \_\_\_\_\_

Incorporated city, town or taxing area on December 31, 2025 \_\_\_\_\_

	Taxpayer		Spouse	
	Yes	No	Yes	No
Do you qualify as totally disabled? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you or will you have health care coverage at the time the income tax return is filed? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If No, do you want to authorize the Comptroller of Maryland to share information from this tax return with Maryland Health Connection for the purpose of determining pre-eligibility for low- or no-cost health care coverage? .....				
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you or your spouse a member of the military? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do all dependents that will be listed on the return have or will they have health care coverage at the time the income tax return is filed? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Residency Information:

	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in Maryland for all of 2025:		
Enter the dates you did live in Maryland .....	_____	_____
Enter the other state of residence .....	_____	_____
Enter the state names other than Maryland where you had income .....	_____	_____
Pennsylvania residents:		
What is the name of your township? .....	_____	_____
What is the name of your county? .....	_____	_____
If you are a nonresident of Maryland, did you reside the full year in your state of legal residency? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Education Savings:

Did you or your spouse make any contributions to a Maryland Prepaid College Trust or Maryland College Investment Plan Account? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, enter the following:		

TS	Name of Designated Beneficiary	Type of Plan	Social Security Number	Account Number	2025 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:	
Chesapeake Bay and Endangered Species Fund .....	
Maryland Cancer Fund .....	
Developmental Disabilities Services and Support Fund .....	
Fair Campaign Financing Fund .....	

Long-Term Care Insurance Information:

Name of Insured	Age	Social Security Number	Relationship to Taxpayer	Amount of Premium Paid





## Maryland Information (Page 2 of 2)

**Quality Teacher Incentive Credit:**

**Taxpayer**

**Spouse**

If you are a Maryland teacher and qualify for this credit:

Enter the amount of tuition paid . . . . .

Enter the amount of tuition reimbursement . . . . .

**Enter Any Additional Maryland Information:**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.



2025

## Massachusetts Information (Page 1 of 2)

### General Information:

Has your name changed since filing your 2024 income tax return? . . . . .  
Are you or your spouse a noncustodial parent? . . . . .  
Would you like to choose the optional 5.85% tax rate? . . . . .  
Did you or your spouse make voluntary paid family and medical leave contributions from self-employment income? . . . . .

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

If Yes, enter the amount . . . . .

Total purchases in 2025 subject to Massachusetts use tax . . . . .

Sales/use tax paid to other state or jurisdiction . . . . .

Do you qualify for the blind exemption? . . . . .  
Are you or your spouse a veteran of the U.S. armed forces Operations Enduring Freedom,  
Iraqi Freedom, or Noble Eagle? . . . . .

#### Taxpayer

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

#### Spouse

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

Total paid for weekly/monthly commuter passes and FastLane tolls . . . . .

### Residency Information:

If you did not live in Massachusetts for all of 2025, enter the dates you did live in Massachusetts . . . . .

From  
(Mo/Da/Yr)

To  
(Mo/Da/Yr)

Enter the state names other than Massachusetts where you had income . . . . .

### Voluntary Contributions:

Do you want to contribute \$1.00 to the Massachusetts Election Campaign Fund?

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

Taxpayer . . . . .

Spouse . . . . .

Enter the amount you wish to contribute on your 2025 tax return to:

Organ Transplant Fund . . . . .  
Endangered Wildlife Conservation . . . . .  
Massachusetts Public Health HIV and Hepatitis Fund . . . . .  
Massachusetts United States Olympic Fund . . . . .  
Massachusetts Military Family Relief Fund . . . . .  
Homeless Animal Prevention and Care Fund . . . . .

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

### Rental Deduction Information:

Name of landlord . . . . .

Rent paid . . . . .



2025

## Massachusetts Information (Page 2 of 2)

### Schedule HC Health Insurance Provider Information

Private or Other Government Provider

Taxpayer

Spouse

Name of Insurance Company or Administrator or Other Provider . . . \_\_\_\_\_

Subscriber Number . . . . . \_\_\_\_\_

Schedule HC Government - Subsidized Health Insurance

Taxpayer

Spouse

Commonwealth Care . . . . .

ConnectorCare . . . . .

MassHealth . . . . .

Medicare . . . . .

Veterans Administration Program Enrollment . . . . .

Tri-Care . . . . .

Other (see instructions). Enter only name(s) of provider(s) above . . . . .

Applied for MassHealth or Commonwealth Care in 2025 and denied . . . . .



### Months Covered by Health Insurance (if not all of 2025)

Taxpayer . . . . .

Spouse . . . . .

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—

### Other Information

Taxpayer

Spouse

Are you claiming an exemption from the requirement to purchase health insurance based on sincerely held religious beliefs? . . . . .

Did you claim a religious exemption and receive medical health care during the taxable year? . . . . .

Yes	No

Yes	No

Yes	No

Yes	No

Certificate number if you obtained a Certificate of Exemption issued by the Health Insurance Connector

\_\_\_\_\_

\_\_\_\_\_

Monthly premium amount offered through employer's health insurance plan . . . . .

\_\_\_\_\_

\_\_\_\_\_

Did your employer offer free health insurance? . . . . .

Did your employer offer a qualifying plan that cost less than the required percentage of household income? . . . . .

Are you a U.S. citizen or legal permanent resident alien? . . . . .

Do you authorize the DOR to share your Schedule HC with the Commonwealth Health Insurance Connector

Authority to appeal a penalty? . . . . .





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### Enter Any Additional Massachusetts Information:




General Information:

Enter your school district name

	Taxpayer		Spouse	
	Yes	No	Yes	No
Are you hemiplegic, paraplegic, or quadriplegic?				
Are you totally and permanently disabled?				
Are you deaf?				
Did you receive pension or retirement benefits from employment with a governmental agency that was not covered by the federal SSA?				
Were you born after 1958, retired as of January 1, 2013, and received benefits from SSA exempt employment?				
Are you blind and own your own homestead?		Yes No		
Are you a veteran with a service-connected disability or a surviving spouse of such a veteran? If Yes to above, enter percentage of disability		Yes No		
Are you a surviving spouse of a veteran deceased in service?		Yes No		
Are you a pensioned veteran, a surviving spouse of such a veteran, or on active military duty?		Yes No		
Are you a surviving spouse of a nondisabled or nonpensioned veteran of the Korean War, World War II, or World War I?		Yes No		
How many of your dependents:				
Are deaf?				
Are blind or disabled?				
Are qualified disabled veterans?				
Were stillborn and for which you received a Certificate of Stillbirth from MDHHS?				
Did you incur expenses related to the Historic Preservation Tax Credit?		Yes No		
Did you incur expenses related to the Credit for organ donation?		Yes No		
Enter the amount of Internet or out of state purchases for which you did not pay sales tax				

Residency Information:

If you did not live in Michigan for all of 2025, enter the dates you did live in Michigan

	Taxpayer		Spouse	
	From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)
Enter the state names other than Michigan where you had income				

Education Savings:

Did you or your spouse make any contributions to a Michigan Education Savings Program or Michigan 529 Advisor Plan account?

Yes No

If Yes, enter the following:

TS	Name of Designated Beneficiary	Type of Plan	Social Security Number	Account Number	2025 Amount Contributed



County Code	Contract Number	Expiration Date (Mo/Da/Yr)	Joint Owner Name	Joint Owner Social Security Number	Partner's Share of Income



2025

Home Heating Credit:

County \_\_\_\_\_

Are heating costs currently included in your rent payments? ☐ Yes ☐ No  
Do you want your name and address referred to other government assistance programs? ☐ Yes ☐ No  
Do you and/or your spouse receive Supplemental Security Income (SSI)? ☐ Yes ☐ No

If you and/or your spouse live in one of the following care facilities, please indicate which one:  
Nursing home, adult foster care home, home for the aged or substance abuse center \_\_\_\_\_

How much were you billed for heat between 11/1/24 - 10/31/25?


Number of persons sharing the home who are eligible to file a claim \_\_\_\_\_

Are there any dependents being claimed on the return who do not qualify for the home heating credit? ☐ Yes ☐ No

Are there members of the household other than the taxpayer, spouse, and dependents being claimed on the return who qualify for the home heating credit? ☐ Yes ☐ No

If Yes, provide the following:

Ethnicity Codes	Race Codes		Gender Codes
H (Hispanic, Latino, or Spanish Origins) N (Non-Hispanic, Latino, or Spanish Origins) U (Unknown)	A (American Indian or Alaska Native) S (Asian) B (Black or African American) P (Native Hawaiian or Other Pacific Islander)	W (White) R (Multi-Race: two or more of the listed options) O (Other) U (Unknown)	M (Self-Identified Male) F (Self-Identified Female) O (Other) U (Unknown)

Is the household member a U.S. citizen or qualified alien? 

Name	Social Security Number	Age	Yes or No	Ethnicity Code	Race Code	Gender Code
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Household Resources:

Enter the amount you received for:

Child support and foster care payments	<input type="text"/>
Worker's compensation, veteran's disability compensation and veteran's pension benefits	<input type="text"/>
Strike pay, SUB pay, long-term disability benefits and income protection insurance benefits	<input type="text"/>
Trade Act of 1974 (TRA) benefits	<input type="text"/>
Gifts or expenses paid on your behalf	<input type="text"/>

Other Household Resources	Amount
_____	<input type="text"/>
_____	<input type="text"/>

Enter Any Additional Michigan Information:




2025

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Minnesota for all of 2025, enter the dates you did live in Minnesota

Enter the state names other than Minnesota where you had income

Education Savings:

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

Did you or your spouse make any contributions to a qualified education savings account?

If Yes, enter the following:

TS	Name of Financial Institution	Account Number	2025 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to the Nongame Wildlife Fund

If you or your spouse wish to contribute \$5.00 to a political party, select one party:

Taxpayer:	<input type="checkbox"/> Republican	<input type="checkbox"/> Democratic/Farmer-Labor	<input type="checkbox"/> Grassroots/Legalize Cannabis	<input type="checkbox"/> Independence-Alliance
	<input type="checkbox"/> Libertarian	<input type="checkbox"/> Legal Marijuana Now	<input type="checkbox"/> General Campaign Fund	
Spouse:	<input type="checkbox"/> Republican	<input type="checkbox"/> Democratic/Farmer-Labor	<input type="checkbox"/> Grassroots/Legalize Cannabis	<input type="checkbox"/> Independence-Alliance
	<input type="checkbox"/> Libertarian	<input type="checkbox"/> Legal Marijuana Now	<input type="checkbox"/> General Campaign Fund	

Qualified School Expenses for Dependents:

	Dependent 1	Dependent 2
Dependent's name		
Dependent's grade		
Qualified expenses		
Type of school (public, private, home)		
Type of expense (Classes, Individual instruction, Textbooks, Computer, Tuition, Transportation, Musical instrument)		
Type of Instruction (Class or Individual)		
Instructor or organization or Transportation provider		
Type of class		
Type of musical instrument		



Credit for Parents of Stillborn Children:

Did you or your spouse experience a stillbirth during the year? ☐ Yes ☐ No

If Yes, include the Minnesota Certificate of Birth for each stillborn child.

Long Term Care Insurance:

If you had long term care insurance, list the policy owner, policy company name and policy number below.

Policy Owner	Policy Company Name	Policy Number
Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		
Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		

Homestead Credit Refund or Renter's Credit Information:

Include all Certificates of Rent Paid and/or Statements of Property Taxes Payable in 2026

County of residence

Were you or your spouse disabled on or before December 31, 2025?

Are you living in a nursing home or other health care facility?

Did you own AND occupy your homestead on BOTH January 2, 2025 and January 2, 2026?

Are you a mobile home owner who paid rent for property on which it was located?

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

Enter the percent of your home that is NOT used for business or rented to others %

Enter the amount of property tax refund received

Employer Transit Pass Credit:

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

Did your business buy Transit passes to resell or give to your employees?

If Yes, what was the original cost of the passes?

What amount was charged to employees for the passes?

What is your Minnesota ID number?

Student Loan Credit

Enter the total amount paid toward your or your spouse's qualified student loans during the year

Taxpayer

Spouse

Enter the amount of interest paid on your or your spouse's qualified student loans during the year

Enter the original balance of your or your spouse's qualified student loans









2025

General Information:

County of residence \_\_\_\_\_

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

Do you qualify as disabled? \_\_\_\_\_

Do you or your spouse qualify as a 100 percent disabled veteran? ☐ Yes ☐ No

Are you 60 years of age or older and did you receive surviving spouse social security benefits? ☐ Yes ☐ No

Did you make contributions to a health care sharing ministry? ☐ Yes ☐ No

Residency Information:

If you did not live in Missouri for all of 2025:

Enter the dates you did live in Missouri \_\_\_\_\_

Enter the dates you lived in the other state \_\_\_\_\_

Enter the state names other than Missouri where you had income \_\_\_\_\_

Taxpayer		Spouse	
From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education Savings:

Did you or your spouse make any contributions to a Missouri Savings for Tuition Program (MOST) account? ☐ Yes ☐ No

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2025 Amount Contributed
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____

Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

Children's Trust Fund	<input type="text"/>	Soldiers Memorial Military	<input type="text"/>
Veteran's Trust Fund	<input type="text"/>	Museum in St. Louis Fund	<input type="text"/>
Elderly Home Delivered Meals Trust Fund	<input type="text"/>	Missouri Military Family Relief Fund	<input type="text"/>
Missouri National Guard Trust Fund	<input type="text"/>	General Revenue Fund	<input type="text"/>
Workers' Memorial Fund	<input type="text"/>	Donate Life Organ Donor Program Fund	<input type="text"/>
Childhood Lead Testing Fund	<input type="text"/>	Missouri Medal of Honor Recipients Fund	<input type="text"/>
Kansas City Regional Law Enforcement	<input type="text"/>		
Memorial Foundation Fund	<input type="text"/>		





2025

## Montana Information (Page 1 of 2)

### Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)

If you did not live in Montana for all of 2025, enter the dates you did live in Montana . . . . .  
Enter the state names other than Montana where you had income . . . . .

### Education Savings:

Did you or your spouse make any contributions to a Montana Family Education Savings Program or  
other state's qualified tuition (Section 529) plan that is not a prepaid tuition plan? . . . . .  
If Yes, enter the following:

Yes	No

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2025 Amount Contributed

### Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

Nongame Wildlife Program . . . . .	
Agriculture in Schools . . . . .	
Child Abuse Prevention . . . . .	
Military Family Relief Fund . . . . .	

### Elderly Homeowner/Renter Credit if Over Age 62:

Number of months occupied Montana residence . . . . .	
Rent paid . . . . .	
Public assistance received . . . . .	

### Federal Tax Data:

Federal estimated tax payment paid in 2025 . . . . .	
Federal income taxes paid in 2025 for 2024 and prior years . . . . .	

### Montana Medical Savings Account:

Beginning balance . . . . .	
Contributions . . . . .	
Earnings . . . . .	
Ending balance . . . . .	

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.





2025

New Hampshire Information

Business General Information:

Single Member LLC Name

Department Identification Number

Has the name changed since last year?

Yes

No

If Yes, enter the former name

Is this a final return?

Business Activity Information:

In what city and state are the books kept?

What is the principal business activity?

What country are the records kept in if not the U.S.?

What is the state of incorporation?

What year was your first New Hampshire business return filed?

What year was the business registered with the New Hampshire Secretary of State?

Business Locations:  
In New Hampshire:

City/Town Location of Factories, Sales Offices, Warehouses, Construction Sites

Outside New Hampshire:

Location City and State	Factory, Sales Office, Warehouse, Construction Site, Etc.

Enter Any Additional New Hampshire Information:






2025

New Jersey Information (Page 1 of 2)

General Information:

County or municipality of residence \_\_\_\_\_  
How many dependents do you have attending college? \_\_\_\_\_

Do you qualify as disabled? \_\_\_\_\_

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

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Did you, your spouse, and all household members have insurance coverage for the entire year? ☐ Yes ☐ No

Attach all Forms 1095 received and/or any applicable exemption information.

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in New Jersey for all of 2025, enter the dates you did live in New Jersey \_\_\_\_\_  
Enter the state names other than New Jersey where you had income \_\_\_\_\_

Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

Endangered and Nongame Species of Wildlife Conservation Fund	<input type="text"/>
Children's Trust Fund	<input type="text"/>
Breast Cancer Research Fund	<input type="text"/>
Vietnam Veterans' Memorial Fund	<input type="text"/>
USS New Jersey Educational Museum Fund	<input type="text"/>

Other contributions. Choose one fund from the list below and enter the amount you wish to contribute on your 2025 tax return:  
Fund \_\_\_\_\_

Amount

Other contribution funds:

Drug Abuse Education Fund	Northern New Jersey Veterans Memorial Cemetery Development Fund
Korean Veterans' Memorial Fund	New Jersey Farm to School and School Garden Fund
Organ and Tissue Donor Awareness Education Fund	Local Library Support Fund
NJ - AIDS Services Fund	ALS Association Support Fund
Literacy Volunteers of America - New Jersey Fund	Fund for the Support of New Jersey Nonprofit Veterans Organizations
New Jersey Prostate Cancer Research Fund	New Jersey Yellow Ribbon Fund
World Trade Center Scholarship Fund	Autism Programs Fund
New Jersey Veterans Haven Support Fund	Boy Scouts Councils in New Jersey Fund
Community Food Pantry Fund	NJ Memorials to War Veterans Maintenance Fund
Cat and Dog Spay/Neuter Fund	Jersey Fresh Program Fund
New Jersey Lung Cancer Research Fund	NJ World War II Veterans' Memorial Fund
Boys and Girls Clubs in New Jersey Fund	Meals on Wheels in New Jersey Fund
NJ National Guard State Family Readiness Council Fund	New Jersey Pediatric Cancer Research Fund
American Red Cross - NJ Fund	Special Olympics New Jersey Fund
Girl Scouts Councils in New Jersey Fund	New Jersey Ovarian Cancer Research Fund
Homeless Veterans Grant Fund	
Leukemia and Lymphoma Society New Jersey Fund	

Do you want \$1 to go to the Gubernatorial Election Fund? \_\_\_\_\_

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



Property tax paid on principal residence . . . . .

Rent paid on principal residence . . . . .


**Enter Any Additional New Jersey Information:**

[illegible]



2025

## New Mexico Information (Page 1 of 2)

### General Information:

Enter the name of your Indian nation, tribe or pueblo for taxpayer . . . . . \_\_\_\_\_

Enter the name of your Indian nation, tribe or pueblo for spouse . . . . . \_\_\_\_\_

Enter the amount of income earned on your reservation or pueblo by enrolled member . . . . .

### Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in New Mexico for all of 2025, enter the dates you did live in New Mexico . . . . . \_\_\_\_\_

Enter the state names other than New Mexico where you had income . . . . . \_\_\_\_\_

### Education Savings:

Yes	No
-----	----

Did you or your spouse make any contributions to a New Mexico Education Trust Fund account? . . . . .

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2025 Amount Contributed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

New Mexico Housing Trust Fund . . . . .	<input type="text"/>
Share with Wildlife . . . . .	<input type="text"/>
Veterans' National Cemetery Fund . . . . .	<input type="text"/>
Substance Abuse Education Fund . . . . .	<input type="text"/>
Forest Re-leaf Program . . . . .	<input type="text"/>
National Guard Member and Family Assistance . . . . .	<input type="text"/>
Kids in Parks Education program . . . . .	<input type="text"/>
ALS Research Fund . . . . .	<input type="text"/>
Vietnam Veterans Memorial State Park . . . . .	<input type="text"/>
Veteran's Enterprise Fund . . . . .	<input type="text"/>
Lottery Tuition Fund . . . . .	<input type="text"/>
Equine Shelter Rescue Fund . . . . .	<input type="text"/>
Animal Care and Facility Fund . . . . .	<input type="text"/>
Supplemental Senior Services . . . . .	<input type="text"/>
Healthy Soil Program . . . . .	<input type="text"/>

If you or your spouse wish to contribute \$2.00 to a political party, specify a party:

Taxpayer . . ☐ Democratic ☐ Republican ☐ Libertarian ☐ Green ☐ Better for America ☐ Constitution

Spouse . . . ☐ Democratic ☐ Republican ☐ Libertarian ☐ Green ☐ Better for America ☐ Constitution





General Information:

Resident county \_\_\_\_\_

School district name \_\_\_\_\_

School district code number \_\_\_\_\_

	Taxpayer	Spouse
Driver's license document ID (if issued by NY) _____		
Did you make out of state, Internet or catalog purchases on which no sales tax was paid? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, enter the number of months the taxpayer maintained a permanent place of abode in NY _____		
Did you receive a property tax freeze credit? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, enter the amount _____		
Have you (or an entity of which you are an owner) been convicted of Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Permanent Home Address if Different from Mailing Address:

Street \_\_\_\_\_

Apartment number \_\_\_\_\_

City \_\_\_\_\_ ZIP code \_\_\_\_\_

Foreign country \_\_\_\_\_

Residency Information:

	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in New York state for all of 2025, enter the dates you did live in New York _____		
If you were not a resident of New York state for any of 2025, enter the number of days spent in the state _____		
Were you a part-year resident and received New York State income during nonresidency period? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If only one spouse had New York income, indicate which spouse - Taxpayer or Spouse _____		
Did you maintain living quarters in New York state? If Yes, enter address(es) below: _____ _____		
Do you still maintain these living quarters in New York? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were New York State living quarters maintained for the entire year? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you a New York City resident for only part of the taxable year? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, enter the dates you did live in New York City _____	From (Mo/Da/Yr)	To (Mo/Da/Yr)
Were you a Yonkers resident for only part of the taxable year? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, enter the dates you did live in Yonkers _____	From (Mo/Da/Yr)	To (Mo/Da/Yr)
Did you live in a nursing home during 2025? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you reside in public housing or other residence completely exempted from real property taxes in 2025? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Education Savings:

Did you or your spouse make any contributions to a New York 529 College Savings Program or New York State College Choice Tuition Savings Program account? Yes No

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2025 Amount Contributed

Would you like to allocate some or all of your refund to a New York 529 College Savings Program?

Plan code: 552 - College Savings Program Direct Plan 553 - Advisor Guided College Savings Program	Routing Number	Plan Code	Account Number	2025 Amount to Contribute

Voluntary Gifts/Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

Return a Gift to Wildlife		Love Your Library Fund	
Missing and Exploited Children		Lupus Fund	
Breast Cancer Research		Military Family Fund	
Alzheimer's Fund		CUNY Fund	
Olympic Fund (\$2 or \$4 if filing jointly)		Home Delivered Meals for Seniors	
Prostate Cancer		Life Pass It On Fund	
9/11 Memorial		Gift to the Arts Fund	
Volunteer Firefighting		ALS Research and Education	
Teen Health Education		School-Based Health Centers	
Veterans Remembrance		Gifts to Food Banks Fund	
Homeless Veterans		Leukemia, Lymphoma, and Myeloma Fund	
Mental Illness Anti-Stigma		New York State Campaign Finance Fund	
Women's Cancers Fund		Firearm Violence Research Fund	
William B. Hoyt Memorial Children and Family Trust Fund		Retired and Rescued Thoroughbred Race Horse Aftercare	
Substance Use Disorder Education and Recovery Fund		Retired and Rescued Standardbred Race Horse Aftercare	
Autism Fund		Gifts for the State Library System	
Veterans' Homes		Gift for Lyme and Tick-Borne Diseases Education, Research, and Prevention	
Diabetes Research and Education Fund		Childhood Cancer Research Fund	

Enter Any Additional New York Information:



2025

New York - Worksheet

Wages and Salaries Earned in New York State or Yonkers:

If you worked in and out of New York State or Yonkers, please complete the following information for each job worked while a nonresident.

Wages earned .....  
Total days employed if less than full year .....  
Saturdays and Sundays (not worked) .....  
Holidays (not worked) .....  
Sick leave .....  
Vacation .....  
Other nonworking days .....  
Days worked outside state/city .....  
Days worked at home .....  
Select state/city: NY, Yonkers or NY/Yonkers .....

Job #1
T/S ____
<div></div>
_____
_____
_____
_____
_____
_____
_____
_____

Job #2
T/S ____
<div></div>
_____
_____
_____
_____
_____
_____
_____
_____

Wages earned .....  
Total days employed if less than full year .....  
Saturdays and Sundays (not worked) .....  
Holidays (not worked) .....  
Sick leave .....  
Vacation .....  
Other nonworking days .....  
Days worked outside state/city .....  
Days worked at home .....  
Select state/city: NY, Yonkers or NY/Yonkers .....

Job #3
T/S ____
<div></div>
_____
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_____
_____
_____
_____
_____
_____

Job #4
T/S ____
<div></div>
_____
_____
_____
_____
_____
_____
_____
_____



North Carolina Information

General Information:

County of residence

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

If you did not live in North Carolina for all of 2025, enter the dates you did live in North Carolina

Enter the state names other than North Carolina where you had income

Taxpayer		Spouse	
From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)

Voluntary Contributions:

Enter the amount of your overpayment you wish to contribute on your 2025 tax return to:

N.C. Nongame and Endangered Wildlife Fund

N.C. Education Endowment Fund

Breast and Cervical Cancer Control Program

Enter Any Additional North Carolina Information:





School district name . . . . . \_\_\_\_\_

If you did not live in North Dakota for all of 2025, enter the dates you did live in North Dakota . . . . . \_\_\_\_\_

Enter the state names other than North Dakota where you had income . . . . . \_\_\_\_\_

Enter the date you first received North Dakota income ..... (Mo/Da/Yr) \_\_\_\_\_

Did you or your spouse make any contributions to a North Dakota College SAVE account? . . . . .

Watchable Wildlife Fund . . . . .

Veterans' Postwar Trust Fund . . . . .

Trees for North Dakota Program Trust Fund . . . . .







2025

Oregon Information (Page 1 of 2)

General Information:

Do you qualify as disabled? .....  
If you are a retired U.S. Government employee receiving a federal pension,  
enter the payer's name and dates you worked for the U.S. Government.

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

TSJ	Payer's Name	From (Mo/Da/Yr)	To (Mo/Da/Yr)

Residency Information:

If you did not live in Oregon for all of 2025, enter the dates you did live in Oregon .....  
Enter the state names other than Oregon where you had income .....

From (Mo/Da/Yr)	To (Mo/Da/Yr)

Education Savings:

Did you or your spouse make any contributions to a 529 Oregon College Savings Network account? .....  
If Yes, enter the following:

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

TS	Name of Designated Beneficiary	Social Security Number	Portfolio Number	Account Number	2025 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

American Red Cross .....	<input type="text"/>	Alzheimer's Disease Research .....	<input type="text"/>
Oregon Historical Society .....	<input type="text"/>	OR Head Start Association .....	<input type="text"/>
Prevent Child Abuse .....	<input type="text"/>	Albertina Kerr Kid's Crisis Care .....	<input type="text"/>
Habitat for Humanity .....	<input type="text"/>	Stop Domestic and Sexual Violence ..	<input type="text"/>
Oregon Food Bank .....	<input type="text"/>	OR Military Assistance Program .....	<input type="text"/>
American Diabetes Association .....	<input type="text"/>	Oregon Coast Aquarium .....	<input type="text"/>
SMART .....	<input type="text"/>	SOLVE .....	<input type="text"/>
St. Vincent de Paul Society of Oregon .....	<input type="text"/>	The Nature Conservancy .....	<input type="text"/>
Doernbecher Children's Hospital .....	<input type="text"/>	Oregon Humane Society .....	<input type="text"/>
The Salvation Army .....	<input type="text"/>	Oregon Veteran's Home .....	<input type="text"/>
Planned Parenthood of OR .....	<input type="text"/>	Oregon Lions Sight & Hearing Foundation	<input type="text"/>
Shriner's Hospital for Children .....	<input type="text"/>	Special Olympics Oregon .....	<input type="text"/>
Oregon Nongame Wildlife .....	<input type="text"/>	Cascade AIDS project .....	<input type="text"/>
ALS Northwest .....	<input type="text"/>	Veterans Suicide Prevention .....	<input type="text"/>
Girl Scouts of Oregon & SW Washington .....	<input type="text"/>		

If you or your spouse wish to contribute \$3.00 to a political party, specify a party.

Taxpayer:	<input type="checkbox"/> Constitution	<input type="checkbox"/> Democratic	<input type="checkbox"/> Independent	<input type="checkbox"/> Libertarian	<input type="checkbox"/> We the People
	<input type="checkbox"/> Republican	<input type="checkbox"/> Pacific Green	<input type="checkbox"/> Progressive	<input type="checkbox"/> Working Families	
Spouse:	<input type="checkbox"/> Constitution	<input type="checkbox"/> Democratic	<input type="checkbox"/> Independent	<input type="checkbox"/> Libertarian	<input type="checkbox"/> We the People
	<input type="checkbox"/> Republican	<input type="checkbox"/> Pacific Green	<input type="checkbox"/> Progressive	<input type="checkbox"/> Working Families	



If you or your spouse wish to complete form OR-VSI, enter your primary racial or ethnic identities. Do not enter more than three per person.

Taxpayer: \_\_\_\_\_

Spouse: \_\_\_\_\_

[illegible]



General Information:

Taxpayer	Spouse
Daytime telephone number (including area code)	
Gambling and lottery winnings	
Name of county	
School district name	

Note: If your school district has changed, update the school district shown above.

Enter the amount of Internet or out of state purchases or services for which you did not pay sales tax		
--	--	--

Residency Information:

If you did not live in Pennsylvania for all of 2025, enter the date you moved into or out of Pennsylvania:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

Taxpayer		
Spouse		

REV-1882, Health Insurance Coverage Information Request:

Did you, your spouse, and/or dependents have health insurance during the year?

	Yes	No
Taxpayer		
Spouse		
Dependents		

Education Savings:

Did you or your spouse make any contributions to a Pennsylvania 529 College Savings Program or other state's qualified tuition (Section 529) account?

Yes	No

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2025 Amount Contributed

Voluntary Contributions:

Enter the amount that you wish to contribute on your 2025 tax return to:

- PA Breast Cancer Coalition's Refunds for Breast and Cervical Cancer Research Fund
- Wild Resource Conservation Fund
- Military Family Relief Assistance Program
- Governor Robert P. Casey Memorial Organ and Tissue Donation Awareness Trust Fund
- Juvenile (Type 1) Diabetes Cure Research Fund
- American Red Cross
- PA Children's Trust Fund
- Pediatric Cancer Research Fund
- Veterans' Trust Fund
- Pennsylvania 529 College Savings Program Account:

Taxpayer	Spouse

TS	Name of Designated Beneficiary	Social Security Number	Account Number	Donation Amount





General Information:

City or town of legal residence \_\_\_\_\_

Did you, your spouse, and all household members have insurance coverage for the entire year? ☐ Yes ☐ No

Attach all Forms 1095 received and/or any applicable exemption information

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Rhode Island for all of 2025, enter the dates you did live in Rhode Island \_\_\_\_\_

Enter the state names other than Rhode Island where you had income \_\_\_\_\_

Consumer's Use Tax:

Enter the amount of Internet or out of state purchases for which you did not pay Rhode Island sales tax \_\_\_\_\_

Enter the amount of use tax paid to another state \_\_\_\_\_

Did you or your spouse make any individual purchases over \$1,000 for which you did not pay Rhode Island sales tax? ☐ Yes ☐ No

If Yes, enter the following:

Description	Amount	Sales Tax Paid

Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

Drug Program Account	_____
Organ Transplant Fund	_____
Council on the Arts	_____
Nongame Wildlife Appropriation	_____
Childhood Disease Victim's Fund	_____
Military Family Relief Fund	_____
Behavioral health education, training, and coordination fund	_____

Do you want to contribute to the Olympics? ☐ Yes ☐ No

If you wish to contribute \$2.00 to a political party, specify a party or select to contribute to the nonpartisan general fund.

☐ Democrat ☐ Republican ☐ Moderate ☐ Nonpartisan







2025

South Carolina Information

General Information:

County \_\_\_\_\_

Enter the amount of Internet or out of state purchases for which you did not pay sales tax \_\_\_\_\_

Did you or your spouse serve in a military combat zone during 2025? 

Yes

No

  
If Yes, enter the name of the combat zone \_\_\_\_\_

Residency Information:

From  
(Mo/Da/Yr)

To  
(Mo/Da/Yr)

If you did not live in South Carolina for all of 2025, enter the dates you did live in South Carolina \_\_\_\_\_  
Enter the state names other than South Carolina where you had income \_\_\_\_\_

Education Savings:

Did you or your spouse make any contributions to a South Carolina College Investment Program or South Carolina Tuition Prepayment Program account? 

Yes

No

  
If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2025 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

Endangered Wildlife Fund		Litter Control Enforcement Program	
Children's Trust Fund		K-12 Public Education Fund	
Eldercare Trust Fund		State Parks Fund	
Veterans' Trust Fund		Military Family Relief Fund	
Donate Life South Carolina		Conservation Bank Trust Fund	
First Steps to School Readiness Fund		Financial Literacy Trust Fund	
War Between the States Heritage Trust Fund		Assoc. of Habitat for Humanities Affiliates	
Law Enforcement Assistance Program		Department of Natural Resources Fund	
State Forests Fund		Department of Archives and History	

Classroom Teacher Expenses Credit:

Amount spent on teacher supplies and materials \_\_\_\_\_  
Amount reimbursed from school or district \_\_\_\_\_

Enter Any Additional South Carolina Information:



2025

Utah Information

General Information:

If you are a member of an Indian nation or tribe, enter the name of the  
Indian nation or tribe - Taxpayer .....  
- Spouse .....

Tribal enrollment or census number - Taxpayer .....  
- Spouse .....

Enter the amount of Internet or out of state purchases for which you did not  
pay sales tax .....

Residency Information:

FromTo  
(Mo/Da/Yr)(Mo/Da/Yr)

If you did not live in Utah for all of 2025, enter the dates you did live in Utah .....  
Enter the state names other than Utah where you had income .....

Education Savings:

YesNo

Did you or your spouse make any contributions to a my529 account? .....  
If Yes, include all Forms TC-675H and enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2025 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

Pamela Atkinson Homeless Account .....  
Kurt Oscarson Children's Organ Transplant Account .....  
School District and Nonprofit School District Foundation .....  
Name of School District .....

Clean Air Fund .....  
Governor's Suicide Prevention Fund .....  
Nonprofit Capacity Fund .....  
Diapering Supplies Fund .....  
Statewide Hunger Relief Fund .....

If you or your spouse wish to contribute to the Election Campaign Fund, please specify a party:

Taxpayer: ☐ Democratic ☐ Republican ☐ Constitution ☐ Libertarian ☐ Independent American  
☐ United Utah ☐ No Labels ☐ Utah Forward ☐ Green

Spouse: ☐ Democratic ☐ Republican ☐ Constitution ☐ Libertarian ☐ Independent American  
☐ United Utah ☐ No Labels ☐ Utah Forward ☐ Green

Enter Any Additional Utah Information:



2025

## Vermont Information (Page 1 of 4)

### General Information:

911 street address at end of 2025, if different than mailing address . . . . .

School district name . . . . .

Enter the amount of Internet or out of state purchases for which you did not pay sales tax . . . . .

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

Did you and your spouse have full-year health care coverage? . . . . .

### Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
<input type="text"/>	<input type="text"/>

If you did not live in Vermont for all of 2025, enter the dates you did live in Vermont . . . . .

Enter the Canadian provinces or state names other than Vermont where you had income . . . . .

### Education Savings:

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

Did you or your spouse make any contributions to a Vermont Higher Education Investment Plan account? . . . . .

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2025 Amount Contributed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

Vermont Nongame Wildlife Fund . . . . .	<input type="text"/>
Vermont Children's Trust Fund . . . . .	<input type="text"/>
Vermont Veterans' Fund . . . . .	<input type="text"/>
Green Up Vermont Fund . . . . .	<input type="text"/>

### Payments:

If you sold real estate in Vermont and the buyer withheld Vermont income tax, enter the amount withheld and include Form RW-171 . . . . .

2025 nonresident estimated payments made on your behalf by a partnership, limited liability company, or S corporation. Include Schedule K-1VT . . . . .

### Income Adjustments:

Military pay when on active duty outside Vermont . . . . .

Months on active military duty . . . . .

Bond/note interest from VSAC . . . . .	<input type="text"/>
Bond/note interest from Build America . . . . .	<input type="text"/>
Bond/note interest from VT Telecommunication Authority . . . . .	<input type="text"/>
Bond/note interest from VT Public Power Supply Authority . . . . .	<input type="text"/>



Tax Credits:

Charitable Housing Credit	
Qualified Sale of Mobile Home Park Credit	
Research & Development Credit	
Affordable Housing Credit	
Rehabilitation of Certified Historic Buildings Credit	
Historic Rehabilitation Credit	
Facade Improvement Credit	
Code Improvements Credit	
Entrepreneur's Seed Capital Fund Credit	

Household Income Information:

Enter household income information if claiming either the Renter Rebate or Property Tax Adjustment.

	Taxpayer	Spouse	All Others
Enter the amount you received from:			
Cash public assistance/welfare			
Veterans' benefits			
Workers' compensation			
Support money			
Child support and gifts of cash or cash equivalent			
Enter the amount you paid for child support			
Name of person paid			
Social security number of person paid			

Others contributing to household income	Name	Social Security Number



2025

Homestead Declaration Information:

Location of homestead if not current address \_\_\_\_\_

SPAN (School Property Account Number) \_\_\_\_\_

Percent of business use of dwelling \_\_\_\_\_ %

Percent of rental use of dwelling \_\_\_\_\_ %

Are improvements of other buildings located on your parcel,  
other than the dwelling used for business or rented out? 

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

Are you the grantor and sole beneficiary of a revocable  
trust owning the property? 

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

Are you the life estate holder of the property? 

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

Are you the owner of homestead property crossing  
town boundaries? 

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

Are you residing in a dwelling owned by a related farmer? 

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

Property Tax Adjustment Information:

Enclose a copy of your property tax bill and/or Lister's Certification of the homestead value and proof of payment.  
Enclose statement of school property tax allocable to your homestead from your land trust, cooperative or non-profit mobile home park.

Were you domiciled in VT all year? 

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

Do you anticipate selling your housesite on or before  
April 1, 2026? 

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

From 2025/2026 property tax bill:

Housesite value	
Housesite education tax	
Housesite municipal tax	

Percent of ownership interest if not 100% \_\_\_\_\_ %

Mobile home lot rent from Form LRC-147 

--

Allocated property tax from land trust, cooperative, or non-profit mobile home park from Form LRC-147:

Allocated education tax	
Allocated municipal tax	

Property tax from contiguous property if housesite has less than 2 acres:

Contiguous property education tax	
Contiguous property municipal tax	





2025

General Information:

City or county of residence on January 1, 2026:  
Taxpayer .....  
Spouse .....

Enter the amount of Internet or out of state purchases for which you did not pay  
sales tax .....

Taxpayer

Spouse

Residency Information:

Taxpayer

From (Mo/Da/Yr)

To (Mo/Da/Yr)

Spouse

From (Mo/Da/Yr)

To (Mo/Da/Yr)

If you did not live in Virginia for all of 2025, enter the dates you  
did live in Virginia .....

Enter the state names other than Virginia where you had income .....

Education Savings:

Did you or your spouse make any contributions to a Virginia College Savings Plan account? .....

Yes

No

If Yes, enter the following:

TS	Name of Designated Beneficiary	Type of Plan	Social Security Number	Account Number	2025 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

Virginia Nongame Wildlife Program .....  
Virginia Democratic Party political contribution .....  
Virginia Republican Party political contribution .....  
Virginia Housing Program .....  
Elderly and Disabled Transportation Fund .....  
Virginia Arts Foundation .....  
Open Space Recreation and Conservation Fund .....  
Chesapeake Bay Restoration Fund .....  
Family and Children's Trust Fund (FACT) .....  
Virginia State Forests Fund .....  
Virginia Federation of Humane Societies .....  
Spay and Neuter Fund .....  
Cancer Centers of Virginia .....  
Children of America Finding Hope .....  
Virginia Military Family Relief Fund .....  
Federation of Virginia Food Banks .....  
Endowment Fund for the Board of the Blind and Visually Impaired .....  
Public School Foundation Contribution .....  
Foundation name(s) .....

Taxpayer

Spouse

Public Library Foundation Contribution .....  
Foundation name(s) .....



[illegible]



2025

## West Virginia Information (Page 1 of 2)

### General Information:

County of residence .....

Do you qualify as permanently and totally disabled?

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

Taxpayer .....

Spouse .....

### Consumer Use Tax:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax .....

Enter the amount of use tax paid to another state .....

Enter the amount of purchase subject to municipal use tax .....

Enter the amount of use tax paid to another municipality .....

Enter the name of the municipality to which use tax was paid .....


### Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)

If you did not live in West Virginia for all of 2025, enter the dates you

did live in West Virginia .....

Enter the state names other than West Virginia where you had income .....

### Education Savings:

Did you or your spouse make any contributions to a West Virginia College Savings Plan and

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

Prepaid Tuition Trust Funds Account? .....

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2025 Amount Contributed

### Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

Children's Trust Fund .....

Department of Veterans Assistance .....

C. Donel C. Kinnard Memorial State Veterans Cemetery .....


### Tax Credits:

Non-family adoption credit .....

General economic opportunity tax credit .....

West Virginia environmental agricultural

equipment credit .....

West Virginia military incentive credit .....

Neighborhood investment program credit .....

Post coal mine site business credit .....

Donation or sale of vehicle to qualified

charitable organizations .....

Historic rehabilitated buildings investment credit .....


Qualified rehabilitated buildings

investment credit .....

Natural gas liquids .....

Apprenticeship training tax credit .....

Alternative-fuel tax credit .....

Farm to food bank tax credit .....

Conceal carry gun permit credit .....

High technology manufacturing business

Downstream natural gas manufacturer

investment credit .....






2025

## Wisconsin Information (Page 1 of 2)

### General Information:

Enter the following information pertaining to where you live:

City .....  
Village .....  
Town .....  
County .....  
School district number .....  
Date entered nursing home .....  
Name of nursing home .....

Enter the amount of adoption fees, court costs, and legal fees relating to the adoption of a child .....  
Enter the amount of human organ donation expenses relating to the donation of a human organ .....  
Enter the amount of Internet or out of state purchases for which you did not pay sales tax .....  
Amount of rent paid on your primary residence during 2025:  
To a landlord who paid for heat .....  
To a landlord who did not pay for heat .....

### Residency Information:

If you did not live in Wisconsin for all of 2025, enter the dates you did live in Wisconsin .....  
From (Mo/Da/Yr) To (Mo/Da/Yr)

Are you a former resident moving back to Wisconsin? ☐ Yes ☐ No

### Education Savings:

Did you or your spouse make any contributions to a Wisconsin State-Sponsored College Savings Program account? .....  
Yes No

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2025 Amount Contributed

### Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

Endangered Resources .....  
Cancer Research .....  
Veterans Trust Fund .....  
Multiple Sclerosis .....  
Military Family Relief .....  
Second Harvest/Feeding America .....  
Red Cross WI Disaster Relief .....  
Special Olympics .....

### Homestead Information:

Was your home used for nonhomestead or nonfarm purposes during the year? .....  
Is your home part of a farm? .....  
If No, enter the number of acres your home is located on (to the nearest tenth) .....  
How many months during 2025 did you receive a Wisconsin Works payment of any amount for a community service job or a transitional placement or county relief of \$400 or more? .....



Enter the amount of medical care insurance you paid when you were not self-employed . . . . . \_\_\_\_\_

If you were only employed for a partial year, enter number of weeks employed . . . . . \_\_\_\_\_

[illegible]





2025

Michigan Cities Information (Page 1 of 2)

General Information:

Name of city \_\_\_\_\_

Township \_\_\_\_\_

Other township \_\_\_\_\_

Provide your present employer's:

Name \_\_\_\_\_

Address \_\_\_\_\_

Provide your spouse's present employer's:

Name \_\_\_\_\_

Address \_\_\_\_\_

	Taxpayer		Spouse	
	Yes	No	Yes	No
Do you qualify as deaf? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you qualify as disabled? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Residency Information:

	Yes	No
Did you reside in this city for all of 2025? .....	<input type="checkbox"/>	<input type="checkbox"/>

	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not reside in this city for all of 2025, enter the dates you did reside in this city .....	_____	_____
Former address .....	_____	

Wages Earned in Other Cities:

Name/Address Where Work Performed	Gross Wages	Total Number of Days Worked	Number of Days Worked in City









2025

Ohio Cities Information

General Information:

Name of city \_\_\_\_\_

Daytime telephone number (including area code) \_\_\_\_\_

If you moved during 2025, enter the date  
you moved \_\_\_\_\_ (Mo/Da/Yr)

Principal business activity \_\_\_\_\_

Taxpayer's account number \_\_\_\_\_

Taxpayer's account type \_\_\_\_\_

2024 filing address \_\_\_\_\_

	Yes	No
Are you an employee? _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you a proprietor? _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you file a return for 2024? _____	<input type="checkbox"/>	<input type="checkbox"/>
Did the IRS increase your tax liability for any prior year? _____	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you file an amended city return? _____	<input type="checkbox"/>	<input type="checkbox"/>
Is your city of residence the same as your city of employment? _____	<input type="checkbox"/>	<input type="checkbox"/>
Note: Include any dates you earned income in any city for any employer or business below.		
Is this your final return? _____	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, why? _____		

Enter Any Additional Ohio City Information:
