

**F
R
O
M**

2025 TAX ORGANIZER

**T
O**

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

**F
R
O
M**

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.

Taxpayer Signature	Date
Spouse Signature	Date

Topic Index

1

Form

Form

Alimony Paid or Received	13
Annuity Payments Received	9A
Application of Refund	20
Business Income and Expenses	6, 6A
Business Use of Home:	
Business	6D
Employee Business Expenses	17B
Farm	12E
Itemized Deductions	16A
Passthrough	11B
Rental	10E
Calendar	33
Casualty or Theft Losses	16
Child and Dependent Care Expenses	18
Consolidated Brokerage Statements:	
Interest Income & Foreign Information	5E
Dividend Income & Foreign Information	5F
Sales of Stocks, Securities, Capital Assets & Misc. Income	5G
Contributions	15
Dependent Information	3A
Depreciable Property and Equipment:	
Business	6A
Employee Business Expenses	17A
Farm	12B
Rental and Royalty	10B
Direct Deposit Information	4A
Dividend Income	5B
Education Expenses	18
Educator (Teacher) Expenses	13A
Electronic Filing	4
Employee Business Expenses	17, 17A
Estate Income	11
Farm Income and Expenses	12, 12A, 12B
Federal, State and City Estimated Taxes	20, 20A
Foreign Assets	5C, 5D
Foreign Employment Information	30, 30A, 30B
Foreign Housing Expenses	30C
Foreign Taxes	32
Foreign Travel and Workdays	30D
Foreign Wages and Other Income	31, 31A, 31B

Gambling Winnings	21
Gifts	34, 35
Health Savings Accounts	13A
Household Employment Taxes	19
Installment Sale Receipts	7
Interest Income	5A
Interest Paid	14A
Investment Interest Expense	14A
IRA Contributions	9
IRA Distributions	9
Keogh Plan Contributions	9A
Medical and Dental Expenses	14
Ministerial Income	13B
Miscellaneous Income and Adjustments	13
Miscellaneous Itemized Deductions	16
Mortgage Interest Paid	14A
Moving Expenses	8
Partnership Income	11
Pension Income	9A
Personal Information	3
Railroad Retirement Benefits	13
Real Estate Mortgage Investment Conduit Income (REMIC)	11
Rental and Royalty Income and Expenses	10, 10A
Roth IRA Contributions/Conversions	9
S Corporation Income	11
Sale of Stock, Securities and Other Capital Assets	7
Sale of Your Home	8
SEP/SIMPLE Plan Contributions	9A
Social Security Benefits	13
State and Local Tax Refunds	13
Student Loan Interest	13A
Taxes Paid	14
Trust Income	11
Unemployment Compensation	13
Vehicle/Other Listed Property Information:	
Business	6B, 6C
Employee Business Expenses	17A
Farm	12C, 12D
Rental and Royalty	10C, 10D
Partnership/S Corporation	11A
Wages and Salaries	3A



2025

Questions (Page 1 of 5)

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)

Healthcare (continued):

Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?
Were you eligible for employer-sponsored healthcare coverage?
Did you or your spouse have any transactions pertaining to a health savings account (HSA)?
Did you or your spouse have any transactions pertaining to a medical savings account (MSA)?
Did you or your spouse receive any distributions from long-term care insurance contracts?
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 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?

Education:

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

Deductions and Credits:

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?
Did you or your spouse incur any casualty or theft losses?
Did you or your spouse make any large purchases, such as motor vehicles and boats?
Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?
Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?
Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?
If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes.
Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?
Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?



Questions (Page 3 of 5)

Investments:

- Did you or your spouse have any debts canceled, forgiven or refinanced?
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?
Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation?
Did you or your spouse sell, exchange, or purchase any real estate?
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?
Did you or your spouse engage in any put or call transactions?
Did you or your spouse close any open short sales?
Did you sell or exchange any digital assets?
Did you or your spouse sell any securities not reported on Form 1099-B?

Retirement or Severance:

- Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?
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?
Did you or your spouse turn age 73 and have money in an IRA or other retirement account without taking any distribution?
Did you or your spouse make a qualified charitable distribution directly from an IRA?
Did you or your spouse retire or change jobs?
Did you or your spouse receive deferred, retirement or severance compensation?

Personal Residence:

- Did your address change?
Did you or your spouse claim a homebuyer credit for a home purchased in 2008?
Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?
Are your total mortgages on your first and/or second residence greater than \$750,000?
Did you or your spouse take out a home equity loan?
Did you or your spouse have an outstanding home equity loan at the end of the year?
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?
Did you or your mortgagee receive mortgage assistance payments?



Sale of Your Home:

	Yes	No
Did you sell your home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1099-S?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include Form 1099-S.		
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?	<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)

Miscellaneous:

Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,800 during the year for domestic services performed in or around your home to individuals who could be considered household employees? Yes No

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



2025

Personal Information

Taxpayer:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____ Does not expire

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____

Driver's License State-Issued ID No Identification Choose not to provide

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____ Does not expire

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____

Driver's License State-Issued ID No Identification Choose not to provide

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



2025

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

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

Taxpayer PIN

Spouse PIN



2025

Electronic Filing

Electronic Filing:

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

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

If you qualify for electronic filing, would you like to file the return electronically with the IRS? Yes No

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

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

Would you like to use a randomly generated PIN?
Taxpayer Yes No

Spouse

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

Taxpayer PIN _____

Spouse PIN _____



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. 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?

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

Taxpayer

Spouse

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?

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

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

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

--	--

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

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

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

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

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

Name of bank or financial institution _____

Routing Transit Number (RTN) _____

Account number _____

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

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

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

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?

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

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

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

--	--

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

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

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

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

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

Name of bank or financial institution _____

Routing Transit Number (RTN) _____

Account number _____

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

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

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



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

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2025, whether or not you had any beneficial interest in it? Yes No



Dividend Income and Foreign Information

2025

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

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

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

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

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

Foreign Taxes Paid or Accrued:

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

Additional State Information:

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

Foreign Bank Accounts and Trusts:

At any time during 2025, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2025, whether or not you had a beneficial interest in it? Yes No



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:

	Yes	No
Passport _____	<input type="checkbox"/>	<input type="checkbox"/>
Foreign TIN _____	<input type="checkbox"/>	<input type="checkbox"/>
If not passport or TIN, enter description _____		
Number _____		
Country of issue _____		

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							



2025

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 - Issuer 2 - Counterparty

1 - U.S. person
2 - Foreign person

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? Yes No

If Yes, enter name of foreign country

Were you the grantor of, or transferor to, a foreign trust that existed during 2025, whether or not you had any beneficial interest in it? Yes No



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: 1 - Qualified Educational Series EE Bonds 2 - Early Withdrawal Penalty 3 - Nominee Interest 4 - Accrued Interest 5 - Original Issue Discount Adjustment 6 - Amortizable Bond 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	Code	Tax-Exempt Interest
A						
B						
C						
D						
E						

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

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

Foreign Taxes Paid or Accrued:

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

Additional State Information:

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



2025

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

5G

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

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

Did you have any of the following during the year?

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

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

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

Other Income:

Nature and Source	2025 Amount	2024 Amount

Other Adjustments to Income:

Nature and Source	2025 Amount	2024 Amount

Investment Interest Expense:

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

Paid To	2025 Amount	2024 Amount

Foreign Bank Accounts and Trusts:

At any time during 2025, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2025, whether or not you had any beneficial interest in it? Yes No



Business Income and Cost of Goods Sold

Name of Business: _____

Principal Business or Profession: _____

TSJ _____
Employer ID number _____
Street address _____
City, state, ZIP or postal code, and country _____
Method of inventory _____
Method of accounting _____

Business Questions for 2025:

Did you dispose of this business?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the disposition date?	(Mo/Da/Yr) _____	
Was there a change in determining quantities, costs or valuations between opening and closing inventory?	<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"/>

Health insurance premiums paid for yourself and your dependents

2025 Amount	2024 Amount

Income:

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

Description	2025 Amount	2024 Amount

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

Description	2025 Amount	2024 Amount

Other Income:

Description	2025 Amount	2024 Amount

Other gross receipts or sales

Less returns and allowances

2025 Amount	2024 Amount

Cost of Goods Sold:

Beginning inventory

Purchases less cost of items withdrawn for personal use

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

Materials and supplies

Other costs of goods sold:

Description	2025 Amount	2024 Amount

Ending inventory



Business Expenses

Name of Business: _____
Principal Business or Profession: _____

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

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

	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 _____
If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? _____

2025 Amount	2024 Amount

Yes No

Vehicle:

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

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

Yes No
 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

Business Use of Home

6D

Name of Business: _____

Principal Business or Profession: _____

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		

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

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

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?

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



Sales of Stocks, Securities, Capital Assets & Installment Sales

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

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

Did you have any of the following during the year?

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

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

	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

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



2025

Pension, Annuity and Retirement Plan Information

9A

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

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

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

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

Do you want to contribute the maximum amount allowed?

Taxpayer

Yes	No

Spouse

Yes	No

Contributions to:

Simplified employee pension plan

Defined benefit plan

Defined contribution plan

SIMPLE plan

2025 Amount

2025 Amount



2025

Rental and Royalty Income

Location of Property: _____

TSJ

Type of property

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

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

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



2025

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

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	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
2025 Miles	2024 Miles
2025 Amount	2024 Amount

Vehicle 2	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
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 - 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 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**

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? 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



Passthrough Business Use of Home

11B

Activity Name: _____

Partial Use of Your Home for Business:

2025

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

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

Expenses: Enter all expenses at 100 percent

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

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

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

Other Expenses:

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

Seller-Financed Mortgage Interest Information:

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



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



2025

Farm Vehicle and Other Listed Property

12C

Proprietor's Name: _____

Principal Crop or Activity: _____

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	
<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	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2025 Miles	2024 Miles
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:

2025

Square footage of home used exclusively for business

Total square footage of home

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

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

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

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

Example: Real estate taxes.

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

Other Expenses:

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

Seller-Financed Mortgage Interest Information:

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



2025

Miscellaneous Income, Adjustments and Alimony

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

Miscellaneous Income and Adjustments:

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

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2025 Amount	2024 Amount

Alimony Paid or Received:

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



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

If Yes, enter the name of the business: _____

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

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

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



Itemized Deductions - Medical and Taxes

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



2025

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

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				

TSJ	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

TSJ	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:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2025	2024

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

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

Yes	No

Expenses: Enter all expenses at 100 percent

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

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

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

Other Expenses:

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

Seller-Financed Mortgage Interest Information:

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



2025

Employee Business Expenses (Page 1 of 2)

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
(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



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

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

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



2025

Household Employment Taxes

General Information:

TSJ

Employer identification number

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

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

Federal Estimated Tax Payments:

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

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

2024 overpayment applied to 2025 estimate

Tax Planning Information for Tax Year 2026:

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

	Yes	No
A change in your marital status	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions	<input type="checkbox"/>	<input type="checkbox"/>

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



2025

State and City Tax Payments

20A

State and City Estimated Tax Payments:

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

2025 1st Quarter Estimate

2025 2nd Quarter Estimate

2025 3rd Quarter Estimate

2025 4th Quarter Estimate

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

2024 overpayment applied to 2025 estimate

Balance of prior year(s)' tax paid in 2025 plus amount paid with 2024 extensions

Estimated tax payments for 2024 paid in 2025

State and City Estimated Tax Payments:

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

2025 1st Quarter Estimate

2025 2nd Quarter Estimate

2025 3rd Quarter Estimate

2025 4th Quarter Estimate

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

2024 overpayment applied to 2025 estimate

Balance of prior year(s)' tax paid in 2025 plus amount paid with 2024 extensions

Estimated tax payments for 2024 paid in 2025

State and City Estimated Tax Payments:

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

2025 1st Quarter Estimate

2025 2nd Quarter Estimate

2025 3rd Quarter Estimate

2025 4th Quarter Estimate

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

2024 overpayment applied to 2025 estimate

Balance of prior year(s)' tax paid in 2025 plus amount paid with 2024 extensions

Estimated tax payments for 2024 paid in 2025



2025

Foreign Employment Information (Page 1 of 3)

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:

	Principal City and Country of Employment	Start Date (Mo/Da/Yr)	End Date (Mo/Da/Yr)
Most recent tax home			
First previous tax home			
Second previous tax home			
Third previous tax home			



Foreign Employment Information (Page 2 of 3)

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
 Were you required to pay income tax in that country? Yes No
 Does the foreign country have an income tax? Yes No

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.)

	Yes	No
To you	<input type="checkbox"/>	<input type="checkbox"/>
To your family members	<input type="checkbox"/>	<input type="checkbox"/>



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 _____



Gifts Made Outright to an Individual

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

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

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

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

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

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

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

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

Gift 1:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift	_____		
Address of person	_____		
Your relationship to the person (e.g., son, granddaughter or friend)	_____		
Age of the person	_____		
Date(s) of gift(s)	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$18,000 in cash or 500 shares of ABC stock)	_____		
Cost basis of assets gifted if other than cash	<input style="width:100%;" type="text"/>		
Value of assets gifted if other than cash	<input style="width:100%;" type="text"/>		

Gift 2:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift	_____		
Address of person	_____		
Your relationship to the person (e.g., son, granddaughter or friend)	_____		
Age of the person	_____		
Date(s) of gift(s)	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$18,000 in cash or 500 shares of ABC stock)	_____		
Cost basis of assets gifted if other than cash	<input style="width:100%;" type="text"/>		
Value of assets gifted if other than cash	<input style="width:100%;" type="text"/>		



2025

Gifts Made in Trust

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

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

Name of trust receiving the gift _____

Name of the trustee _____

Address of the trustee _____

Trust identification number _____

Name of the beneficiary of the trust _____

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

Age of the beneficiary _____

Date(s) of gift(s) _____ (Mo/Da/Yr)

Description and amount of assets gifted
(e.g., \$18,000 in cash or 500 shares of ABC stock) _____

Cost basis of assets gifted if other than cash _____

Value of assets gifted if other than cash _____

For gifts other than cash, include a copy of any appraisal(s) of assets. If no appraisal is available, describe how the value was determined.

Include a copy of the following:

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

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



2025

2025 Tax Return Checklist

Client Name: _____

	Prior Year	Current Year
Income:		
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)	_____	_____
Itemized Deductions:		
Medical/Dental Expenses	_____	_____
Real Estate Taxes	_____	_____
Property Taxes	_____	_____
Mortgage Interest (Form 1098)	_____	_____
Charitable Contributions	_____	_____
Other:		
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

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

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:



2025

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?
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
If you were a military nonresident, enter state stationed in abbreviation
If you became a resident of California in 2025, enter - State of prior residence abbreviation
- Date of move (Mo/Da/Yr)
If you became a nonresident of California in 2025, enter - New state of residence abbreviation
- Date of move (Mo/Da/Yr)
If you were a California nonresident the entire year, enter your state of residence
How many days during 2025 were spent in California?
Did you own homes and/or properties in California during 2025?
If you were a prior resident of California, enter the date you moved back to California (Mo/Da/Yr)
If you were a prior resident of California, enter the date you left California (Mo/Da/Yr)

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

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



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?

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

If Yes, enter the following:

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

* Include name of organization and registration number



2025

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



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

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

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 checkboxes for the three questions above.

Two large boxes for TS (Taxpayer Selection) information, each with a header 'TS' and a blank line for a number. Below each box are seven lines for personal information: Date retired, Name of employer, Name of payer, Physician's name, Physician's address, Physician's apartment number, Physician's city, state and ZIP code, and Physician's phone number.

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)

Two large boxes for dependent information, each with eight lines for the fields listed to the left.

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)

One large box for custodian information, with six lines for the fields listed to the left.

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 checkboxes for the first two questions.

Table with 13 columns: Household Member Names, Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec. It contains three rows of data for household members.

Enter Any Additional District of Columbia Information:

Two horizontal lines for entering additional 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



2025

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

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

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

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

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

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

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

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

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

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:



2025

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)

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

Are you a resident on active military duty?

Are you a military nonresident?

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

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

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 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

Enter Any Additional Idaho Information:



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

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?

If Yes, enter the following:

X if contribution was a gift

Table with 7 columns: 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?

If Yes, enter the following:

X if contribution was a gift

Table with 7 columns: 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



2025

Indiana Information (Page 1 of 2)

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



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

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

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:

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?

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

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:

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:

2025 Amount

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

Maine Information (Page 1 of 2)

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

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:

Lined area for entering additional 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?

Do you or will you have health care coverage at the time the income tax return is filed?

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?

Are you or your spouse a member of the military?

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?

Yes No Yes No

Residency Information:

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?

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

Yes No

Education Savings:

Did you or your spouse make any contributions to a Maryland Prepaid College Trust or Maryland College Investment Plan Account?

Yes No

If Yes, enter the following:

Table with 6 columns: 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:

Table with 2 columns: Fund Name, Amount

Long-Term Care Insurance Information:

Table with 5 columns: Name of Insured, Age, Social Security Number, Relationship to Taxpayer, Amount of Premium Paid



2025

Massachusetts Information (Page 1 of 2)

General Information:

	Yes	No
Has your name changed since filing your 2024 income tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse a noncustodial parent?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to choose the optional 5.85% tax rate?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make voluntary paid family and medical leave contributions from self-employment income?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enter the amount	<input type="text"/>	
Total purchases in 2025 subject to Massachusetts use tax	<input type="text"/>	
Sales/use tax paid to other state or jurisdiction	<input type="text"/>	

	Taxpayer		Spouse	
	Yes	No	Yes	No
Do you qualify for the blind exemption?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse a veteran of the U.S. armed forces Operations Enduring Freedom, Iraqi Freedom, or Noble Eagle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total paid for weekly/monthly commuter passes and FastLane tolls	<input type="text"/>		<input type="text"/>	

Residency Information:

	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in Massachusetts for all of 2025, enter the dates you did live in Massachusetts	<input type="text"/>	<input type="text"/>
Enter the state names other than Massachusetts where you had income	<input type="text"/>	

Voluntary Contributions:

	Yes	No
Do you want to contribute \$1.00 to the Massachusetts Election Campaign Fund?	<input type="checkbox"/>	<input type="checkbox"/>
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>
Enter the amount you wish to contribute on your 2025 tax return to:		
Organ Transplant Fund	<input type="text"/>	
Endangered Wildlife Conservation	<input type="text"/>	
Massachusetts Public Health HIV and Hepatitis Fund	<input type="text"/>	
Massachusetts United States Olympic Fund	<input type="text"/>	
Massachusetts Military Family Relief Fund	<input type="text"/>	
Homeless Animal Prevention and Care Fund	<input type="text"/>	

Rental Deduction Information:

Name of landlord

Rent paid



2025

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

Vertical grid for Taxpayer

Vertical grid for Spouse

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

Taxpayer
Spouse

Table with 12 columns (Jan-Dec) and 2 rows (Taxpayer, Spouse)

Other Information

Taxpayer

Spouse

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

Yes/No boxes for Taxpayer

Yes/No boxes for Spouse

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

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?

Yes/No boxes for Taxpayer

Yes/No boxes for Spouse

Yes/No boxes for Taxpayer

Yes/No boxes for Spouse

Enter Any Additional Massachusetts Information:

Empty table for additional information



General Information:

Enter your school district name
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?
Are you a veteran with a service-connected disability or a surviving spouse of such a veteran?
Are you a surviving spouse of a veteran deceased in service?
Are you a pensioned veteran, a surviving spouse of such a veteran, or on active military duty?
Are you a surviving spouse of a nondisabled or nonpensioned veteran of the Korean War, World War II, or World War I?
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?
Did you incur expenses related to the Credit for organ donation?
Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

Table with columns for Taxpayer and Spouse, and sub-columns for From (Mo/Da/Yr) and To (Mo/Da/Yr)

If you did not live in Michigan for all of 2025, enter the dates you did live in Michigan
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?
If Yes, enter the following:

Table with 6 columns: TS, Name of Designated Beneficiary, Type of Plan, Social Security Number, Account Number, 2025 Amount Contributed



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:

Table with 3 columns: Ethnicity Codes, Race Codes, Gender Codes. Lists various categories like H (Hispanic), A (American Indian), W (White), M (Self-Identified Male), etc.

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

Table with 7 columns: Name, Social Security Number, Age, Yes or No, Ethnicity Code, Race Code, Gender Code. Includes a downward arrow from the question above.

Household Resources:

Enter the amount you received for:

Table with 2 columns: Description (Child support, Worker's compensation, etc.) and Amount.

Table with 2 columns: Other Household Resources and Amount.

Enter Any Additional Michigan Information:

Large empty rectangular box for additional 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: Republican Democratic/Farmer-Labor Grassroots/Legalize Cannabis Independence-Alliance
 Libertarian Legal Marijuana Now General Campaign Fund

Spouse: Republican Democratic/Farmer-Labor Grassroots/Legalize Cannabis Independence-Alliance
 Libertarian Legal Marijuana Now General Campaign Fund

Qualified School Expenses for Dependents:

	Dependent 1	Dependent 2
Dependent's name		
Dependent's grade		
Qualified expenses	<input type="text"/>	<input type="text"/>
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		



2025

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"/>

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:

Did your business buy Transit passes to resell or give to your employees? Yes No

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

Taxpayer

Spouse

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

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

Do you qualify as disabled? Taxpayer Spouse Yes No Yes No
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

Table with columns: Taxpayer (From, To), Spouse (From, To) for residency information.

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:

Table with columns: 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, Veteran's Trust Fund, Elderly Home Delivered Meals Trust Fund, Missouri National Guard Trust Fund, Workers' Memorial Fund, Childhood Lead Testing Fund, Kansas City Regional Law Enforcement Memorial Foundation Fund, Soldiers Memorial Military Museum in St. Louis Fund, Missouri Military Family Relief Fund, General Revenue Fund, Donate Life Organ Donor Program Fund, Missouri Medal of Honor Recipients Fund



2025

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? 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:

Nongame Wildlife Program	<input type="text"/>
Agriculture in Schools	<input type="text"/>
Child Abuse Prevention	<input type="text"/>
Military Family Relief Fund	<input type="text"/>

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



2025

New Hampshire Information

Business General Information:

Single Member LLC Name

Department Identification Number

Has the name changed since last year?

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

If Yes, enter the former name

Is this a final return?

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

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	

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

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



2025

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:

Table with 5 columns: 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:

Table listing various funds like New Mexico Housing Trust Fund, Share with Wildlife, etc., with corresponding input boxes for contribution amounts.

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



2025

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? Yes 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? Yes 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? Yes No

Permanent Home Address if Different from Mailing Address:

Street

Apartment number

City

Foreign country

ZIP code

Residency Information:

From To (Mo/Da/Yr) (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? Yes 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? Yes No

Were New York State living quarters maintained for the entire year? Yes No

Were you a New York City resident for only part of the taxable year? Yes No

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

If Yes, enter the dates you did live in New York City

Were you a Yonkers resident for only part of the taxable year? Yes No

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

If Yes, enter the dates you did live in Yonkers

Did you live in a nursing home during 2025? Yes No

Did you reside in public housing or other residence completely exempted from real property taxes in 2025? Yes No



2025

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:

Table with 5 columns: 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?

Yes No

Plan code: 552 - College Savings Program Direct Plan 553 - Advisor Guided College Savings Program

Table with 5 columns: 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:

Table listing various charities and funds with corresponding input boxes for contribution amounts.

Enter Any Additional New York Information:

Large empty rectangular box for additional 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.

	Job #1	Job #2
	T/S ____	T/S ____
Wages earned	<input type="text"/>	<input type="text"/>
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	Job #4
	T/S ____	T/S ____
Wages earned	<input type="text"/>	<input type="text"/>
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	_____	_____



2025

Oregon Information (Page 1 of 2)

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

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.

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

Residency Information:

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

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

Education Savings:

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

Did you or your spouse make any contributions to a 529 Oregon College Savings Network account?

If Yes, enter the following:

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	



2025

Pennsylvania Information (Page 1 of 2)

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:

From (Mo/Da/Yr)

To (Mo/Da/Yr)

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

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:

Taxpayer

Spouse

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:

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



2025

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:

Table with 3 columns: 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?
If Yes, enter the name of the combat zone

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

Residency Information:

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

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

Education Savings:

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

Voluntary Contributions:

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

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

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:

From (Mo/Da/Yr)	To (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:

Yes	No
-----	----

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

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

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

Residency Information:

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

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

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

If Yes, enter the following:

Table with 5 columns: 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:

Vermont Nongame Wildlife Fund, Vermont Children's Trust Fund, Vermont Veterans' Fund, Green Up Vermont Fund

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, Bond/note interest from Build America, Bond/note interest from VT Telecommunication Authority, Bond/note interest from VT Public Power Supply Authority



2025

Tax Credits:

Charitable Housing Credit	<input type="text"/>
Qualified Sale of Mobile Home Park Credit	<input type="text"/>
Research & Development Credit	<input type="text"/>
Affordable Housing Credit	<input type="text"/>
Rehabilitation of Certified Historic Buildings Credit	<input type="text"/>
Historic Rehabilitation Credit	<input type="text"/>
Facade Improvement Credit	<input type="text"/>
Code Improvements Credit	<input type="text"/>
Entrepreneur's Seed Capital Fund Credit	<input type="text"/>

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	<input type="text"/>	<input type="text"/>	<input type="text"/>
Veterans' benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>
Workers' compensation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Support money	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child support and gifts of cash or cash equivalent	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enter the amount you paid for child support	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of person paid	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social security number of person paid	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Name	Social Security Number
Others contributing to household income	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>



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
Are you the grantor and sole beneficiary of a revocable trust owning the property?
Are you the life estate holder of the property?
Are you the owner of homestead property crossing town boundaries?
Are you residing in a dwelling owned by a related farmer?

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
Do you anticipate selling your housesite on or before April 1, 2026? Yes No

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

Table with 2 columns: Taxpayer, Spouse

Residency Information:

Table with 4 columns: Taxpayer (From, To), Spouse (From, To)

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 checkboxes

If Yes, enter the following:

Table with 6 columns: 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
Public Library Foundation Contribution

Table with 2 columns: Taxpayer, Spouse

Input boxes for Public Library Foundation Contribution



2025

General Information:

County of residence _____

Do you qualify as permanently and totally disabled?

Yes No
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

Input boxes for consumer use tax amounts

Residency Information:

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

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

Education Savings:

Did you or your spouse make any contributions to a West Virginia College Savings Plan and Prepaid Tuition Trust Funds Account?
If Yes, enter the following:

Yes No

Table with 5 columns: 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

Input boxes for voluntary contributions

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

Input boxes for tax credits



2025

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:

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

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

Are you a former resident moving back to Wisconsin? Yes No

Education Savings:

Yes No

Did you or your spouse make any contributions to a Wisconsin State-Sponsored College Savings Program account?

If Yes, enter the following:

Table with 5 columns: 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:

Yes No

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?



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?

Do you qualify as disabled?

Yes No Yes No

Residency Information:

Did you reside in this city for all of 2025?

Yes No

From To (Mo/Da/Yr) (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

