



This Tax Organizer is designed to help you collect and report the information needed to prepare your 2025 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2025 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2024 information is included for your reference. You do not need to make any 2024 entries.

Note: The General Questions and/or Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2024 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 and K-3 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC, Form 1099-R, Form 1099-NEC or Form 1099-K.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- Copies of invoices regarding residential clean energy improvements.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

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Topic Index

ORG2

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General Questions

ORG3

PERSONAL INFORMATION

	Yes	No
1 Did your marital status change during 2025?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , explain		
2 Do you want to allow your tax preparer to discuss this year's return with the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
If no , enter another person (if desired) to be allowed to discuss this return with the IRS. Caution: Review any transferred information for accuracy.		
Designee's Name		
Phone Number	Personal Identification Number (5 digit PIN)	
3 Do you or your spouse plan to retire in 2026?	<input type="checkbox"/>	<input type="checkbox"/>
4 Were you or your spouse permanently and totally disabled in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
5 Enter date of death for taxpayer or spouse (if during 2025 or 2026): Taxpayer: _____ Spouse: _____		
6 Were you or your spouse a member of the U.S. Armed Forces during 2025?	<input type="checkbox"/>	<input type="checkbox"/>

DEPENDENT INFORMATION

	Yes	No
7 a Do you have dependents who must file?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes , do you want us to prepare the return(s)?	<input type="checkbox"/>	<input type="checkbox"/>
8 a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,700?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes , do you want to include your child's income on your return?	<input type="checkbox"/>	<input type="checkbox"/>
9 Are any of your dependents not U.S. citizens or residents?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you provide over half the support for any other person during 2025?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you incur adoption expenses during 2025?	<input type="checkbox"/>	<input type="checkbox"/>

IRA, PENSION AND EDUCATION SAVINGS PLANS

	Yes	No
12 Did you receive payments from a pension or profit-sharing plan?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	<input type="checkbox"/>	<input type="checkbox"/>
14 a Did you convert all or part of a regular IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
b Did you roll over all or part of a qualified plan into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you contribute to a Coverdell Education Savings Account?	<input type="checkbox"/>	<input type="checkbox"/>

ITEMS RELATED TO INCOME/LOSSES

	Yes	No
16 Did you receive any disability payments in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
18 a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2025? (Attach copies of any escrow statements or Forms 1099.)	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home?	<input type="checkbox"/>	<input type="checkbox"/>
c Are you planning to purchase a home soon?	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you incur any Federally declared disaster or theft losses during 2025?	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>

PRIOR YEAR TAX RETURNS

	Yes	No
21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , enclose agent's report or notice of change.		
22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?	<input type="checkbox"/>	<input type="checkbox"/>

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

	Yes	No
23 Did you have foreign income or pay any foreign taxes in 2025 ?	<input type="checkbox"/>	<input type="checkbox"/>
24a At any time during 2025, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , enter the name of the foreign country where the financial account is located: _____		
b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2025? Report all interest income on Org 11	<input type="checkbox"/>	<input type="checkbox"/>
25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust?	<input type="checkbox"/>	<input type="checkbox"/>
26 Did you at any time during 2025, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH AND LIFE INSURANCE

	Yes	No
27 Did you receive Form 1095-A (Health Coverage)? If so, please attach	<input type="checkbox"/>	<input type="checkbox"/>
28a Did you or your spouse have self-employed health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
b If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job?	<input type="checkbox"/>	<input type="checkbox"/>
29 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you?	<input type="checkbox"/>	<input type="checkbox"/>
30 Did you contribute to or receive distributions from a Health Savings Account (HSA)?	<input type="checkbox"/>	<input type="checkbox"/>

MISCELLANEOUS

	Yes	No
31 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2025? If yes , please attach details	<input type="checkbox"/>	<input type="checkbox"/>
32 Did you purchase a motor vehicle or boat during 2025 ?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , attach documentation showing sales tax paid.		
33 Did you purchase an energy efficient vehicle in 2025 ?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , enter year, make, model, and date purchased: _____ also provide VIN: _____		
34 Did you pay qualified passenger vehicle loan interest in 2025 ?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , attach documentation showing interest paid.		
35 Did you donate a vehicle in 2025? If yes, attach Form 1098C	<input type="checkbox"/>	<input type="checkbox"/>
36 What was the sales tax rate in your locality in 2025 ? _____ % State ID	<input type="checkbox"/>	<input type="checkbox"/>
37 Did you or your spouse make gifts of over \$19,000 to an individual or contribute to a prepaid tuition plan?	<input type="checkbox"/>	<input type="checkbox"/>
38 Did you make gifts to a trust?	<input type="checkbox"/>	<input type="checkbox"/>
39 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please attach details.		
40 Did you or your spouse participate in a medical savings account in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)		
41 Did you make a loan at an interest rate below market rate?	<input type="checkbox"/>	<input type="checkbox"/>
42 Did you pay any individual for domestic services in 2025 ?	<input type="checkbox"/>	<input type="checkbox"/>
43 Did you pay interest on a student loan for yourself, your spouse, or your dependents?	<input type="checkbox"/>	<input type="checkbox"/>
44 Did you, your spouse, or your dependents attend post-secondary school in 2025 ?	<input type="checkbox"/>	<input type="checkbox"/>
45 Did a lender cancel any of your debt in 2025 ? (Attach any Forms 1099-A or 1099-C)	<input type="checkbox"/>	<input type="checkbox"/>
46 Did you receive any income not included in this Tax Organizer?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please attach information.		
47 At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?	<input type="checkbox"/>	<input type="checkbox"/>
48a Do you want to change the language with which the IRS communicates with you?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes, which language?	<input type="checkbox"/>	<input type="checkbox"/>

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

	Yes	No
49 If your tax return is eligible for Electronic Filing, would you like to file electronically?	<input type="checkbox"/>	<input type="checkbox"/>
50 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?	<input type="checkbox"/>	<input type="checkbox"/>
Caution: Review transferred information for accuracy.		
51 If yes , please provide the following information:		
a Name of your financial institution		
b Routing Transit Number (must begin with 01 through 12 or 21 through 32)		
c Account number		
d What type of account is this?	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
<input checked="" type="checkbox"/> Please attach a voided check (not a deposit slip) if your bank account information has changed.		

Business/Investment Questions

ORG4

	Yes	No
1 Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you buy or sell any stocks or bonds in 2025 ? If yes , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2025 ?	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have any investments for which you were not personally 'at risk' (other than sole proprietorship or farm)?	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2025 ?	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2025 ?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you have any business related educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you do a 'like-kind' exchange of property in 2025 ?	<input type="checkbox"/>	<input type="checkbox"/>
12 Deductions for travel and meals may be allowed under certain circumstances. Adequate records must be presented. Information must include: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient Do you have records to support expenses?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you purchase special fuels for non-highway use?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please list the type of use and the number of gallons for each fuel. _____ _____ _____ _____		

Additional Information

ORG5

A large rectangular box containing 25 horizontal lines for writing.

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name.....	_____	_____
First name	_____	_____
Middle initial and suffix	MI _____ Suffix	MI _____ Suffix
Social security number	_____	_____
Occupation.....	_____	_____
Work phone/extension	_____	_____
Cell phone	_____	_____
E-mail address.....	_____	_____
Driver's License/Id issuing state	_____	_____
License /Id number.....	_____	_____
License/Id issue date	_____	_____
License/Id expiration date.....	_____	_____
Birthdate	MM/DD/YYYY	MM/DD/YYYY
Blind	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund.....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street address.....	_____	Apartment number
City.....	_____ State.....	ZIP code.....
Home phone.....	_____ Foreign country	_____
Fax.....	_____ Foreign phone	_____

FILING STATUS

1 Single
 2 Married filing jointly
 3 Married filing separately
 Check this box if you **did not** live with spouse at any time during the year
 Check this box if you are eligible to claim spouse's exemption
 Check this box if your spouse itemizes deductions.....
 4 Head of household
 If the qualifying person is a child but not your dependent, enter
 Child's name..... Child's social security number.....
 5 Qualifying surviving spouse
 Check the box for the year the spouse died 2023 2024

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Not qualified for child tax credit	Date of Birth	2025 Child Care Expense
			+Months in U.S.		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

**** For the Dependent Code, enter the following:**
 L = dependent child who lived with you
 N = dependent child who didn't live with you due to divorce or separation
 O = other dependent
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)
 + Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.
 * Check this box if dependent child is not a qualifying child for the child tax credit
 *+ Check this box if dependent child is not a qualifying person for the credit for other dependents

W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION

Attach all copies of your W-2 forms here.

1	Employer's name _____ Employer's name _____ 1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace 2 Enter any amounts forfeited from a flexible spending account 3 Check if the income reported is from a foreign source 4 a Clergy: Enter your designated housing or parsonage allowance b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value..... c Check SE tax on: (a) housing or parsonage allowance..... <input type="checkbox"/> (b) W-2 wages..... <input type="checkbox"/> (c) both..... <input type="checkbox"/>	Check if not applicable for 2025 <input type="checkbox"/> Check if for spouse <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2	Employer's name _____ Employer's name _____ 1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace 2 Enter any amounts forfeited from a flexible spending account 3 Check if the income reported is from a foreign source 4 a Clergy: Enter your designated housing or parsonage allowance b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value..... c Check SE tax on: (a) housing or parsonage allowance..... <input type="checkbox"/> (b) W-2 wages..... <input type="checkbox"/> (c) both..... <input type="checkbox"/>	Check if not applicable for 2025 <input type="checkbox"/> Check if for spouse <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC

Attach all copies of your 1099-R forms here.

1	Payer's name..... _____ Payer's name..... _____ 1 Check if either box applies: Rollover <input type="checkbox"/> Conversion to Roth IRA <input type="checkbox"/> 2 a If a partial rollover, enter the amount rolled over b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA 3 Health insurance premiums deductible on Schedule A..... 4 a If entire distribution is a Required Minimum Distribution (RMD), check this box <input type="checkbox"/> b If only part of distribution is RMD, enter the part that is RMD.....	Check if not applicable for 2025 <input type="checkbox"/> Check if for spouse <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2	Payer's name..... _____ Payer's name..... _____ 1 Check if either box applies: Rollover <input type="checkbox"/> Conversion to Roth IRA <input type="checkbox"/> 2 a If a partial rollover, enter the amount rolled over b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA 3 Health insurance premiums deductible on Schedule A..... 4 a If entire distribution is a Required Minimum Distribution (RMD), check this box <input type="checkbox"/> b If only part of distribution is RMD, enter the part that is RMD.....	Check if not applicable for 2025 <input type="checkbox"/> Check if for spouse <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

W-2G – GAMBLING OR LOTTERY WINNINGS

Attach all copies of your W-2G forms here.

Name of Payer	Check if Spouse	Reportable Winnings (Box 1)	Federal Tax Withheld (Box 4)	State Tax Withheld (Box 15)	State Code (Box 13)
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

1099-MISC Income and 1099-NEC Income

ORG8

MISCELLANEOUS INCOME

Attach all copies of 1099-MISC and 1099-NEC forms here.

Box	Description	Payer 1	Payer 2	Payer 3
	Check if spouse			
	Check if you did not receive income from this payer in 2025			
	Payer's name			
	Payer's federal identification number or			
	Payer's social security number			
1	Nonemployee compensation (Form 1099-NEC)			
1	Rents (Form 1099-MISC)			
2	Royalties			
3	Other income			
4	Federal income tax withheld			
5	Fishing boat proceeds			
6	Medical/health care payments			
8	Substitute payments			
9	Crop insurance proceeds			
10	Gross proceeds paid to an attorney			
11	Fish purchased for resale			
12	Section 409A deferrals			
13	Excess golden parachute payments			
14	Nonqualified deferred compensation			
15	State tax withheld – 1st state			
16	State name – two letters – 1st state			
	Payer's state number – 1st state			
17	State income – 1st state			
18	State tax withheld – 2nd state			
19	State name – two letters – 2nd state			
	Payer's state number – 2nd state			
20	State income – 2nd state			
	FATCA filing requirement			

Social Security Benefits/Form 1099-G/Other Income

ORG10

SOCIAL SECURITY BENEFITS

<input checked="" type="checkbox"/> Attach all copies of SSA and RRB forms.	Taxpayer	Spouse
1 Social Security Benefits from Form SSA-1099.....		
2 Federal income tax withheld from Form SSA-1099		
3 Medicare B premiums withheld from Form SSA-1099		
4 Medicare C premiums withheld from Form SSA-1099		
5 Medicare D premiums withheld from Form SSA-1099		
6 Railroad Retirement Benefits from Form RRB-1099		
7 Federal income tax withheld from Form RRB-1099		
8 Medicare premiums withheld from Form RRB-1099.....		

FORM 1099-G

<input checked="" type="checkbox"/> Attach all copies of 1099-G forms.				
Box	Description	Payer 1	Payer 2	Payer 3
	Check if Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name.....			
1	Unemployment compensation			
a	Unemployment benefits you repaid in 2025			
2	State and local income tax refunds			
3	Enter the tax year from 1099-G box 3			
a	If tax year is 2024 or prior, enter the taxable portion of the amount reported in box 2			
4	Federal income tax withheld.....			
5	RTAA payments.....			
6	Taxable grants			
7	Agriculture payments			
8	Check if box 2 amount is from trade or business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Market gain			
10a	Two-letter state abbreviation	_____	_____	_____
	Two or three-letter local abbreviation	_____	_____	_____
b	State identification number			
11	State income tax withheld.....			

OTHER INCOME

	Nature and Source	2025 Taxpayer	2025 Spouse	2024 Combined
1	Alimony received			
2	Recovery of bad debts previously deducted			
3	Jury duty pay			
4	Gambling winnings not reported on W2G/1099.....			
5	Income from not for profit activities (hobbies).....			
6	Income from the rental of personal property.....			
7	Non-Government unemployment received/repaid in 2025			
8	Other Taxable income:			
a	Union unemployment benefits.....			
b	Private fund unemployment benefits.....			
c	State employee unemployment benefits			
9	Other miscellaneous income items:			
	Description:			

Seller-Financed Interest/Child's Interest and Dividends

ORG12

T = Taxpayer, S = Spouse, J = Joint

SELLER-FINANCED MORTGAGE INTEREST					
TSJ	*X	Name of Payer	Address	SSN or EIN	Amount

*X Check if you did not receive interest from this payer in 2025.

CHILD'S INTEREST AND DIVIDENDS (greater than \$1,300)			
*X	Child's Name	2025	2024
	First name _____ MI ____		
	Last name _____ Suffix ____ SSN _____		
	Child's taxable interest		
	Child's tax-exempt interest.....		
	Child's ordinary dividends		
	Child's capital gain distributions		
	First name _____ MI ____		
	Last name _____ Suffix ____ SSN _____		
	Child's taxable interest		
	Child's tax-exempt interest.....		
	Child's ordinary dividends		
	Child's capital gain distributions		
	First name _____ MI ____		
	Last name _____ Suffix ____ SSN _____		
	Child's taxable interest		
	Child's tax-exempt interest.....		
	Child's ordinary dividends		
	Child's capital gain distributions		

*X Check if this child did not receive interest or dividend income in 2025.

Interest Paid and Cash Contributions

ORG14

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2025	2024
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME		
Lender's Name	Check if NOT on Form 1098	2025
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address
	
	

OTHER PERSON RECEIVING FORM 1098	
Form 1098 Recipient's Name	Address

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2024 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

QUALIFIED MORTGAGE INSURANCE PREMIUMS		
	2025	2024
Premiums paid in 2025 for qualified mortgage insurance not from Form 1098 import		

Interest Paid and Cash Contributions (continued)

ORG14

INVESTMENT INTEREST		
	2025	2024
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc)		

LIMITED HOME MORTGAGE DEDUCTION					
If the mortgage meets the following reasons during 2025 complete the following: - The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or - You had home debt that was not used to buy, build or substantially improve the home that secures the loan					
	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
1a Interest paid in 2025					
Points paid in 2025					
Months loan outstanding					
Principal pd on loan in 2025					
b Was all proceeds of this loan used to buy, build, or substantially improve the home? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
2 Home Debt Origination on or after December 15, 2017					
Beginning of year balance ..					
Additional borrowed in 2025					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
3 Home Debt Origination after October 13, 1987 and Before December 15, 2017					
Beginning of year balance ..					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
4 Grandfathered debt: (before 10/14/1987)					
Beginning of year balance ..					
Enter the amount of debt not used to buy, build, or substantially improve the home:					

CASH CONTRIBUTIONS			
Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2025	2024
	<input type="checkbox"/>		
Charitable miles driven			
Miles driven to deliver noncash contributions			
Parking fees, tolls, and local transportation			

Noncash Contributions

ORG14A

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Fair Market Value
A _____			
B _____			
C _____			
D _____			
E _____			
F _____			
G _____			
H _____			
I _____			

Note: Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		
H _____		
I _____		

Method for Fair Market Value*	Date of Contribution	Complete these columns only for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

***Methods of determining FMV:**

- | | | |
|---------------|--------------------------|-------------------|
| Appraisal | Capitalization of income | Present value |
| Average share | Comparative sales | Replacement cost |
| Catalog | Consignment shop | Reproduction cost |
| | | Thrift shop |

****Type of Donated Property**

- | | | |
|---------------------------------|-----------------------------------|--|
| Household/clothing items | Business equipment | Intellectual property |
| Motor vehicle, boat or airplane | Business inventory | Real property, conservation property |
| Art, other than self-created | Stock, publicly traded | Real property, other than conservation |
| Art, self-created | Stock, other than publicly traded | Other personal property |
| Collectibles | Securities, other than stock | Other intangible property |

***How Property was Acquired: Purchase, Gift, Inheritance, Exchange

Miscellaneous Itemized Deductions (FOR STATE USE ONLY)

ORG15

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)	2025	2024	
Employee Business Expenses			
Note: If you have any travel, transportation, meal expenses or your employer reimbursed you for any of your job-related expenses, complete ORG17 for all your employee expenses.			
1 Union and professional dues			
2 Professional subscriptions			
3 Uniforms and protective clothing			
4 Job search costs			
5 Other unreimbursed employee expenses:			
a _____			
b _____			
c _____			
d _____			
e _____			
Other Expenses Subject to the 2% Limitation			
Treat all MACRS assets for this activity as qualified Indian reservation property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Treat all assets acquired after August 27, 2005 as qualified GO Zone property?	<input type="checkbox"/> Regular	<input type="checkbox"/> Extension	
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was this property located in a Qualified Disaster Area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Check to code assets as Investment Expense	<input type="checkbox"/>		
Use ORG50 to record dispositions.			
Use ORG51A to enter additional assets.			
Use ORG11a for investment expenses related to interest income.			
Use ORG11b for investment interest related to dividend income.			
6 Tax return preparation fees			
7 Investment counsel and advisory fees			
8 Certain attorney and accounting fees			
9 Safe deposit box rental			
10 IRA custodial fees			
11 a Government unemployment benefits repaid in 2025	<input type="checkbox"/>		
b Other expenses (list):			

OTHER MISCELLANEOUS DEDUCTIONS		2025	2024
12 Federal estate tax paid on income in respect of a decedent			
13 Amortizable bond premiums (acquired before 10/23/86)			
14 Gambling losses (to the extent of gambling income)			
15 Claim repayments			
16 Unrecovered investment in annuity			
17 Ordinary loss attributable to certain debt instruments			

Moving Expenses

ORG16

If you sold your principal residence during 2025, also complete Sale of Your Home (ORG22).

FIRST MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
Enter storage fees applicable to you foreign move (no other expenses claimed). _____
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: _____

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace _____
 Number of miles from your old home to old workplace _____

Are you a member of the armed forces? **Yes** **No**

If **Yes**, did you move due to a permanent change of station? **Yes** **No**

Enter the total amount your employer paid for your move.

Do not enter amounts already reported on Form W-2 Box 12

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Expenses of moving from old to new home:	
Travel and lodging expenses for this move (excluding auto and meals)	
Parking fees and tolls paid during this move	
Gasoline and oil expense for this move	
Miles driven traveling to new home for this move 01/01/2025 thru 12/31/2025	

SECOND MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States

Enter storage fees applicable to you foreign move (no other expenses claimed). _____

- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: _____

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace _____
 Number of miles from your old home to old workplace _____

Are you a member of the armed forces? **Yes** **No**

If **Yes**, did you move due to a permanent change of station? **Yes** **No**

Enter the total amount your employer paid for your move.

Do not enter amounts already reported on Form W-2 Box 12

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Expenses of moving from old to new home:	
Travel and lodging expenses for this move (excluding auto and meals)	
Parking fees and tolls paid during this move	
Gasoline and oil expense for this move	
Miles driven traveling to new home for this move 01/01/2025 thru 12/31/2025	

Employee Business Expenses

ORG17

Occupation in which expenses were incurred

Check box if spouse's employee expenses. If blank, taxpayer assumed.....

Check box if a fee-basis state or local government official

Check box if a Qualifying Performing Artist.....

Check box if armed forces reservist related travel more than 100 miles from home

Check box if impairment-related work expenses.....

Check box if miscellaneous 2% itemized deduction **(state only use)**

Check box if subject to Department of Transportation (DOT) hours of service limits.....

Treat all MACRS assets for activity as qualified Indian reservation property?..... Yes No

Treat all assets acquired after August 27, 2005 as qualified GO Zone property?..... Regular Extension No

Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?..... Yes No

Was this activity located in a Qualified Disaster Area..... Yes No

EXPENSES	2025	2024
1 Parking fees, tolls, and local transportation		
2 Travel expenses while away from home (excluding meal expenses)		
3 Meal expenses.....		
4 Business gifts		
5 Education.....		
6 Home office expenses (Preparer Use Only – complete ORG17A)		
7 Trade publications.....		
8 Depreciation expense other than vehicle (Preparer Use Only)		
9 Carryover of Section 179 expense from prior year		
10 Other:		

EMPLOYER REIMBURSEMENTS	2025	2024
Enter amounts not reported in Box 1 on Form W-2 (include amounts reported under code 'L' in Box 12 of Form W-2).		
11 Reimbursements for other than meals.....		
12 Reimbursements for meals		

QUALIFIED PERFORMING ARTIST	2025	2024
13 Did you perform services in the performing arts as an employee for at least two employers during the year, and receive from at least two of those employers wages of \$200 or more per employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPAIRMENT-RELATED WORK EXPENSES	2025	2024
14 If you are disabled, were any of your expenses for attendant care at your place of employment, or were any of your expenses in connection with your place of employment that enabled you to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employee Business Expenses (continued)

ORG17

GENERAL VEHICLE INFORMATION	Vehicle 1	Vehicle 2
15 Description of vehicle.....		
16 Date placed in service.....		
17 Enter detail on lines 17a and 17b, or total on line 17c:		
a Ending mileage reading.....		
b Beginning mileage reading.....		
c Total miles for the year (line 17a less line 17b).....		
18 Business miles from 01/01/2025 thru 12/31/2025.....		
19 Total commuting miles.....		
20 Average daily commuting miles.....		
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2
21 Do you qualify for standard mileage? (Preparer Use Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Is this a leased vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2
23 Gasoline, oil, repairs, insurance, etc.....		
24 Vehicle registration fee (excluding property tax).....		
25 Vehicle lease or rental fee.....		
26 Inclusion amount (Preparer Use Only)		
27 Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2).....		
28 Depreciation (Preparer Use Only)		
VEHICLE DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2
29 Cost or basis.....		
30 Is this an electric vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
31 Is this qualified Indian reservation property?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32 Type of vehicle (Preparer Use Only)		
33 Section 179 expense (Preparer Use Only)		
34 Qualified Property for Economic Stimulus? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Qualified Property for Qualified Disaster Area? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Qualified Property for Kansas Disaster Zone (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37 Qualified property for GO Zone? (Preparer Use Only)	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
38 Percentage for Special Depreciation Allowance? (Preparer Use)	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A
39 Elect OUT of Special Depreciation Allowance? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
40 Elect 30% in place of 50% Allowance? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
41 Date sold.....		
42 Date acquired, if different from line 16.....		
43 Sales price.....		
44 Expense of sale.....		
45 Gain/loss basis, if different (Preparer Use Only)		
46 AMT gain/loss basis, if different (Preparer Use Only)		
VEHICLE QUESTIONS		
47 Was your vehicle available for personal use during off-duty hours?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48 Is another vehicle available for personal use?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49 Do you have evidence to support the business use claimed?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50 If yes , is the evidence written?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employee Home Office Expense

ORG17A

for:

copy:

Simplified method election for Home Office expenses:

Elect the simplified method **in 2025** instead of entering actual expenses

Elected the simplified method **in 2024** instead of entering actual expenses

GENERAL INFORMATION	2025	2024
1 Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage)		
2 Area used only partly for day care (square footage)		
3 Total area of home (square footage)		
4 Daycare hours		
a Number of weeks used for daycare, if less than full year		
b Number of days used for day care each week		
c Number of days closed for holidays, vacations, etc		
d Number of hours used for daycare each day		
5 Total wages from this business		
6 Enter the percent of wages above that are from the business use of this home		
7 Gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only) ...		
8 Any losses from this business shown on Schedule D or Form 4797 (Preparer Use Only)		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2025		2024	
	Direct	Indirect	Direct	Indirect
9 Casualty losses (Preparer Use Only)				
10 Mortgage interest/points on Form 1098				
11 Interest not on Form 1098				
12 Points not of Form 1098				
13 Real estate taxes				
14 Qualified mortgage insurance				
15 Other insurance				
16 Rent				
17 Repairs and maintenance				
18 Utilities				
19 Other expenses (e.g., rent)				
20 Carryover of operating expenses				
21 Excess casualty losses (Preparer Use Only)				
22 Depreciation of your home (Preparer Use Only)				
23 Carryover of excess casualty losses and depreciation				

DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this occupation, please complete the following information.

24	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence			
	Addition/Improvement			
	Addition/Improvement			
	Addition/Improvement			
	Addition/Improvement			
25	Enter the land value included in cost for residence			

Car And Truck Expenses
(Employees use ORG17 – Employee Business Expenses)

ORG18

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle.....			
2 a Date placed in service.....			
b Date acquired, if different from line 2a.....			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
a Ending mileage reading.....			
b Beginning mileage reading.....			
c Total miles for the year (line 3a less line 3b).....			
4 Business miles 01/01/2025 thru 12/31/2025.....			
5 Total commuting miles.....			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc.....			
9 Vehicle registration fee (excluding property tax).....			
10 Vehicle lease or rental fee.....			
11 Inclusion amount (Preparer Use Only).....			
12 Depreciation (Preparer Use Only).....			
13 Parking fees, tolls, and local transportation.....			
14 Portion of vehicle registration fee based on value.....			
15 Interest on vehicle.....			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis.....			
17 Is this an electric vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle (Preparer Use).....			
20 Section 179 expense (Preparer Use).....			
21 Qualified Property for Economic Stimulus? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Qualified Property for Qualified Disaster Area? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Kansas Disaster Zone? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Qualified GO Zone Property (Preparer Use).....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
25 Percentage for SDA? (Preparer Use).....	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No
26 Elect OUT of SDA? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27 Elect 30% in place of 50% SDA (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28 Date sold.....			
29 Sales price.....			
30 Expense of sale.....			
31 Gain/loss basis, if different (Preparer Use).....			
32 AMT gain/loss basis, if different (Preparer Use).....			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
33 Is another vehicle available for personal use?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
34 Was vehicle available during off duty hours?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Was vehicle used primarily by a greater than 5% owner or related person?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Do you have evidence to support the business use claimed?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
37 If yes , is the evidence written?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No

Business Income and Expenses

ORG19

GENERAL INFORMATION

Is this activity a qualified trade or business under Section 199A? Yes No

1 Check ownership **Taxpayer** **Spouse** **Joint**

2 Business name

3 a Business street address.....

b 1 City, State and Zip Code, or

2 Foreign country.....

4 Principal business/profession

5 Employer ID number.....

6 Business code (**Preparer Use Only**)

7 Was this business fully disposed of in a fully taxable transaction during 2025? **Yes** **No**

8 Accounting method:
 Cash Accrual Other (specify)

9 Method used to value closing inventory:
 Cost Lower of cost or market Other (explain)

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory? **Yes** **No**
 (If yes, attach explanation)

11 Did you materially participate in the operation of this business during 2025? **Yes** **No**

12 Did you start or acquire this business during 2025? **Yes** **No**

13 a Did you make any payments in 2025 that require you to file Forms 1099? **Yes** **No**

b If yes, did you or will you file all the required Forms 1099? **Yes** **No**

14 At-risk determination:
a Is all of the investment in this activity at risk? **Yes** **No**

b Is some of the investment in this activity not at risk? **Yes** **No**

15 Did you have unallowed passive losses in 2024? **Yes** **No**

16 a Treat all MACRS assets for this activity as qualified Indian reservation property? **Yes** **No**

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? **Regular** **Extension** **No**

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? **Yes** **No**

d Was this business located in a Qualified Disaster Area? **Yes** **No**

SUSPENDED LOSSES – CARRYOVER FROM 2024	REGULAR	AMT
a Section 179 limited by Form 4562 At-risk Losses Carryover		
b Schedule C		
c Schedule D Short-term		
d Schedule D Long-term.....		
e Form 4797 Ordinary.....		
f Form 4797 Long-term..... Passive Losses Carryover		
g Schedule C		
h Schedule D Short-term		
i Schedule D Long-term.....		
j Form 4797 Ordinary.....		
k Form 4797 Long-term.....		
INCOME	2025	2024
17 Gross receipts or sales.....		
18 Returns and allowances plus other adjustments.....		
19 Other income (include federal/state tax credit/refund)		

Business Income and Expenses (continued)

ORG19

COST OF GOODS SOLD – IF APPLICABLE		2025	2024
20	Inventory at beginning of year		
21	Purchases		
22	Items withdrawn for personal use		
23	Cost of labor (do not include your salary)		
24	Materials and supplies		
25	Other costs		
26	Inventory at end of year.....		
EXPENSES		2025	2024
	Business name _____		
27	Advertising		
28	Car and truck expenses (complete ORG18).....		
29	Commissions and fees.....		
30	Contract labor		
31	Depletion		
32	Depreciation and Section 179 deduction (Preparer Use Only)		
33	Employee benefit programs:		
	a Employee health insurance premiums		
	b Other employee benefit programs		
34	Insurance (other than health)		
35	Self-employed health insurance attributable to this business.....		
36	Interest:		
	a Mortgage paid to banks not reported to you on Form 1098.....		
	b Other		
37	Legal and professional services		
38	Office expenses		
39	Pension and profit-sharing plans		
40	Rent or lease:		
	a Machinery and equipment (enter vehicle lease on ORG18)		
	b Other business property.....		
41	Repairs and maintenance		
42	Supplies (not included in cost of goods sold)		
43	Taxes and licenses not reported to you on Form 1098		
44	Travel and meals		
	a Travel.....		
	b Meals subject to 50% limit.....		
	c Meals subject to 80% limit.....		
	d Meals not subject to limit		
45	Utilities		
46	Gross wages		
47	Other expenses:		

48	Expenses for business use of your home (Preparer Use Only)		
	Complete ORG20 for Business Use of Home.		
49	Qualified pension plan start-up costs		
50	DPAD (line 6) from cooperative(s) with tax year beginning before Jan. 1, 2018.....		
51	DPAD (line 6) from cooperative(s) with tax year beginning after Dec. 31, 2017		

Business Use of Home

ORG20

for:

copy:

Simplified method election for Home Office expenses: Elect the simplified method **in 2025** instead of entering actual expenses

Elected the simplified method **in 2024** instead of entering actual expenses

GENERAL INFORMATION		2025	2024
1	Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage)		
2	Area used only partly for day care (square footage)		
3	Total area of home (square footage)		
4	Daycare hours		
a	Number of weeks used for day care, if less than full year		
b	Number of days used for day care each week		
c	Number of days closed for holidays, vacations, etc.		
d	Number of hours used for day care each day		
e	Total hours used for day care		
f	Total hours available for use		
5	Enter the date you began using this home office for this business		
6	If part of your income is from a place of business other than this home, enter % of gross income from business use of this home		
7	Adjustment to gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only)		
8	Adjustment to losses from this business shown on Schedule D or Form 4797 (Preparer Use Only)		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2025		2024	
	Direct	Indirect	Direct	Indirect
9	Casualty losses (Preparer Use Only)			
10	Total mortgage interest/points			
11	Mortgage interest/points on Form 1098			
12	Interest not on Form 1098			
13	Points not of Form 1098			
14	Real estate taxes			
15	Excess mortgage interest (Preparer Use)			
16	Excess real estate taxes (Preparer Use)			
17	Qualified mortgage insurance			
18	Other insurance			
19	Rent			
20	Repairs and maintenance			
21	Utilities			
22	Other expenses (e.g., rent)			
23	Carryover of operating expenses			
24	Excess casualty losses (Preparer Use Only)			
25	Depreciation of your home (Preparer Use Only)			
26	Carryover of excess casualty losses and depreciation			

DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this business, please complete the following information.

26	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence			
	Addition/Improvement			
	Addition/Improvement			
	Addition/Improvement			
	Addition/Improvement			
27	Enter the land value included in cost for residence			

Sales of Stocks and Securities Basic Info

ORG21

Name	Social Security Number
------	------------------------

	Yes	No
1 Did you exchange any securities for other securities or any other property held for investment?	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you acquire stock identical to stock sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale?	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you engage in any transactions involving traded options?	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you engage in any transactions involving commodity future contracts and straddle positions?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you engage in any transactions involving <i>employee</i> stock options?	<input type="checkbox"/>	<input type="checkbox"/>
6 Schedule D included in the 2024 Federal income tax return?	<input type="checkbox"/>	<input type="checkbox"/>

Enter details of specific security sales on Sales of Stocks and Securities (ORG21A)
 Use Installment Sales Income (ORG23) to report installment sales.

Sale of Your Home

ORG22

GENERAL INFORMATION

▶ **Attach copies of your original purchase and the current sale settlement sheets here.**

Complete if the sale of your home occurred in the current year (2025).

	Yes	No
1 a Was the sale amount of your residence \$250,000 or less (\$500,000 or less if married filing a joint return)?	<input type="checkbox"/>	<input type="checkbox"/>
b Did you acquire this home in a like-kind (Section 1031) exchange and sell it within 5 years of acquiring it?	<input type="checkbox"/>	<input type="checkbox"/>
c Did you use this home partially or completely in a trade or business or hold it for investment AND dispose of it in a like-kind (Section 1031) exchange?	<input type="checkbox"/>	<input type="checkbox"/>
d Did you claim the First-Time Homebuyer Credit when you purchased this home?	<input type="checkbox"/>	<input type="checkbox"/>
2 a Did you live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale?	<input type="checkbox"/>	<input type="checkbox"/>
b If married filing a joint return, did your spouse live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale?	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you receive a Form 1099-S?	<input type="checkbox"/>	<input type="checkbox"/>
4 a Have you sold and excluded gain from another principal residence within 2 years before the sale of this home?	<input type="checkbox"/>	<input type="checkbox"/>
b If married filing a joint return, has your spouse sold and excluded gain from another principal residence within 2 years before the sale of this home?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you sell this home due to a change of health, place of employment or other unforeseen circumstances? (If this is a joint sale, answer both questions the same. Otherwise, answer as applicable.)		
a You	<input type="checkbox"/>	<input type="checkbox"/>
b Your spouse	<input type="checkbox"/>	<input type="checkbox"/>
6 a Did you or your spouse use any part of your residence for business or rental purposes after May 6, 1997?	<input type="checkbox"/>	<input type="checkbox"/>
b Was the home used as investment or rental property after December 31, 2008?	<input type="checkbox"/>	<input type="checkbox"/>
7 a Will you be receiving periodic payments of principal or interest from this sale?	<input type="checkbox"/>	<input type="checkbox"/>
b If Yes , what is the amount of the financial instrument?		

8 Address of former home sold

9 a Date former home was sold

b Date former home was bought

10 Sales price of the home sold

COST BASIS OF HOME SOLD

Description	Amount
Original cost of home sold:	
11 a Purchase price of home sold	
b Postponed gain on the sale of your previous home sold before May 7, 1997 (Form 2219 for the year this home was bought)	
Additions and increases to basis:	
12 a Settlement fees or closing costs when home was purchased. Do not include amounts previously deducted as moving expenses	
b Cost of capital improvements	
c Additions, including costs of materials and labor	
d Other additions and increases to basis	
Decreases to basis:	
13 a Seller-paid points (for old home bought after 1990)	
b Other decreases to basis	

COMMISSIONS AND OTHER EXPENSES OF SALE

Description	Amount
14 a	
b	
c	
d	

Installment Sale Income

ORG23

Attach all closing documents if this is the year of sale.

Was the property sold in this installment sale a rental or used in a trade or business?
Was the final installment received this year?

1 Description of property
2 a Date acquired 2 b Date sold
c Check this box if ordinary gain from non-capital asset.

GROSS PROFIT INFORMATION
(Complete for year of sale only.)

3 Selling price, including mortgages and other debts.
4 Mortgages and other debts buyer assumed or took property subject to.
5 Cost or other basis of property sold
6 Depreciation allowed or allowable
7 Commissions and other expenses of sale
8 Was this property your main home?

CURRENT TAXABLE PORTION

9 Gross profit percentage
10 a Payments received in current year
b Interest received in current year

Seller Financed Mortgage Information

11 Payer's Name
Address
City State ZIP code
Country SSN or EIN

12 Payments received in prior years (do not include interest)

SALES TO RELATED PARTIES

13 a Was the property sold to a related party after May 14, 1980?
b If yes, was the property a marketable security?
If yes, complete the rest of this form. If no, complete for year of sale and for 2 years after the sale.
If you received the final installment payment this year, do not complete the rest of this form.

c Give the name, address, and taxpayer identification number of related party:
Name
Address
City State ZIP code
Identifying number

14 Did the related party, during this tax year, resell or dispose of the property?
If no, do not complete the rest of this form.

Answer yes to no more than one of the following questions.

15 a Was the second disposition more than two years after the first disposition (other than dispositions of marketable securities)?
If yes, give date of disposition

b Was the first disposition a sale or exchange of stock to the issuing corporation?

c Was the second disposition an involuntary conversion where the threat of conversion occurred after the first disposition?

d Did the second disposition occur after the death of the original seller or buyer?

e Can it be established to the satisfaction of the IRS that tax avoidance was not a principal purpose for either disposition?
If yes, give explanation

16 If you answered no to all questions 15a through 15e, enter sales price of the property sold by related party (attach Form 6252 for year of first sale)

Sales of Business Property

ORG24

T = Taxpayer, S = Spouse, J = Joint

Attach all copies of 1099-S and 1099-B forms here.

Note: Enter asset dispositions here or on ORG50 (Transferred Assets), but not both.

SALE OF PROPERTY USED IN A TRADE OR BUSINESS AND HELD MORE THAN 1 YEAR
(Include in this table asset dispositions which resulted in long-term loss, and dispositions of raised livestock for long-term gain)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

SALE OF PROPERTY USED IN A TRADE OR BUSINESS AND HELD 1 YEAR OR LESS
(Include in this table asset dispositions which resulted in short-term gain or loss)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

GAIN FROM THE SALE OF PROPERTY HELD MORE THAN 1 YEAR (Include in this table dispositions of depreciable trade, business, or residential rental assets which resulted in long-term gain)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

Rent and Royalty Income and Expenses

ORG25

BASIC PROPERTY INFORMATION

Property description: _____
 Property type: * _____ If type is other, enter a description: _____
 Location (street address): _____
 City: _____ State: _____ Zip: _____
 If a foreign address: Foreign province or state: _____
 Foreign postal code: _____ Foreign Country: _____

Is this activity a qualified trade or business under Section 199A? Yes No

- 1** Check property owner **Taxpayer** **Spouse** **Joint** **Yes** **No**
- 2 a** Did you make any payments that would require you to file Form(s) 1099? **Yes** **No**
- b** If **yes**, did you or will you file all required Forms(s) 1099? **Yes** **No**
- 3 a** Enter the ownership percentage (if not 100%) _____
- b** If not 100%, are you reporting 100% of the income and expenses? **Yes** **No**
- 4** Is this a rental property? (If **yes**, answer questions 5 through 11; if **no**, skip to question 12.) **Yes** **No**
- 5** Did you have personal use of this property or rent it for part of the year at less than fair rental value? **Yes** **No**
- 6** For all rental properties, **enter the number of days** during 2025 that:
- a** The property was rented at fair rental value _____
- b** The property was used personally or rented at less than fair rental value _____
- c** You owned the property, if not the entire year _____
- 7 a** Does this rental have multiple living units and you live in one of the units? **Yes** **No**
- b** If **yes**, enter percentage of rental use _____
- 8** Did you actively participate in this property's management during 2025 ? **Yes** **No**
- 9** Did you materially participate in this property's management during 2025 ? **Yes** **No**
- 10** Do you want to treat this property as non-passive? **Yes** **No**
- 11** Did this property have unallowed passive losses in 2024 ? **Yes** **No**
- 12** Did you dispose of this property in a fully taxable transaction? **Yes** **No**
- 13** Check this box if some of this investment was **not** at-risk **Yes** **No**
- 14 a** Treat all MACRS assets for this activity as qualified Indian reservation property? **Yes** **No**
- b** Treat all assets acquired after August 27, 2005 as qualified GO Zone property? **Regular** **Extension** **No**
- c** Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? **Yes** **No**
- d** Was this activity located in a Qualified Disaster Area? **Yes** **No**

SUSPENDED LOSSES – CARRYOVER FROM 2024	REGULAR	AMT
a Section 179 limited by Form 4562 At-risk Losses Carryover		
b Schedule E		
c Schedule D Short-term		
d Schedule D Long-term		
e Form 4797 Ordinary		
f Form 4797 Long-term		
g Schedule E Passive Losses Carryover		
h Schedule D Short-term		
i Schedule D Long-term		
j Form 4797 Ordinary		
k Form 4797 Long-term		
l Vacation home operating expenses		
m Vacation home depreciation		

Rent and Royalty Income and Expenses (continued)

ORG25

INCOME		2025	2024								
15	Rents or royalties received										
<p align="center">* Property Types:</p> <table border="0"> <tr> <td>1 Single family residence</td> <td>5 Land</td> </tr> <tr> <td>2 Multi-family residence</td> <td>6 Royalties</td> </tr> <tr> <td>3 Vacation/short-term rental</td> <td>7 Self-rental</td> </tr> <tr> <td>4 Commercial</td> <td>8 Other</td> </tr> </table>				1 Single family residence	5 Land	2 Multi-family residence	6 Royalties	3 Vacation/short-term rental	7 Self-rental	4 Commercial	8 Other
1 Single family residence	5 Land										
2 Multi-family residence	6 Royalties										
3 Vacation/short-term rental	7 Self-rental										
4 Commercial	8 Other										
EXPENSES		2025	2024								
	Property location										
16	Advertising										
17a	Automobile (complete ORG18 for autos).....										
b	Travel.....										
18	Cleaning and maintenance										
19	Commissions.....										
20a	Mortgage insurance premiums – qualified										
b	Other insurance										
21	Legal and professional fees										
22	Management fees										
23a	Mortgage interest paid to banks – qualified.....										
b	Mortgage interest paid to banks – other.....										
24	Other interest										
25	Repairs.....										
26	Supplies.....										
27a	Real estate taxes.....										
b	Other taxes.....										
28	Utilities										
29	Other expenses:										
a										
b										
c										
d										
e										
30a	Depreciation and Section 179 deduction (Preparer Use Only)										
b	Depletion (Preparer Use Only)										

Farm Rental Income and Expenses

ORG26

GENERAL INFORMATION

Name of this activity

Is this activity a qualified trade or business under Section 199A? Yes No

1 Check ownership **Taxpayer** **Spouse** **Joint**

2 Employer identification number.....

	Yes	No
3 Was this farm fully disposed of in a fully taxable transaction during 2025?	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you actively participate in the operation of this business during 2025?	<input type="checkbox"/>	<input type="checkbox"/>
5 Real estate professionals: Did you materially participate in the operation of this business during 2025?	<input type="checkbox"/>	<input type="checkbox"/>
6 At-risk determination:		
a Is all of the investment in this activity at risk?	<input type="checkbox"/>	
b Is some of the investment in this activity not at risk?	<input type="checkbox"/>	
c Did you receive a subsidy in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you have unallowed passive losses in 2024?	<input type="checkbox"/>	<input type="checkbox"/>
8 a Treat all MACRS assets for this activity as qualified Indian reservation property?	<input type="checkbox"/>	<input type="checkbox"/>
b Treat all assets acquired after August 27, 2005 as qualified GO Zone property?	Regular <input type="checkbox"/>	Extension <input type="checkbox"/> No <input type="checkbox"/>
c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?	<input type="checkbox"/>	<input type="checkbox"/>
d Was this farm rental located in a Qualified Disaster Area?	<input type="checkbox"/>	<input type="checkbox"/>

SUSPENDED LOSSES – CARRYOVER FROM 2024	REGULAR	AMT
a Section 179 limited by Form 4562		
At-risk Losses Carryover		
b Form 4835.....		
c Schedule D Short-term		
d Schedule D Long-term		
e Form 4797 Ordinary		
f Form 4797 Long-term		
g Passive Losses Carryover		
h Form 4835.....		
i Schedule D Short-term		
j Schedule D Long-term		
Form 4797 Ordinary		
k Form 4797 Long-term.....		

FARM RENTAL INCOME – BASED ON PRODUCTION	2025	2024
9 Income from production of livestock, produce, grains and crops		
10 Total distributions received from cooperatives		
11 Taxable amount of distributions from cooperatives		
12 Total agricultural program payments		
13 Taxable amount of agricultural program payments		
14 Commodity Credit Corporation (CCC) loans under election		
15 CCC loans forfeited/repaid with certificates		
16 Taxable amount of CCC loans forfeited/repaid		
17 Crop insurance proceeds/federal crop disaster payments received in 2025		
18 Taxable crop insurance proceeds/federal crop disaster payments		
19 Crop insurance proceeds/federal crop disaster deferred from 2024		
20 Other income – include federal/state gas tax credit/refund		

Farm Rental Income and Expenses (continued)

ORG26

EXPENSES – FARM RENTAL PROPERTY	2025	2024
Name of this activity		
21 Car and truck expense (complete ORG18)		
22 Chemicals		
23 Conservation expenses		
24 Custom hire (machine work)		
25 Depreciation and Section 179 deduction (Preparer Use Only)		
26 Employee benefit programs other than pension and profit-sharing plans		
27 Feed		
28 Fertilizers and lime.....		
29 Freight and trucking.....		
30 Gasoline, fuel, and oil		
31 Insurance (other than health)		
32 Interest:		
a Mortgage (paid to banks, etc).....		
b Other		
33 Labor hired		
34 Pension and profit-sharing plans		
35 Rent or lease:		
a Machinery, equipment, etc (for vehicle rent or lease, see ORG18)		
b Other (land, animals, etc)		
36 Repairs and maintenance		
37 Seeds and plants.....		
38 Storage and warehousing.....		
39 Supplies.....		
40 Taxes.....		
41 Utilities		
42 Veterinary fees and medicine		
43 Other expenses (specify):		

44 Qualified pension plan start-up costs.....		
45 DPAD (line 6) from cooperative(s) with tax year beginning before Jan. 1, 2018		
46 DPAD (line 6) from cooperative(s) with tax year beginning after Dec. 31, 2017.....		

Farm Income and Expenses

ORG27

GENERAL INFORMATION

Name of this farm

Is this activity a qualified trade or business under Section 199A? Yes No

1 Check ownership Taxpayer Spouse Joint

2 Principal product

3 Employer identification number

4 Agricultural activity code (**Preparer Use Only**)

5 Accounting method Cash Accrual Yes No

6 Was this farm fully disposed of in a fully taxable transaction during 2025? Yes No

7 Did you materially participate in the operation of this business during 2025? Yes No

8 Did you make any payments in 2025 that would require you to file Form(s) 1099 Yes No

9 If 'Yes,' did you or will you file all required Forms 1099? Yes No

10 At-risk determination:

a Is all of the investment in this activity at risk? Yes No

b Is some of the investment in this activity not at risk? Yes No

11 Did you have unallowed passive losses in 2024? Yes No

12a Treat all MACRS assets for this activity as qualified Indian reservation property? Yes No

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? **Regular** **Extension** **No**

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes No

d Was this farm located in a Qualified Disaster Area? Yes No

SUSPENDED LOSSES – CARRYOVER FROM 2024	REGULAR	AMT
a Section 179 limited by Form 4562		
At-risk Losses Carryover		
b Schedule F		
c Schedule D Short-term		
d Schedule D Long-term		
e Form 4797 Ordinary		
f Form 4797 Long-term		
g Passive Losses Carryover		
h Schedule F		
i Schedule D Short-term		
j Schedule D Long-term		
Form 4797 Ordinary		
k Form 4797 Long-term		
FARM INCOME – CASH METHOD	2025	2024
13 Sales of livestock, etc purchased for resale		
14 Cost/Basis of livestock, etc purchased for resale		
15 Sales of livestock, produce, grains, etc raised		
16a Total distributions received from cooperatives		
b Taxable amount of distributions from cooperatives		
17a Total agricultural program payments		
b Taxable amount of agricultural program payments		
c If you received social security retirement or disability benefits, enter any Conservation Reserve Program payments included on line 15		
18a Commodity Credit Corporation (CCC) loans under election		
b CCC loans forfeited/repaid with certificates		
c Taxable amount of CCC loans forfeited/repaid		
19a Crop insurance proceeds/federal crop disaster payments received in 2025		
b Taxable crop insurance proceeds/federal crop disaster payments		
c Crop insurance proceeds/federal crop disaster payments deferred from 2024		
20 Custom hire (machine work) income		
21 Other income – include federal/state gas tax credit/refund		

Farm Income and Expenses (continued)

ORG27

FARM INCOME – ACCRUAL METHOD		2025	2024
Name of this farm			
22	Sales – livestock, produce, grain, other products		
23 a	Total distributions received from cooperatives		
b	Taxable amount of distributions from cooperatives		
24 a	Total agricultural program payments		
b	Taxable amount of agricultural program payments		
25 a	Commodity Credit Corporation (CCC) loans under election		
b	CCC loans forfeited/repaid with certificates		
c	Taxable amount of CCC loans forfeited/repaid		
26	Crop insurance proceeds and certain disaster payments		
27	Custom hire (machine work) income		
28	Other income include federal/state gas tax credit/refund		
29	Cost of Goods Sold:		
a	Beginning inventory – livestock, produce, etc		
b	Cost of livestock, produce, etc purchased		
c	Ending inventory – livestock, produce, etc		
30	Check if you used the unit-livestock price method or farm-price method to value inventory	<input type="checkbox"/>	<input type="checkbox"/>
FARM EXPENSES – CASH AND ACCRUAL METHODS		2025	2024
31	Car and truck expense (complete ORG18)		
32	Chemicals		
33	Conservation expenses		
34	Custom hire (machine work)		
35	Depreciation and Section 179 deduction (Preparer Use Only)		
36	Employee benefit programs other than pension and profit-sharing plans		
37	Feed		
38	Fertilizers and lime		
39	Freight and trucking		
40	Gasoline, fuel and oil		
41 a	Insurance (other than health)		
b	Self-employed health insurance attributable to this farm business		
42	Interest:		
a	Mortgage (paid to banks, etc)		
b	Other		
43	Labor hired		
44	Pension and profit-sharing plans		
45	Rent or lease:		
a	Machinery, equipment, etc (for vehicle rent or lease, see ORG18)		
b	Other (land, animals, etc)		
46	Repairs and maintenance		
47	Seeds and plants purchased		
48	Storage and warehousing		
49	Supplies purchased		
50	Taxes		
51	Utilities		
52	Veterinary, breeding and medicine		
53	Other expenses (specify):		

54	Qualified pension plan start-up costs		
55	DPAD (line 6) from cooperative(s) with tax year beginning before Jan. 1, 2018		
56	DPAD (line 6) from cooperative(s) with tax year beginning after Dec. 31, 2017		

Adjustments to Income

ORG28

TRADITIONAL IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Traditional IRA contributions made for 2025		
2 Check if you were covered by a retirement plan at work.....	<input type="checkbox"/>	<input type="checkbox"/>
3 Check if you wish to make an additional contribution to your traditional IRA before the due date of your return.....	<input type="checkbox"/>	<input type="checkbox"/>
4 If line 3 is checked, check this box to contribute the maximum allowable amount.....	<input type="checkbox"/>	<input type="checkbox"/>
5 Or enter the amount you wish to contribute		
If you (a) received traditional IRA distributions during 2025 and you have made nondeductible IRA contributions to any of your traditional IRAs, including SIMPLE IRAs, OR (b) choose to make any nondeductible traditional IRA contributions for 2025, please provide this information:		
6 Enter the value of all of your IRAs on 12/31/2025		
7 Enter the value of all recharacterizations after 12/31/2025		
8 Enter the amount of any outstanding rollovers as of 1/1/2026		
If you received IRA distributions during 2025, please complete ORG7.		

ROTH IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Roth IRA contributions made for 2025		
2 Check if you wish to make an additional contribution to your Roth IRA before the due date of your return.....	<input type="checkbox"/>	<input type="checkbox"/>
3 If line 2 is checked, check this box to contribute the maximum allowable amount.....	<input type="checkbox"/>	<input type="checkbox"/>
4 Or enter the amount you wish to contribute		

SELF-EMPLOYED PENSION CONTRIBUTIONS	Taxpayer	Spouse
Money Purchase Plan Keogh and Multiple Plans:		
1 a Payments made and/or expected to be made to a money purchase Keogh plan for 2025		
b Check this box if you wish to contribute the maximum amount to your money purchase Keogh for 2025	<input type="checkbox"/>	<input type="checkbox"/>
Profit Sharing Plan Keogh:		
2 a Payments made and/or expected to be made to a profit sharing Keogh for 2025		
b Check this box if you wish to contribute the maximum amount to your profit sharing Keogh for 2025	<input type="checkbox"/>	<input type="checkbox"/>
Defined Benefit Plan Keogh:		
3 Payments made and/or expected to be made to a defined benefit Keogh plan for 2025		
SEP:		
4 a Payments made and/or expected to be made to a SEP for 2025		
b Check this box if you wish to contribute the maximum amount to your SEP for 2025	<input type="checkbox"/>	<input type="checkbox"/>
Self-Employed SIMPLE Plan:		
5 a Payments made and/or expected to be made to a self-employed SIMPLE plan for 2025		
b Enter matching contributions only to report on Form 1040 to a self-employed SIMPLE plan for 2025		
Individual 401(k):		
6 a Elective deferrals made and/or expected to be made to an Individual 401(k) plan for 2025		
b Catch-up contributions made and/or expected to be made to an Individual 401(k) for 2025		
c Employer matching profit-sharing contribution made and/or expected to be made to an Individual 401(k) plan for 2025.....		
d Check this box if you wish to contribute the maximum amount to your Individual 401(k) for 2025	<input type="checkbox"/>	<input type="checkbox"/>
Roth 401(k):		
7 a Elective deferrals made or expected to be made to a designated Roth 401(k) plan for 2025		
b Catch-up contributions made or expected to be made to a designated Roth 401(k) plan for 2025		

ALIMONY PAID		
Recipient's name	Recipient's SSN	Alimony paid
1		
2		

Child and Dependent Care Expenses

ORG35

CHILD AND DEPENDENT CARE EXPENSES

Enter below the persons or organizations who provided the child and dependent care.

First Name (if person) Last Name (if person) OR Provider Business Name Additional Business Name	Provider Address	ID Number SSN on first line OR EIN on second line	Amount Paid
Provider Phone			
1 ..... ..... .....	..... ..... ..... Care at above address? <input type="checkbox"/> Tax-Exempt .. ► <input type="checkbox"/> Foreign ► <input type="checkbox"/>
2 ..... ..... .....	..... ..... ..... Care at above address? <input type="checkbox"/> Tax-Exempt .. ► <input type="checkbox"/> Foreign ► <input type="checkbox"/>
3 ..... ..... .....	..... ..... ..... Care at above address? <input type="checkbox"/> Tax-Exempt .. ► <input type="checkbox"/> Foreign ► <input type="checkbox"/>
4 ..... ..... .....	..... ..... ..... Care at above address? <input type="checkbox"/> Tax-Exempt .. ► <input type="checkbox"/> Foreign ► <input type="checkbox"/>

EXPENSES	2025	2024
1 Total employment taxes paid on wages for child care expenses		
2 Total expenses paid in 2025 but not incurred in 2025		
3 Total expenses incurred in 2025 but not paid in 2025		
4 Medical expenses paid for qualifying persons unable to care for themselves		

STUDENT/DISABLED PERSON INFORMATION FOR 2025	Taxpayer	Spouse
5 If taxpayer or spouse was a full-time student or disabled in 2025, answer the following questions:		
a Number of months that taxpayer/spouse was a full-time student or disabled		
b Did taxpayer or spouse work and earn less than \$250/\$500 during the months entered on line 5a? If No, leave line 5b blank. If Yes, multiply the number of months working and earning less by either \$250/\$500 and enter that amount here		

Education Information

ORG36

EDUCATION TUITION AND FEES

Attach all Form 1098-Ts and a list of your qualified expenses.

EDUCATOR EXPENSES	2025	2024
1 a Taxpayer educator expenses.....		
b Spouse educator expenses.....		

STUDENT LOAN INTEREST PAID

Student Loan Interest Reported on a 1098-E in 2025

2 a Enter detail below or total interest in Part 2b

Lender's Name	2025	2024
Total Student Loan Interest	2025	2024
2 b Enter the total interest paid on qualified student loans.....		

FORM 1099-Q

3 Enter 1099-Q detail below.

State Code	Name of Payer or Program	Gross Distribution Box 1	Earnings Box 2	* Type Box 5

* For the Type Code, enter the following:
 P = Private Qualified Tuition Program
 S = State Qualified Tuition Program
 E = Coverdell ESA

Tax Payments

ORG40

2025 ESTIMATED TAX PAYMENTS

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 04/15/25								
2 Qtr 2 due by 06/15/25								
3 Qtr 3 due by 09/15/25								
4 Qtr 4 due by 01/18/26								
5 a Additional payments ...								
b Additional payments ...								
c Additional payments ...								
d Additional payments ...								

OTHER TAX PAYMENTS

	Federal	State	Local
6 2024 overpayment applied to 2025			
7 Balance due paid with 2024 return			
8 a 2024 Quarter 4 payments paid in 2025			
b 2024 extension payments paid in 2025			
9 Other taxes paid in 2025 for prior years (include explanation)			

2026 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2026, please enter the increase or decrease below.

Income

10 Wages	Taxpayer	
	Spouse	
11 Self-Employment Income	Taxpayer	
	Spouse	
12 Capital Gains (sale of stock, real estate, etc)		
13 Other Income:		
Description		

Deductions

14 Allowable Itemized Deductions	
15 Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description	
16 Federal Withholding	
17 Number of personal exemptions expected for 2026	

ADDITIONAL INFORMATION

18 Check to use your 2025 tax amount for your 2026 estimate	<input type="checkbox"/>
19 If you have an overpayment of 2025 taxes, check the box to indicate how you want your overpayment applied.	
a Apply entire overpayment to next year and refund excess	<input type="checkbox"/>
b Apply entire overpayment to first quarter and refund excess	<input type="checkbox"/>
20 Amount to apply if not entire overpayment	
21 Number of installments for estimated tax (1 - 4)	

Household Employment Taxes

ORG41

GENERAL INFORMATION

Attach copies of your state payroll returns and other payroll forms.

- 1 Enter your employer identification number
- Yes No
- 2 Did you pay **any one** household employee cash wages of \$2,700 or more in 2025 ?
- 3 Did you withhold federal income tax during 2025 for any household employee?
- 4 Did you pay total cash wages of \$1,000 or more **in any calendar quarter** of 2024 or 2025 to **all** household employees?

COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 2 OR 3 ABOVE	2025	2024
5 Enter total cash wages paid during 2025 that were:		
a Subject to social security taxes		
b Subject to Medicare taxes		
c Subject to FUTA taxes		
6 Enter federal income tax withheld during 2025		

COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 4 ABOVE

- Federal Unemployment Tax (FUTA) Questions: Yes No
- 7 Did you pay unemployment contributions to only one state?
- 8 Did you pay all state unemployment contributions for 2025 by April 15, 2026 ?
- 9 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

10 Enter any unemployment compensation you paid for 2025 :

	State Name	State Reporting Number	Taxable Wages		Contributions Paid to State Unemployment Fund	
			2025	2024	2025	2024
a	—					
b	—					

- 11 Complete the following if you know your state experience rate:
- | | State A | State B |
|---|---------|---------|
| a State experience rate (e.g., enter 5.5 for 5.5%) | _____ | _____ |
| b State experience rate period — starting date (e.g., 01/01/2025) | | |
| c State experience rate period — ending date (e.g., 12/31/2025) | | |

Household Employment Taxes

ORG41

GENERAL INFORMATION

Attach copies of your state payroll returns and other payroll forms.

- 1 Enter your employer identification number
- Yes No
- 2 Did you pay **any one** household employee cash wages of \$2,700 or more in 2025 ?
- 3 Did you withhold federal income tax during 2025 for any household employee?
- 4 Did you pay total cash wages of \$1,000 or more **in any calendar quarter** of 2024 or 2025 to **all** household employees?

COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 2 OR 3 ABOVE

2025

2024

- 5 Enter total cash wages paid during 2025 that were:
- a Subject to social security taxes
- b Subject to Medicare taxes
- c Subject to FUTA taxes
- 6 Enter federal income tax withheld during 2025

COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 4 ABOVE

Federal Unemployment Tax (FUTA) Questions:

Yes No

- 7 Did you pay unemployment contributions to only one state?
- 8 Did you pay all state unemployment contributions for 2025 by April 15, 2026 ?
- 9 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?
- 10 Enter any unemployment compensation you paid for 2025 :

State Name	State Reporting Number	Taxable Wages		Contributions Paid to State Unemployment Fund	
		2025	2024	2025	2024
a	---				
b	---				

11 Complete the following if you know your state experience rate:

**State
A**

**State
B**

- a State experience rate (e.g., enter 5.5 for 5.5%)
- b State experience rate period — starting date (e.g., 01/01/2025)
- c State experience rate period — ending date (e.g., 12/31/2025)

K-1 Partnership – Partner's Questions

ORG45

Attach all copies of K-1s from partnerships.

1	Name of partnership
	Partnership identification number _____ Tax shelter registration number
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Name of partnership
	Partnership identification number _____ Tax shelter registration number
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Name of partnership
	Partnership identification number _____ Tax shelter registration number
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Name of partnership
	Partnership identification number _____ Tax shelter registration number
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Name of partnership
	Partnership identification number _____ Tax shelter registration number
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Name of partnership
	Partnership identification number _____ Tax shelter registration number
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No

K-1 S Corporation – Shareholder's Questions

ORG46

▶	<input checked="" type="checkbox"/>	Attach all copies of K-1s from S Corporations.		
1	Name of S Corporation _____			
	S Corporation identification number _____		Tax shelter registration number ... _____	
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint			
	2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Name of S Corporation _____			
	S Corporation identification number _____		Tax shelter registration number ... _____	
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint			
	2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	Name of S Corporation _____			
	S Corporation identification number _____		Tax shelter registration number ... _____	
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint			
	2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Name of S Corporation _____			
	S Corporation identification number _____		Tax shelter registration number ... _____	
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint			
	2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Name of S Corporation _____			
	S Corporation identification number _____		Tax shelter registration number ... _____	
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint			
	2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Name of S Corporation _____			
	S Corporation identification number _____		Tax shelter registration number ... _____	
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint			
	2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No			

K-1 Estate & Trust – Beneficiary's Questions

ORG47

<input checked="" type="checkbox"/>	Attach all copies of K-1's from estates and trusts.	
1	Name of estate or trust..... _____	
	Estate or trust identification no... _____	Tax shelter registration number..... _____
	1 Beneficiary <input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Name of estate or trust..... _____	
	Estate or trust identification no... _____	Tax shelter registration number..... _____
	1 Beneficiary <input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Name of estate or trust..... _____	
	Estate or trust identification no... _____	Tax shelter registration number..... _____
	1 Beneficiary <input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Name of estate or trust..... _____	
	Estate or trust identification no... _____	Tax shelter registration number..... _____
	1 Beneficiary <input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Name of estate or trust..... _____	
	Estate or trust identification no... _____	Tax shelter registration number..... _____
	1 Beneficiary <input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Name of estate or trust..... _____	
	Estate or trust identification no... _____	Tax shelter registration number..... _____
	1 Beneficiary <input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	

K-1 Supplemental Business Expenses

ORG48

Partnership

EXPENSES	2025	2024
Use ORG18 to enter vehicle expenses.		
1 Vehicle expenses.....		
2 Vehicle rentals.....		
3 Travel expenses while away from home (excluding meals/entertainment expenses).....		
4 Business gifts.....		
5 Education.....		
6 Office supplies and expenses.....		
7 Telephone, fax, pager, etc.....		
8 Trade publications.....		
9 Depreciation and amortization (Preparer Use Only).....		
Use ORG50 to record dispositions. Use ORG51 to enter additional assets.		
Treat all MACRS assets for activity as qualified Indian reservation property?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treat all assets acquired after August 27, 2005 as qualified GO Zone property?..... <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No		
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this activity located in a Qualified Disaster Area?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
10 Carryover of Section 179 expense from prior year.....		
11 Meals and entertainment expenses.....		
12 Other:		

REIMBURSEMENTS	2025	2024
13 Reimbursements for other than meals and entertainment.....		
14 Reimbursements for meals and entertainment.....		

State Information Worksheet

ORG60

GENERAL INFORMATION

	Taxpayer	Spouse
1 Enter your state of residence		
2 Check the appropriate box if:	Taxpayer	Spouse
a Full year resident.....	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident.....	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____	School district: _____	School district number: _____
	Taxpayer	Spouse
5 Check if disabled	<input type="checkbox"/>	<input type="checkbox"/>

STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

MISCELLANEOUS QUESTIONS

		Yes	No
8 Did you file a state return for 2024?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?			
a Refunded	<input type="checkbox"/>	b Apply to 2026 estimates	<input type="checkbox"/>
		c Apply to 2026 taxes	<input type="checkbox"/>
12 Additional state information: _____			

