

Angelo A Cerbone Jr CPA LLC  
Angelo A Cerbone  
69 Old Norwalk Road  
New Canaan, CT 06840

|||||

**Organizer Mailing Slip**

## General Information

### Taxpayer

First Name . . . . .  
Middle Initial . . . . .  
Last Name . . . . .  
Suffix . . . . .  
Social Security Number . . . . .  
Date of Birth . . . . .  
Date of Death . . . . .  
Identity Protection PIN . . . . .

### Spouse

First Name . . . . .  
Middle Initial . . . . .  
Last Name . . . . .  
Suffix . . . . .  
Social Security Number . . . . .  
Date of Birth . . . . .  
Date of Death . . . . .  
Identity Protection PIN . . . . .

Check ("X") which phone number to list on return.

Home Phone . . . . .  
Work Phone . . . . .  
Cell Phone . . . . .  
Fax Number . . . . .  
Legally Blind . . . . .  
Totally Disabled . . . . .  
Claimed as a Dependent . . . . .  
Presidential Election Fund (\$3)  
Occupation . . . . .  
E-mail address . . . . .  
State of Residence as of 12/31 . . . . .  
County of Residence as of 12/31 . . . . .  
School District as of 12/31 . . . . .  
Sales tax rate of locality in 2025 . . . . . % . . . . . %  
If Part Year, Period of Residency . . . . . to . . . . . to . . . . .

Home Phone . . . . .  
Work Phone . . . . .  
Cell Phone . . . . .  
Fax Number . . . . .  
Legally Blind . . . . .  
Totally Disabled . . . . .  
Claimed as a Dependent . . . . .  
Presidential Election Fund (\$3)  
Occupation . . . . .  
E-mail address . . . . .  
State of Residence as of 12/31 . . . . .  
County of Residence as of 12/31 . . . . .  
School District as of 12/31 . . . . .  
Sales tax rate of locality in 2025 . . . . . % . . . . . %  
If Part Year, Period of Residency . . . . . to . . . . . to . . . . .

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type . . . . .  Driver's license OR  State Issued ID  Driver's license OR  State Issued ID  
ID number . . . . .  
ID issuing state . . . . .  
ID issue date . . . . .  
ID expiration date . . . . .

### Filing Status

Status on 2024 return :


1 Single

2 Married filing joint

3 Married filing separately

(Enter spouse's name and SSN above)

4 Head of Household

Non-dependent name: \_\_\_\_\_

Non-dependent SSN: \_\_\_\_\_

5 Qualifying surviving spouse (QSS)

Year spouse died: \_\_\_\_\_

If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire year, enter their name . . . . .

### Taxpayer's Address

Street \_\_\_\_\_ Apt/Suite/Unit \_\_\_\_\_  
P.O.Box \_\_\_\_\_ Private Mailbox Number \_\_\_\_\_ Unit Type \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

In Care Of: First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

In Care Of Social Security Number . . . . .

If address is in a foreign country, enter that country \_\_\_\_\_

Foreign province/county . . . . . Foreign postal code \_\_\_\_\_

If a bona fide resident of a U.S. territory, enter territory . . . . .

### Preparer's Information

Preparer's name Angelo A Cerbone  
Firm's name Angelo A Cerbone Jr CPA LLC  
Street 69 Old Norwalk Road  
City New Canaan State CT Zip Code 06840

### Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign \_\_\_\_\_ Date \_\_\_\_\_  
here \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_

## Questions

Yes

No

**Personal Information**

- 1 Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
- 2 Did you purchase or sell your principal residence or did your address change?
- 3 Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
- 4 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2025?
- 5 Were either you or your spouse in the military or National Guard?
- 6 Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?
- 7 Have you, your spouse, or dependents been issued a six digit IRS Identity Protection PIN (IP PIN) for this tax year?

Yes

No

### Dependents

- 1 Are there any changes in your dependents from last year?
- 2 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,350 in investment income?
- 3 Did you pay education expenses for your dependent children?
- 4 Did anyone in your family receive a scholarship of any kind during 2025?
- 5 Did you pay any dependent care expenses for a child or a parent?
- 6 Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
- 7 Are all of your dependents either US residents or citizens?

Yes

No

### Health Care Coverage

- 1 Did you or a member of your family have minimum essential coverage in 2025? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)

Yes

No

### Income (In 2025, did you or your spouse have any of the following?)

- 1 Wages? (include form(s) W-2)
- 2 Non-employee compensation? (include form(s) 1099-NEC)
- 3 Miscellaneous Income? (include form(s) 1099-MISC)
- 4 Interest income? (include form(s) 1099-INT)
- 5 Dividend income? (include form(s) 1099-DIV)
- 6 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
- 7 Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
- 8 Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
- 9 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
- 10 Disability income? (include form(s) W-2 or 1099)
- 11 Unemployment compensation? (include form(s) 1099-G)
- 12 Did you receive income from a payment processor or online marketplace? (include form(s) 1099-K)
- 13 Alimony?
- 14 Did you receive tip income or overtime pay?
- 15 Did you receive payments from a Long-Term Care insurance contract?
- 16 Did you barter your services for goods or services from someone else?
- 17 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
- 18 Did you receive employer-provided adoption benefits for a previous year?
- 19 Did you cash in any U.S. savings bonds?
- 20 Did you make a loan to someone at an interest rate below market rate?
- 21 Did you receive a housing allowance for ministerial services you provided?
- 22 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
- 23 Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any digital assets?
- 24 Did you receive any income not reported in this Organizer?

Yes

No

### Foreign Reporting

- 1 Did you have an interest in or signature authority over a financial account in a foreign country?
- 2 Were you the grantor or transferor to a foreign trust?
- 3 Did you receive income from a foreign source or pay taxes to a foreign government?

Yes

No

### Retirement & Other Plans

- 1 Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
- 2 Did you rollover a retirement plan distribution into another plan?
- 3 Did you convert a traditional IRA to a Roth IRA?
- 4 Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- 5 Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
- 6 Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA? (Include form(s) 1099-SA)
- 7 Did you make any contributions to an HSA (Health Savings Account) in 2025?
- 8 Did you receive a distribution as a domestic abuse victim, due to terminal illness or a qualified disaster in 2025?
- 9 Did you receive an early distribution for a qualified birth or adoption distribution?

Yes	No	<b>Purchases, Sales, Gains and Losses</b>
<input type="checkbox"/>	<input type="checkbox"/>	1 Did you exchange any securities or investments for something other than cash?
<input type="checkbox"/>	<input type="checkbox"/>	2 Do you have any short sales, commodity sales, or straddles?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you receive Form 2439?
<input type="checkbox"/>	<input type="checkbox"/>	4 Did you buy or sell any bonds?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you receive stock from a stock bonus plan with your employer?
<input type="checkbox"/>	<input type="checkbox"/>	6 Did you sell any other personal assets at a gain?
<input type="checkbox"/>	<input type="checkbox"/>	7 Did you sell any real estate (other than your home) during the year?
<input type="checkbox"/>	<input type="checkbox"/>	8 Did you sell any assets using the installment method?
<input type="checkbox"/>	<input type="checkbox"/>	9 Did you receive proceeds from a prior year installment sale?
<input type="checkbox"/>	<input type="checkbox"/>	10 Did you purchase a rental property?
<input type="checkbox"/>	<input type="checkbox"/>	11 Did you exchange any property for other property?
<input type="checkbox"/>	<input type="checkbox"/>	12 Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	13 Did you purchase a new vehicle, aircraft or boat?
<input type="checkbox"/>	<input type="checkbox"/>	14 Did any security become worthless during 2025?
<input type="checkbox"/>	<input type="checkbox"/>	15 Did any debts become uncollectible during 2025?
<input type="checkbox"/>	<input type="checkbox"/>	16 Did you purchase any items acquired out of state, online or by mail order that did not include sales tax?
Yes	No	<b>Business and Rental Property Income &amp; Deductions</b>
<input type="checkbox"/>	<input type="checkbox"/>	1 If you own rental property, do you qualify as a Real Estate Professional?
<input type="checkbox"/>	<input type="checkbox"/>	2 Did you start or acquire a new business?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you sell any part of an existing business, or sell business assets?
<input type="checkbox"/>	<input type="checkbox"/>	4 Did you cease operating any business or rental property?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you remove any of your business assets for personal use?
<input type="checkbox"/>	<input type="checkbox"/>	6 Did you use part of your home for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	7 Did you make any contributions to a Keogh or a self-employed SEP plan for 2025?
<input type="checkbox"/>	<input type="checkbox"/>	8 Do you pay for any health or long term care insurance through your business?
<input type="checkbox"/>	<input type="checkbox"/>	9 If you or your spouse are self-employed, are either of you covered under an employer's health plan?
<input type="checkbox"/>	<input type="checkbox"/>	10 Did you purchase any furniture or equipment for your business?
<input type="checkbox"/>	<input type="checkbox"/>	11 Did you make any improvements to your rental properties?
<input type="checkbox"/>	<input type="checkbox"/>	12 Did you receive income from raising animals or crops?
Yes	No	<b>Other Deductions</b>
<input type="checkbox"/>	<input type="checkbox"/>	1 Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	2 Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
<input type="checkbox"/>	<input type="checkbox"/>	4 Did you incur any travel and entertainment expenses for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you pay expenses for the care of your child or other dependent so you could work?
<input type="checkbox"/>	<input type="checkbox"/>	6 Did you purchase a 'clean fuel' or electric hybrid vehicle in 2025?
<input type="checkbox"/>	<input type="checkbox"/>	7 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2025?
<input type="checkbox"/>	<input type="checkbox"/>	8 Did you contribute less than an entire interest in any property to charity?
<input type="checkbox"/>	<input type="checkbox"/>	9 Did you refinance a mortgage or take out a home equity loan during 2025?
<input type="checkbox"/>	<input type="checkbox"/>	10 Did you incur moving expenses during the year due to a military order and incident to a permanent change in station?
<input type="checkbox"/>	<input type="checkbox"/>	11 Did you or your spouse pay any educational expenses for yourselves?
<input type="checkbox"/>	<input type="checkbox"/>	12 Did you pay any student loan interest?
<input type="checkbox"/>	<input type="checkbox"/>	13 Did you make any federal or state estimated payments?
<input type="checkbox"/>	<input type="checkbox"/>	14 Did you pay alimony?
<input type="checkbox"/>	<input type="checkbox"/>	15 Did you donate non-cash donations or a vehicle?
<input type="checkbox"/>	<input type="checkbox"/>	16 Did you incur medical or dental expenses?
Yes	No	<b>Miscellaneous</b>
<input type="checkbox"/>	<input type="checkbox"/>	1 Did you make gifts of more than \$19,000 to any one person?
<input type="checkbox"/>	<input type="checkbox"/>	2 Did you engage the service of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did your bank account information change within the last twelve months?
<input type="checkbox"/>	<input type="checkbox"/>	4 Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	5 Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	6 Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2025?
Yes	No	<b>Return preparation and filing</b>
<input type="checkbox"/>	<input type="checkbox"/>	1 Do you want to e-file your return?
<input type="checkbox"/>	<input type="checkbox"/>	2 If you are due a refund, how do you want to receive it?

Check sent to you in the mail  
 Apply to next year's estimates  
 Direct deposit (please provide voided blank check)

Other quick refund via a bank product  
  
Type of account:  Checking  Savings

If you owe taxes, how do you want to pay them?

Paper check sent with my return  Credit card  
 Direct debit (please provide a voided blank check)

Installment Agreement  
Type of account:  Checking  Savings

3 Do you want to allow your tax preparer to discuss this year's return with the IRS?  
If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's name \_\_\_\_\_ Phone Number \_\_\_\_\_ Personal identification Number (5 digit PIN) \_\_\_\_\_

**Yes** **No** **Other**

1 Did you work in multiple States requiring income allocation

Name \_\_\_\_\_

**Comments**

SSN \_\_\_\_\_



Name \_\_\_\_\_

SSN \_\_\_\_\_

## Dependent Information

**Enter "X" if applicable**

Full-time Paid Not a  
Student or Education Dependent  
Disabled Expenses this Year

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Wages****W-2 Information**

"X" if spouse	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					

Name \_\_\_\_\_

SSN \_\_\_\_\_

## Retirement Income

### 1099-R Information

"X" if spouse	Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 16 State Distribution	Box 14 State Income Tax Withheld
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest Income**

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

**\*F/S/J Payer**

<b>*F/S/J Payer</b>	<b>Taxable Interest Income</b>		<b>Tax Exempt Interest</b>		<b>Specified Priv Act Interest</b>	
	<b>Current Year Amount</b>	<b>Prior Year Amount</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

**Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

**\*F/S/J Payer**

<b>*F/S/J Payer</b>	<b>Ordinary Dividends</b>		<b>Qualified Dividends</b>		<b>Capital Gains</b>	
	<b>Current Year Amount</b>	<b>Prior Year Amount</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Seller Financed Mortgage Interest**

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

**\*F/S/J**

		<b>Current Year Amount</b>	<b>Prior Year Amount</b>
<input type="checkbox"/> 1	Name _____ Address _____	SSN/EIN _____	_____
<input type="checkbox"/> 2	Name _____ Address _____	SSN/EIN _____	_____
<input type="checkbox"/> 3	Name _____ Address _____	SSN/EIN _____	_____
<input type="checkbox"/> 4	Name _____ Address _____	SSN/EIN _____	_____
<input type="checkbox"/> 5	Name _____ Address _____	SSN/EIN _____	_____
<input type="checkbox"/> 6	Name _____ Address _____	SSN/EIN _____	_____
<input type="checkbox"/> 7	Name _____ Address _____	SSN/EIN _____	_____
<input type="checkbox"/> 8	Name _____ Address _____	SSN/EIN _____	_____
<input type="checkbox"/> 9	Name _____ Address _____	SSN/EIN _____	_____
<input type="checkbox"/> 10	Name _____ Address _____	SSN/EIN _____	_____
<input type="checkbox"/> 11	Name _____ Address _____	SSN/EIN _____	_____
<input type="checkbox"/> 12	Name _____ Address _____	SSN/EIN _____	_____
<input type="checkbox"/> 13	Name _____ Address _____	SSN/EIN _____	_____
<input type="checkbox"/> 14	Name _____ Address _____	SSN/EIN _____	_____
<input type="checkbox"/> 15	Name _____ Address _____	SSN/EIN _____	_____
<input type="checkbox"/> 16	Name _____ Address _____	SSN/EIN _____	_____
<input type="checkbox"/> 17	Name _____ Address _____	SSN/EIN _____	_____
<input type="checkbox"/> 18	Name _____ Address _____	SSN/EIN _____	_____
<input type="checkbox"/> 19	Name _____ Address _____	SSN/EIN _____	_____
<input type="checkbox"/> 20	Name _____ Address _____	SSN/EIN _____	_____
<input type="checkbox"/> 21	Name _____ Address _____	SSN/EIN _____	_____
<input type="checkbox"/> 22	Name _____ Address _____	SSN/EIN _____	_____

Name \_\_\_\_\_

SSN \_\_\_\_\_

## Exclusion of Interest From Series EE and I US Savings Bonds Issued After 1989

If you cashed series EE or I U.S. savings bonds in 2025 that were issued after 1989, you may be able to exclude from your income part or all of the interest on those bonds.

1 Total qualified tuition and fees paid . . . . .	1	_____
2 Nontaxable education benefits received . . . . .	2	_____
3 Enter total proceeds (principal and interest) from EE or I bonds issued after 1989 and cashed in 2025 . . . . .	3	_____
4 Enter the face value of all post - 1989 series EE bonds cashed in 2025 . . . . .	4	_____
5 Enter the face value of all series I bonds cashed in 2025 . . . . .	5	_____

**Name of person (you, your spouse, or your dependent) who was enrolled at or attended an eligible educational institution**

**Eligible Educational Institution**

	First Name	M I	Last Name
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

1	Name _____
	Address _____
	City, State, Zip _____
2	Name _____
	Address _____
	City, State, Zip _____
3	Name _____
	Address _____
	City, State, Zip _____

Name \_\_\_\_\_

SSN \_\_\_\_\_

## Alimony Received

\* F/S - enter ownership (F)iler or (S)pouse.

F/S\* Payer

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____

Date of Original  
Divorce or Sepa-  
ration Agreement

	Current Year Amount	Prior Year Amount
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____

## Alimony Paid

\* F/S - enter ownership (F)iler or (S)pouse.

F/S\* Recipient's Name

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____

Recipient's SSN

Date of Original  
Divorce or Sepa-  
ration Agreement

	Current Year Amount	Prior Year Amount
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Business Assets Placed in Service in Prior Years**

Activity	Description	Date Placed In Service	Cost	Explain any assets no longer used by the business
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Self-Employed Business Income and Expenses (Schedule C)**Enter "X" in one box:  Filer  Spouse**General Information**

Employer Identification Number \_\_\_\_\_ (do not enter Social Security Number)

Principal business or profession \_\_\_\_\_

Business name . . . . .

Business address . . . . .

City . . . . . State \_\_\_\_\_ Zip \_\_\_\_\_

Foreign Country . . . . .

Foreign Province/State . . . . . Postal Code \_\_\_\_\_

**General Check Boxes** (Enter "X" where applicable)

1 Accounting Method . . . . .  Cash  Accrual  Other - (Specify) \_\_\_\_\_

2 Did you "materially participate" in this business?  Yes  No

3 Check ('X') if you started or acquired this business in 2025.

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

**Business Income**

\* Report statutory income as W-2 income.

Gross receipts or sales not reported on Form 1099 or Form W-2

5 \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

9 \_\_\_\_\_

10 \_\_\_\_\_

11 \_\_\_\_\_

12 \_\_\_\_\_

13 \_\_\_\_\_

14 \_\_\_\_\_

15 Income reported on 1099 MISC . . . . .

16 Gross amount of payment card/third party network transactions from Form 1099-K . . . . .

17 Professional gambler winnings from Form W2-G . . . . .

18 Gross installment sales less cost of goods sold . . . . .

19 Returns and allowances . . . . .

20 Other income . . . . .

Current Year Amount	Prior Year Amount
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	

**Inventory** (Enter "X" where applicable)

21 Method(s) used to value closing inventory . . . . .  Cost  Lower of cost or market  Other

22 Any change in determining quantities, costs, or valuations between opening and closing inventory?  Yes  No

23 Inventory at the beginning of year . . . . .

24 Purchases less cost of items withdrawn for personal use . . . . .

25 Cost of labor . . . . .

26 Materials and supplies . . . . .

27 Other Costs . . . . .

28 Inventory at end of year . . . . .

Current Year Amount	Prior Year Amount
23	
24	
25	
26	
27	
28	

**Assets Placed in Service This Year**

Description:

A \_\_\_\_\_

B \_\_\_\_\_

C \_\_\_\_\_

D \_\_\_\_\_

E \_\_\_\_\_

F \_\_\_\_\_

G \_\_\_\_\_

Date Placed In Service	Purchase Amount
A	
B	
C	
D	
E	
F	
G	

Name \_\_\_\_\_

Business \_\_\_\_\_

SSN \_\_\_\_\_

**Self-Employed Business Expenses Cont. (Schedule C)****Expenses**

29	Advertising	.....	29	Current Year Amount	Prior Year Amount
30	Contract labor	.....	30		
31	Commissions and fees	.....	31		
32	Depletion	.....	32		
33	Employee benefit programs (other than on line 39)	.....	33		
34	Insurance (other than health)	.....	34		

**Interest:**

35	Mortgage (paid to banks, etc.)	.....	35		
36	Other	.....	36		
37	Legal and professional services	.....	37		
38	Office expense	.....	38		
39	Pension and profit-sharing plans	.....	39		

**Rent or Lease:**

40	Machinery rental or lease	.....	40		
41	Equipment rental or lease	.....	41		
42	.....	.....	42		
43	.....	.....	43		
44	.....	.....	44		
	Other business property rental or lease				
45			45		
46			46		
47			47		
48	Repairs and maintenance	.....	48		
49	Supplies (not included in inventory cost of goods sold)	.....	49		
50	Taxes and licenses	.....	50		

**Travel and Meals:**

## Travel

51			51		
52			52		
53			53		
54			54		

## Meals

55	Enter "X" in the box if subject to DOT hours of service limits	.....	55	<input type="checkbox"/>	<input type="checkbox"/>
56	Meals subject to the Standard meal allowance that are 100% deductible after the federal M&IE rate is applied	.....	56		

## Meals subject to percentage limitation

57			57		
58			58		
59			59		
60			60		
61			61		

## Meals not subject to percentage limitation (100% allowed)

62			62		
63			63		
64			64		
65			65		
66	Utilities	.....	66		
67	Wages	.....	67		

**Other Expenses:**

68			68		
69			69		
70			70		
71			71		
72			72		
73			73		
74			74		
75			75		
76			76		

	Current Year Amount	Prior Year Amount
29		
30		
31		
32		
33		
34		

	Current Year Amount	Prior Year Amount
35		
36		
37		
38		
39		

	Current Year Amount	Prior Year Amount
40		
41		
42		
43		
44		
45		
46		
47		
48		
49		
50		

	Current Year Amount	Prior Year Amount
51		
52		
53		
54		
55		
56		

	Current Year Amount	Prior Year Amount
57		
58		
59		
60		
61		

	Current Year Amount	Prior Year Amount
62		
63		
64		
65		
66		
67		

	Current Year Amount	Prior Year Amount
68		
69		
70		
71		
72		
73		
74		
75		
76		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

**Vehicle Information (Schedule C)**

		Vehicle -	Vehicle -
		Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . .	1	
2	Cost of vehicle . . . . .	2	
3	Total miles driven for the year . . . .	3	
4	Business miles driven during the year . .	4	
5	Commuting miles included on line 3 . .	5	
6	Parking fees and tolls . . . . .	6	
7	Vehicle Interest . . . . .	7	
8	Vehicle Personal Property tax . . . .	8	
<b>Actual Expenses</b>			
9	Gasoline, oil and repairs . . . . .	9	
10	Vehicle Insurance . . . . .	10	
11	Vehicle registration fees . . . . .	11	
12	Vehicle lease or rental . . . . .	12	
13		13	

		Vehicle -	Vehicle -
		Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . .	1	
2	Cost of vehicle . . . . .	2	
3	Total miles driven for the year . . . .	3	
4	Business miles driven during the year . .	4	
5	Commuting miles included on line 3 . .	5	
6	Parking fees and tolls . . . . .	6	
7	Vehicle Interest . . . . .	7	
8	Vehicle Personal Property tax . . . .	8	
<b>Actual Expenses</b>			
9	Gasoline, oil and repairs . . . . .	9	
10	Vehicle Insurance . . . . .	10	
11	Vehicle registration fees . . . . .	11	
12	Vehicle lease or rental . . . . .	12	
13		13	

Name \_\_\_\_\_

SSN \_\_\_\_\_

Home Office Number \_\_\_\_\_

Description of Home Office \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Check ("X") box:  Daycare**Home Office Expenses****Area of Home**

1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples . . . . .

1

2 Total area of home . . . . .

2

**Daycare only - Part of Home Used Nonexclusively for Daycare**

3 Multiply days used for daycare during year by hours used per day . . . . .

3

4 Enter total hours home was available for daycare during year . . . . .

4

**Expenses related to entire home including business portion (Indirect)**

5 Casualty losses . . . . .

5

6 Excess mortgage interest . . . . .

6

7 Excess real estate taxes . . . . .

7

8 Insurance . . . . .

8

9 Rent . . . . .

9

10 Repairs and maintenance . . . . .

10

11 Utilities . . . . .

11

12 Other Expenses:

a \_\_\_\_\_

12a \_\_\_\_\_

b \_\_\_\_\_

12b \_\_\_\_\_

c \_\_\_\_\_

12c \_\_\_\_\_

d \_\_\_\_\_

12d \_\_\_\_\_

e \_\_\_\_\_

12e \_\_\_\_\_

**Business Allocation:**

Business 1: \_\_\_\_\_

Current Year Allocation % \_\_\_\_\_

Business 2: \_\_\_\_\_

Prior Year Allocation % \_\_\_\_\_

Business 3: \_\_\_\_\_

\_\_\_\_\_

Business 4: \_\_\_\_\_

\_\_\_\_\_

**Business:** \_\_\_\_\_**Additional expenses related to business portion only (Direct)**

13 Casualty losses . . . . .

13

14 Excess mortgage interest . . . . .

14

15 Excess real estate taxes . . . . .

15

16 Insurance . . . . .

16

17 Rent . . . . .

17

18 Repairs and maintenance . . . . .

18

19 Utilities . . . . .

19

20 Other Expenses:

a \_\_\_\_\_

Current Year Amount \_\_\_\_\_

b \_\_\_\_\_

Prior Year Amount \_\_\_\_\_

c \_\_\_\_\_

\_\_\_\_\_

d \_\_\_\_\_

\_\_\_\_\_

e \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets**

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Real Estate Rentals and Royalties**

Property Description \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Foreign Country \_\_\_\_\_

Foreign Province/State \_\_\_\_\_ Postal Code \_\_\_\_\_

	Current Year Info	Prior Year Info
1a		

1a Owner of property (Enter Filer, Spouse, or Joint) . . . . . 1a

1b Enter property type number (1 to 8) . . . . . 1b    
 (1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental  
 (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other

2 Enter "X" if you actively participated? . . . . . 2

3 Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? . . . . . 3

3a If entered ("X"), enter the number of days of personal use? . . . . . 3a

3b If entered ("X"), enter the number of days rented? . . . . . 3b

**Income**

	Current Year Amounts	Prior Year Amounts
4		
5		
5a		
5b		
6		

**Property Expense**

	Current Year Amounts	Prior Year Amounts
7		
8		
9		
10		
11		
12		
13a		
13b		
14		
15		
16		
17a		
17b		
18		

**Assets Placed in Service This Year**

Description:

	Date Placed In Service	Purchase Amount
A		
B		
C		
D		
E		
F		
G		

A \_\_\_\_\_

B \_\_\_\_\_

C \_\_\_\_\_

D \_\_\_\_\_

E \_\_\_\_\_

F \_\_\_\_\_

G \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

## Other Expenses (Schedule E)

### Other Expenses:

19 \_\_\_\_\_  
20 \_\_\_\_\_  
21 \_\_\_\_\_  
22 \_\_\_\_\_  
23 \_\_\_\_\_  
24 \_\_\_\_\_  
25 \_\_\_\_\_  
26 \_\_\_\_\_

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

### Travel Expenses:

27 \_\_\_\_\_  
28 \_\_\_\_\_  
29 \_\_\_\_\_  
30 \_\_\_\_\_  
31 \_\_\_\_\_  
32 \_\_\_\_\_  
33 \_\_\_\_\_  
34 \_\_\_\_\_

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

### Meals Expenses:

35 \_\_\_\_\_  
36 \_\_\_\_\_  
37 \_\_\_\_\_  
38 \_\_\_\_\_  
39 \_\_\_\_\_  
40 \_\_\_\_\_  
41 \_\_\_\_\_  
42 \_\_\_\_\_

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

**Vehicle Information (Schedule E)**

	<b>Vehicle -</b>	<b>Vehicle -</b>		
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1 Date vehicle was placed in service . . . . .	1			
2 Cost of vehicle . . . . .	2			
3 Total miles driven for the year . . . . .	3			
4 Business miles driven during the year . . . . .	4			
5 Commuting miles included on line 3 . . . . .	5			
6 Parking fees and tolls . . . . .	6			
7 Vehicle Interest . . . . .	7			
8 Vehicle Personal Property tax . . . . .	8			
<b>Actual Expenses</b>				
9 Gasoline, oil and repairs . . . . .	9			
10 Vehicle Insurance . . . . .	10			
11 Vehicle registration fees . . . . .	11			
12 Vehicle lease or rental . . . . .	12			
13 _____	13			

	<b>Vehicle -</b>	<b>Vehicle -</b>		
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1 Date vehicle was placed in service . . . . .	1			
2 Cost of vehicle . . . . .	2			
3 Total miles driven for the year . . . . .	3			
4 Business miles driven during the year . . . . .	4			
5 Commuting miles included on line 3 . . . . .	5			
6 Parking fees and tolls . . . . .	6			
7 Vehicle Interest . . . . .	7			
8 Vehicle Personal Property tax . . . . .	8			
<b>Actual Expenses</b>				
9 Gasoline, oil and repairs . . . . .	9			
10 Vehicle Insurance . . . . .	10			
11 Vehicle registration fees . . . . .	11			
12 Vehicle lease or rental . . . . .	12			
13 _____	13			

Name \_\_\_\_\_

SSN \_\_\_\_\_

**K-1 Income**

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

\*F/S/J      Entity Name

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	

Enter "S" if K1 (1120S)
Enter "P" if K1 (1065)
Enter "E" if K1 (1041)

Unreimbursed Partnership Exp. Current Year
--

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	

Name \_\_\_\_\_

SSN \_\_\_\_\_

## Social Security and Railroad Retirement

### Filer

- 1 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . .
- 2 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . .
- 3 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . .
- 4 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . .
- 5 Enter the total amount of Medicare B Premiums withheld. . . . .
- 6 Enter the total amount of Medicare D Premiums withheld. . . . .

	Current Year Amount	Prior Year Amount
1		
2		
3		
4		
5		
6		

### Spouse

- 7 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . .
- 8 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . .
- 9 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . .
- 10 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . .
- 11 Enter the total amount of Medicare B Premiums withheld. . . . .
- 12 Enter the total amount of Medicare D Premiums withheld. . . . .

7	
8	
9	
10	
11	
12	

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Additional Income**

1 Refund from state . . . . .  
 2 Unemployment compensation . . . . .  
 3 Other income (Prizes and Awards, etc.) . . . . .  
 4 Scholarships and fellowships . . . . .  
 5 Income from rental of personal property, if not in the business of renting such property . . . . .  
 6 Net operating loss carryover (negative no.) . . . . .  
 7 Cancellation of debt . . . . .  
 8 \_\_\_\_\_  
 9 \_\_\_\_\_  
 10 \_\_\_\_\_  
 11 Other income not provided for in this Organizer

Filer		Spouse	
Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

**Adjustments to Income**

1 Educator expenses . . . . .  
 2 Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . .  
 3 Health Savings account deduction . . . . .  
 4 Moving expenses (members of armed forces) . . . . .  
 5 Self-employed SEP, SIMPLE, or other qualified plans . . . . .  
 6 Self-employed health insurance deduction . . . . .  
 7 Penalty on early withdrawal of savings . . . . .  
 8 Alimony paid . . . . .  
 9 IRA contribution . . . . .  
 10 Student loan interest deduction . . . . .  
 11 Foreign housing deduction . . . . .  
 12 Jury duty pay given to your employer . . . . .  
 13 Reforestation amortization . . . . .  
 14 Repayment of sub-pay under the Trade Act of 1974 . . . . .  
 15 Contributions to Section 501(c)(18)(D) pension plans . . . . .  
 16 Attorney fees and court costs paid for actions involving certain unlawful discrimination claims, but only to the extent of gross income from such actions . . . . .  
 17 Expenses from the rental of personal property but were not in the business of renting such property . . . . .  
 18 Contributions by chaplains to section 403(b) plans . . . . .  
 19 Archer MSA deduction . . . . .  
 20 Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the amount of the award includable in your gross income . . . . .  
 21 Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money . . . . .  
 22 Excess deductions on termination of an estate/trust - Section 67(e) expenses . . . . .  
 23 \_\_\_\_\_  
 24 \_\_\_\_\_  
 25 \_\_\_\_\_  
 26 \_\_\_\_\_

Filer		Spouse	
Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Electing to Report Child's Income on Parent's Return.**

If your child has over \$1,350 in income from interest and dividends you may qualify to elect to report that income on your return.

**Step 1 : Enter "X" if your child:**

1 Is under 19 (24 if a full time student) on January 1, 2026.

2 Has income only from interest and dividends.

3 Has gross income of less than \$13,500.

4 Made no estimated tax payments.

5 Had no federal income tax withheld from his or her income.

6 Is required to file a 2025 return.

7 Does not file a joint return for 2025.

If you entered ("X") in ALL the above boxes your child qualifies.

**Step 2 : Enter "X" if as the parent:**

1 You are filing a joint return with the child's other parent.

2 You are married to the child's other parent, file separately, and you have the higher taxable income.

3 You are unmarried or separated and the custodial parent of this child.

4 You are married to someone other than the child's parent and file jointly with your spouse.

5 You are married to someone other than the child's parent, file separately, and you have the higher taxable income.

If you entered ("X") in ANY of the above boxes you are a qualifying parent.

**If Both the Child and Parent Qualifies Then Continue.**

Child's First Name \_\_\_\_\_

M.I. \_\_\_\_\_

Child's Last Name \_\_\_\_\_

Child's SSN \_\_\_\_\_

Interest Payer	Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	1					
2	2					
3	3					
4	4					
5	5					
6	6					
7	7					
8	8					
9	9					
10	10					

Dividends Payer	Ordinary Dividends		Qualifying Dividends		Capital Gains	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	1					
2	2					
3	3					
4	4					
5	5					
6	6					
7	7					
8	8					
9	9					
10	10					

Name \_\_\_\_\_

SSN \_\_\_\_\_

**IRA and Other Contribution Information****Traditional IRA Contributions****Filer**

1 Enter total traditional IRA contributions made for 2025 . . . . .  
 2 Enter contributions, on line 1, made after 12/31/2025 and before 04/15/2026  
 3 Enter value of all traditional IRAs on 12/31/2025 . . . . .  
 4 Enter amount of any outstanding traditional rollovers as of 1/1/2026 . . . . .

	Current Year Amount	Prior Year Amount
1		
2		
3		
4		

**Spouse**

5 Enter total traditional IRA contributions made for 2025 . . . . .  
 6 Enter contributions, on line 5, made after 12/31/2025 and before 04/15/2026  
 7 Enter value of all traditional IRAs on 12/31/2025 . . . . .  
 8 Enter amount of any outstanding traditional rollovers as of 1/1/2026 . . . . .

5		
6		
7		
8		

**Roth IRA Contributions****Filer**

1 Enter 2025 Roth IRA contributions . . . . .  
 2 Enter value of all Roth IRAs on 12/31/2025 . . . . .

	Current Year Amount	Prior Year Amount
1		
2		

**Spouse**

3 Enter 2025 Roth IRA contributions . . . . .  
 4 Enter value of all Roth IRAs on 12/31/2025 . . . . .

3		
4		

**SIMPLE IRA****Filer**

1 Enter value of all SIMPLE IRAs on 12/31/2025 . . . . .

	Current Year Amount	Prior Year Amount
1		

**Spouse**

2 Enter value of all SIMPLE IRAs on 12/31/2025 . . . . .

2		
---	--	--

**Education (Coverdell ESA)****Filer**

1 Enter 2025 Coverdell ESA contributions . . . . .  
 2 Enter value of the Coverdell ESA on 12/31/2025 . . . . .

	Current Year Amount	Prior Year Amount
1		
2		

**Spouse**

3 Enter 2025 Coverdell ESA contributions . . . . .  
 4 Enter value of the Coverdell ESA on 12/31/2025 . . . . .

3		
4		

**Other****Filer**

1 Repayment of qualified reservist distributions . . . . .

	Current Year Amount	Prior Year Amount
1		

**Spouse**

2 Repayment of qualified reservist distributions . . . . .

2		
---	--	--

Name \_\_\_\_\_

SSN \_\_\_\_\_

## Medical and Dental - Itemized Deductions

	Current Year Amount	Prior Year Amount
1 Prescription medications . . . . .	1	
2 Fees for doctors, dentists, etc. . . . .	2	
3 Fees for hospitals, clinics, etc. . . . .	3	
4 Lab and X-ray fees . . . . .	4	
5 Medical aids such as glasses, contacts, hearing aids, wheelchair, etc. . . . .	5	
6 Medical equipment and supplies . . . . .	6	
7 Medical mileage (number of miles driven)	7	
8 Medical parking, tolls and local transportation . . . . .	8	
9 Lodging for medical purposes . . . . .	9	
10 Health/Dental/Other ins. premiums (do not include self-employed plans) . . . . .	10	
11 Long Term Care insurance premiums (taxpayer) . . . . .	11	
12 Long Term Care insurance premiums (spouse) . . . . .	12	
13 Expenses to stop smoking . . . . .	13	
14 Health insurance premiums - coverage established under your business (1) . . . . .	14	
15 Health insurance premiums - coverage established under your business (2) . . . . .	15	
16 Long Term Care insurance premiums - coverage est. under your business (1) . . . . .	16	
17 Long Term Care insurance premiums - coverage est. under your business (2) . . . . .	17	
18 _____	18	
19 _____	19	
20 _____	20	
21 _____	21	
22 Insurance reimbursement for any medical and dental expense listed above	22	

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Taxes - Itemized Deductions****Real Estate Taxes**

23 Principal residence . . . . .  
24 Real estate taxes from Schedule E properties . . . . .

	Current Year Amount	Prior Year Amount
23		
24		

**Real Estate Not Held For Investment**

25  
26  
27  
28  
29

25		
26		
27		
28		
29		

**Real Estate Held For Investment**

30  
31  
32  
33  
34

30		
31		
32		
33		
34		

**Personal property taxes**

35 Non-business portion of vehicle personal property taxes . . . . .  
36  
37  
38  
39  
40

35		
36		
37		
38		
39		
40		

**Non-Personal Property Taxes**

41 K1 (1065) - Other deductions/taxes . . . . .  
42 K1 (1120S) - Other deductions/taxes . . . . .  
43 K1 (1041) - Other deductions/taxes . . . . .  
44 Foreign Taxes . . . . .  
45 From Schedule E properties . . . . .  
46  
47  
48

41		
42		
43		
44		
45		
46		
47		
48		



Name \_\_\_\_\_

SSN

## Unreimbursed Employee Expenses - Itemized Deductions

*List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab*

**(State use only)**

60	Union and professional dues . . . . .	60
61	Professional subscriptions . . . . .	61
62	Uniform and protective clothing . . . . .	62
63	Job search costs . . . . .	63
64		64
65		65
66		66
67		67
68		68
69		69

## **Certain Miscellaneous Deductions - Itemized Deductions**

**(State use only)**

70 Tax preparation fees . . . . .

71 Certain attorney and accounting fees . . . . .

72 Safe deposit box rental . . . . .

73 IRA Custodial fees . . . . .

74 Investment counsel and advisory fees . . . . .

75 Losses on deposits in insolvent or bankrupt financial institutions . . . . .

76 Convenience fees paid with credit or debit card for federal taxes in 2025 . . . . .

77 \_\_\_\_\_

78 \_\_\_\_\_

79 \_\_\_\_\_

80 \_\_\_\_\_

81 \_\_\_\_\_

82 \_\_\_\_\_

83 \_\_\_\_\_

84 \_\_\_\_\_

85 \_\_\_\_\_

86 \_\_\_\_\_

If investment  
related enter "X"

Current Year Amount	Prior Year Amount
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	

## **Other Miscellaneous Deductions**

87 Federal estate tax on income in respect of a decedent . . . . .

88 Amortizable bond premiums on bonds acquired before 10/23/86 . . . . .

89 Gambling losses (if gambling income) . . . . .

90 Repayment of income . . . . .

91 From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction . . . . .

92 From K1 Input Worksheet (1065 & 1120S) - Itemized deductions . . . . .

93 Certain unrecovered investment in a pension . . . . .

94 \_\_\_\_\_

95 \_\_\_\_\_

96 \_\_\_\_\_

97 \_\_\_\_\_

98 \_\_\_\_\_

99 \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Charity - Itemized Deductions**

\* Total contributions \$500 or less. See Non-Cash Charity if over \$500.

1 Gifts To Charity Other Than By Cash or Check\* . . . . .  
 2 Total Miles driven for charitable activities . . . . .  
 3 Parking fees, tolls and local transportation for charitable activities . . . . .

**Gifts To Charity By Cash or Check**

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_  
 7 \_\_\_\_\_  
 8 \_\_\_\_\_  
 9 \_\_\_\_\_  
 10 \_\_\_\_\_  
 11 \_\_\_\_\_  
 12 \_\_\_\_\_  
 13 \_\_\_\_\_  
 14 \_\_\_\_\_  
 15 \_\_\_\_\_  
 16 \_\_\_\_\_  
 17 \_\_\_\_\_  
 18 \_\_\_\_\_  
 19 \_\_\_\_\_  
 20 \_\_\_\_\_  
 21 \_\_\_\_\_  
 22 \_\_\_\_\_  
 23 \_\_\_\_\_  
 24 \_\_\_\_\_  
 25 \_\_\_\_\_  
 26 \_\_\_\_\_  
 27 \_\_\_\_\_  
 28 \_\_\_\_\_  
 29 \_\_\_\_\_  
 30 \_\_\_\_\_  
 31 \_\_\_\_\_  
 32 \_\_\_\_\_  
 33 \_\_\_\_\_  
 34 \_\_\_\_\_  
 35 \_\_\_\_\_  
 36 \_\_\_\_\_  
 37 \_\_\_\_\_  
 38 \_\_\_\_\_  
 39 \_\_\_\_\_  
 40 \_\_\_\_\_  
 41 \_\_\_\_\_

Current Year Amount	Prior Year Amount
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Noncash Charitable Contributions (Total of Contributions more than \$500)****Information on Donated Property**

	(a) Name and Address of the Donee Organization			(b) Description of Donated Property	
<b>1</b>	Name Address City	State	Zip Code		
<b>2</b>	Name Address City	State	Zip Code		
<b>3</b>	Name Address City	State	Zip Code		
<b>4</b>	Name Address City	State	Zip Code		
<b>5</b>	Name Address City	State	Zip Code		

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution mm/dd/yyyy	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Employee Business Expenses**Enter "X" in one box:  Filer  Spouse

Occupation in which you incurred the expenses \_\_\_\_\_

Enter "X" if expenses incurred while working as a reservist, performing artist or fee-based gov't official 

**IMPORTANT: Per TCJA updates only reservists, qualified performing artists, fee-basis gov't officials, and employees with impairment-related work expenses can deduct the following business expenses on the federal return. All others, enter information below for certain applicable states that allow the deduction(s).**

**Meals**

	1	Current Year Amount	Prior Year Amount
1 Meals . . . . .			

2 Enter "X" in the box if subject to DOT hours of service limits . . . . .

 **Travel Expenses**

3 Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work. . . . .	3		
4 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals . . . . .	4		

**Other Employment Related Expenses**

5 Business gifts . . . . .	5		
6 Employment related education expenses . . . . .	6		
7 Trade publications . . . . .	7		
8 . . . . .	8		
9 . . . . .	9		
10 . . . . .	10		
11 . . . . .	11		
12 . . . . .	12		

**Employer Reimbursements**

13 Enter employer reimbursements reported under code "L" in box 12 of Form W-2 . . .	13		
14 Enter other employer reimbursements not reported to you in box 1 of Form W-2 . . .	14		
15 Enter the total expense for meals and entertainment for the period covered by the reimbursements . . . . .	15		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Occupation in which you incurred these expenses \_\_\_\_\_

**Vehicle Information - Unreimbursed Employee Business Expenses**

Vehicle -		Vehicle -	
	Current Year Amount	Prior Year Amount	Current Year Amount
1 Date vehicle was placed in service . . . . .	1		
2 Cost of vehicle . . . . .	2		
3 Total miles driven for the year . . . . .	3		
4 Business miles driven during the year . . . . .	4		
5 Commuting miles included on line 3 . . . . .	5		
6 Average daily roundtrip commuting miles . . . . .	6		
7 Parking fees and tolls . . . . .	7		
8 Vehicle Interest . . . . .	8		
9 Vehicle Personal Property tax . . . . .	9		

**Actual Expenses**

10 Gasoline, oil and repairs . . . . .	10		
11 Vehicle Insurance . . . . .	11		
12 Vehicle registration fees . . . . .	12		
13 Vehicle lease or rental . . . . .	13		
14	14		
15 Value of employer-provided vehicle (if 100% is included in W-2) . . . . .	15		

Vehicle -		Vehicle -	
	Current Year Amount	Prior Year Amount	Current Year Amount
1 Date vehicle was placed in service . . . . .	1		
2 Cost of vehicle . . . . .	2		
3 Total miles driven for the year . . . . .	3		
4 Business miles driven during the year . . . . .	4		
5 Commuting miles included on line 3 . . . . .	5		
6 Average daily roundtrip commuting miles . . . . .	6		
7 Parking fees and tolls . . . . .	7		
8 Vehicle Interest . . . . .	8		
9 Vehicle Personal Property tax . . . . .	9		

**Actual Expenses**

10 Gasoline, oil and repairs . . . . .	10		
11 Vehicle Insurance . . . . .	11		
12 Vehicle registration fees . . . . .	12		
13 Vehicle lease or rental . . . . .	13		
14	14		
15 Value of employer-provided vehicle (if 100% is included in W-2) . . . . .	15		



Name

SSN

## **Tip Income for Filer**

Cash and charge tips received but not reported because total was less than \$20 in a calendar month .

Amount of tips subject to Medicare Tax only .

## Tip Income for Spouse

Cash and charge tips received but not reported because total was less than \$20 in a calendar month

Amount of tips subject to Medicare Tax only .

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Household Employment Taxes**

Enter "X" in one box:

 Filer

Employer Identification Number \_\_\_\_\_

 Spouse

A household employee, generally, does not include spouse, children, parents or a person under age 18.

**Social Security, Medicare, and Income Taxes**

1 Did you pay ANY ONE household employee cash wages of \$2,800 or more in 2025? . . .

If yes, skip to line 4.

Enter "X" in the appropriate boxes

 1 Yes No

2 Did you withhold Federal income tax during 2025 for any household employees? . . .

If yes, skip to line 5.

 2 Yes No

3 Did you pay TOTAL cash wages of \$1,000 or more in ANY calendar QUARTER of 2024 or 2025 to household employees? . . .

 3 Yes No

4 Enter the total amount of wages paid to all employees, who were each paid in excess of \$2,800 during the year. . . . .

4

Current Year Amount	Prior Year Amount

5 Total Federal income tax withheld . . . . .

5

Unemployment Tax - If wages above were in excess of \$1,000 in any one quarter, include the following information:

Enter "X" in the appropriate boxes

6 Did you pay unemployment contributions to only one state? . . . . .

 6 Yes No

7 Did you pay all state unemployment contributions by April 15, 2025? . . . . .

 7 Yes No

8 Were all wages that are taxable for federal unemployment also taxable for your state unemployment tax? . . . . .

 8 Yes No

If you checked the "Yes" box on ALL the lines above, complete Section A. Otherwise complete Section B.

**Section A**

9 Name of State where you paid unemployment contributions . . . . .

9


10 State reporting number as shown on State unemployment return . . . . .

10


11 Amount of contributions paid to the State unemployment fund . . . . .

11


12 Total cash wages subject to FUTA . . . . .

12

**Section B**

13 Name of State where you paid unemployment contributions . . . . .

13


14 State reporting number as shown on State unemployment return . . . . .

14


15 Wages, subject to state unemployment tax, reported to State . . . . .

15


16 State experience rate . . . . .

16


17 State experience rate period a. From . . . . .

17a


b. To . . . . .

17b


18 Amount of contributions paid to the State unemployment fund . . . . .

18
