

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



**Organizer Mailing Slip**

Taxpayer		Spouse	
First Name . . . . .	<div></div>		<div></div>
Middle Initial . . . . .	<div></div>		<div></div>
Last Name . . . . .	<div></div>		<div></div>
Suffix . . . . .	<div></div>		<div></div>
Social Security Number . . . .	<div></div>		<div></div>
Date of Birth . . . . .	<div></div>		<div></div>
Date of Death . . . . .	<div></div>		<div></div>
Identity Protection PIN . . . . .	<div></div>		<div></div>
<div>Check ("X") which phone number to list on return.</div>			
Home Phone . . . . .	<div></div>		<div></div>
Work Phone . . . . .	<div></div>		<div></div>
Cell Phone . . . . .	<div></div>		<div></div>
Fax Number . . . . .	<div></div>		<div></div>
Legally Blind . . . . .	<div></div>		<div></div>
Totally Disabled . . . . .	<div></div>		<div></div>
Claimed as a Dependent . . . .	<div></div>		<div></div>
Presidential Election Fund (\$3)	<div></div>		<div></div>
Occupation . . . . .	<div></div>		<div></div>
E-mail address . . . . .	<div></div>		<div></div>
State of Residence as of 12/31 . .	<div></div>		<div></div>
County of Residence as of 12/31 .	<div></div>		<div></div>
School District as of 12/31 . . .	<div></div>		<div></div>
Sales tax rate of locality in 2025 .	<div>%</div>		<div>%</div>
If Part Year, Period of Residency .	<div>to</div>		<div>to</div>
<div>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.</div>			
ID type . . . . .	<div>Driver's license OR State Issued ID</div>		<div>Driver's license OR State Issued ID</div>
ID number . . . . .	<div></div>		<div></div>
ID issuing state . . . . .	<div></div>		<div></div>
ID issue date . . . . .	<div></div>		<div></div>
ID expiration date . . . . .	<div></div>		<div></div>
<div>Filing Status</div>			
Status on 2024 return :	<div></div>		
Status as of 12/31/2025 :	<div></div>		
Enter ("X") in the box	<div></div>		
(Enter spouse's name and SSN above)			
<div>If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire year, enter their name . . . . .</div>			
<div>Taxpayer's Address</div>			
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 . . . . .			
<div>Preparer's Information</div>			
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
<div>Attestation and Signature:</div>			
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 here		Date	



Yes	No	<b><u>Purchases, Sales, Gains and Losses</u></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><u>Business and Rental Property Income &amp; Deductions</u></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><u>Other Deductions</u></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><u>Miscellaneous</u></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><u>Return preparation and filing</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	1 Do you want to e-file your return?
		2 If you are due a refund, how do you want to receive it?

☐ Check sent to you in the mail

☐ Other quick refund via a bank product

☐ Apply to next year's estimates

☐

☐ Direct deposit (please provide voided blank check)

Type of account: ☐ Checking ☐ Savings

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

☐

☐ Paper check sent with my return ☐ Credit card

☐ Installment Agreement

☐ Direct debit (please provide a voided blank check)

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

[illegible]

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Federal, State and Local Estimated Taxes Paid****Federal Estimates**

Enter Payment Information

		Filer and/or Joint Payments		Spouse Only Payments	
		Date Paid	Amount	Date Paid	Amount
1	Overpayment from last year . . . . .			1	
2	First quarter payment . . . . .			2	
3	Second quarter payment . . . . .			3	
4	Third quarter payment . . . . .			4	
5	Fourth quarter payment . . . . .			5	
6	_____			6	
7	_____			7	

**State Estimates**

Enter two-letter state abbreviation

		State _____		State _____		State _____		State _____	
		Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1	Overpayment from last year . . . . .								
2	First quarter payment . . . . .								
3	Second quarter payment . . . . .								
4	Third quarter payment . . . . .								
5	Fourth quarter payment . . . . .								
6	_____								
7	_____								
8	_____								

**Local Estimates**

Enter locality name

		Locality _____		Locality _____		Locality _____		Locality _____	
		Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1	Overpayment from last year . . . . .								
2	First quarter payment . . . . .								
3	Second quarter payment . . . . .								
4	Third quarter payment . . . . .								
5	Fourth quarter payment . . . . .								
6	_____								
7	_____								
8	_____								

SSN \_\_\_\_\_

[illegible]



Name \_\_\_\_\_

SSN \_\_\_\_\_

## Wages

### W-2 Information

<b>"X"</b> <b>if</b> <b>spouse</b>	<b>Employer's Name</b>	<b>Box 1</b> <b>Wages, Tips</b> <b>Other Comp</b>	<b>Box 2</b> <b>Federal Income</b> <b>Tax Withheld</b>	<b>Box 16</b> <b>State</b> <b>Wages</b>	<b>Box 17</b> <b>State Income</b> <b>Tax Withheld</b>
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
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<input type="checkbox"/>	16				
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<input type="checkbox"/>	26				
<input type="checkbox"/>	27				
<input type="checkbox"/>	28				
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<input type="checkbox"/>	30				
<input type="checkbox"/>	31				
<input type="checkbox"/>	32				
<input type="checkbox"/>	33				
<input type="checkbox"/>	34				
<input type="checkbox"/>	35				
<input type="checkbox"/>	36				
<input type="checkbox"/>	37				
<input type="checkbox"/>	38				
<input type="checkbox"/>	39				
<input type="checkbox"/>	40				
<input type="checkbox"/>	41				
<input type="checkbox"/>	42				
<input type="checkbox"/>	43				

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Retirement Income**  
**1099-R Information**

<b>"X" if spouse</b>		<b>Payer's Name</b>	<b>Box 1 Gross Distribution</b>	<b>Box 4 Federal Income Tax Withheld</b>	<b>Box 16 State Distribution</b>	<b>Box 14 State Income Tax Withheld</b>
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
<input type="checkbox"/>	11					
<input type="checkbox"/>	12					
<input type="checkbox"/>	13					
<input type="checkbox"/>	14					
<input type="checkbox"/>	15					
<input type="checkbox"/>	16					
<input type="checkbox"/>	17					
<input type="checkbox"/>	18					
<input type="checkbox"/>	19					
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<input type="checkbox"/>	21					
<input type="checkbox"/>	22					
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<input type="checkbox"/>	26					
<input type="checkbox"/>	27					
<input type="checkbox"/>	28					
<input type="checkbox"/>	29					
<input type="checkbox"/>	30					
<input type="checkbox"/>	31					
<input type="checkbox"/>	32					
<input type="checkbox"/>	33					
<input type="checkbox"/>	34					
<input type="checkbox"/>	35					
<input type="checkbox"/>	36					
<input type="checkbox"/>	37					
<input type="checkbox"/>	38					
<input type="checkbox"/>	39					
<input type="checkbox"/>	40					
<input type="checkbox"/>	41					
<input type="checkbox"/>	42					
<input type="checkbox"/>	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	Taxable Interest Income Current Year Amount	Prior Year Amount	Tax Exempt Interest Current Year Amount	Prior Year Amount	Specified Priv Act Interest 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						

**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	Ordinary Dividends Current Year Amount	Prior Year Amount	Qualified Dividends Current Year Amount	Prior Year Amount	Capital Gains 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						

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Seller Financed Mortgage Interest**

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

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

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

1

First Name

MI

Last Name

\_\_\_\_\_

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	Date of Original Divorce or Separation Agreement	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 _____	_____ 1		
<input type="checkbox"/>	2 _____	_____ 2		
<input type="checkbox"/>	3 _____	_____ 3		
<input type="checkbox"/>	4 _____	_____ 4		
<input type="checkbox"/>	5 _____	_____ 5		
<input type="checkbox"/>	6 _____	_____ 6		
<input type="checkbox"/>	7 _____	_____ 7		
<input type="checkbox"/>	8 _____	_____ 8		
<input type="checkbox"/>	9 _____	_____ 9		

**Alimony Paid**

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

F/S*	Recipient's Name	Recipient's SSN	Date of Original Divorce or Separation Agreement	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 _____	_____	_____ 1		
<input type="checkbox"/>	2 _____	_____	_____ 2		
<input type="checkbox"/>	3 _____	_____	_____ 3		
<input type="checkbox"/>	4 _____	_____	_____ 4		
<input type="checkbox"/>	5 _____	_____	_____ 5		
<input type="checkbox"/>	6 _____	_____	_____ 6		
<input type="checkbox"/>	7 _____	_____	_____ 7		
<input type="checkbox"/>	8 _____	_____	_____ 8		
<input type="checkbox"/>	9 _____	_____	_____ 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				
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39				
40				
41				
42				
43				
44				

SSN

Enter "X" in one box: ☐ Filer ☐ Spouse

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 \_\_\_\_\_

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

\* Report statutory income as W-2 income.

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

5		5		
6		6		
7		7		
8		8		
9		9		
10		10		
11		11		
12		12		
13		13		
14		14		
15	Income reported on 1099 MISC . . . . .	15		
16	Gross amount of payment card/third party network transactions from Form 1099-K . . . . .	16		
17	Professional gambler winnings from Form W2-G . . . . .	17		
18	Gross installment sales less cost of goods sold . . . . .	18		
19	Returns and allowances . . . . .	19		
20	Other income . . . . .	20		

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

<b>22</b>	Any change in determining quantities, costs, or valuations between opening and closing inventory?	Yes	No
-----------	---	-----	----

			Current Year Amount	Prior Year Amount
23	Inventory at the beginning of year . . . . .	23		
24	Purchases less cost of items withdrawn for personal use . . . . .	24		
25	Cost of labor . . . . .	25		
26	Materials and supplies . . . . .	26		
27	Other Costs . . . . .	27		
28	Inventory at end of year . . . . .	28		

**Description:**

Description		Unit	Price	Total
A				
B				
C				
D				
E				
F				
G				



Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

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

		Current Year Amount	Prior Year Amount
29	Advertising . . . . .	29	
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	

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

**Vehicle Information (Schedule C)**

		Vehicle -		Vehicle -	
		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				

		Vehicle -		Vehicle -	
		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

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:

Business 2:

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 . . . . . 20a
- b . . . . . 20b
- c . . . . . 20c
- d . . . . . 20d
- e . . . . . 20e

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				
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	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
<b>1a</b> Owner of property (Enter Filer, Spouse, or Joint) . . . . .		
<b>1b</b> Enter property type number (1 to 8) . . . . .	<input type="text"/>	<input type="text"/>
(1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other		
<b>2</b> Enter "X" if you actively participated? . . . . .	<input type="text"/>	<input type="text"/>
<b>3</b> 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? . . . . .	<input type="text"/>	<input type="text"/>
<b>3a</b> If entered ("X"), enter the number of days of personal use? . . . . .	<input type="text"/>	<input type="text"/>
<b>3b</b> If entered ("X"), enter the number of days rented? . . . . .	<input type="text"/>	<input type="text"/>

Income	Current Year Amounts	Prior Year Amounts
<b>4</b> Royalty received . . . . .		
<b>5</b> Rent received . . . . .		
<b>a</b> If rental real estate, enter the percent of ownership if less than 100% . . . . .		
<b>b</b> Rental use percentage for property used partially for personal use only . . . . .		
<b>6</b> Other Income . . . . .		

Property Expense	Current Year Amounts	Prior Year Amounts
<b>7</b> Advertising . . . . .		
<b>8</b> Cleaning and maintenance . . . . .		
<b>9</b> Commissions . . . . .		
<b>10</b> Insurance . . . . .		
<b>11</b> Legal and other professional fees . . . . .		
<b>12</b> Management fees . . . . .		
<b>13 a</b> Qualified mortgage interest paid to banks, etc. . . . .		
<b>b</b> Other mortgage interest paid to banks, etc. . . . .		
<b>14</b> Other interest . . . . .		
<b>15</b> Repairs . . . . .		
<b>16</b> Supplies . . . . .		
<b>17 a</b> Real estate taxes . . . . .		
<b>b</b> Other Taxes . . . . .		
<b>18</b> Utilities . . . . .		

**Assets Placed in Service This Year**

Description:	Date Placed In Service	Purchase Amount
<b>A</b> _____	<b>A</b> _____	_____
<b>B</b> _____	<b>B</b> _____	_____
<b>C</b> _____	<b>C</b> _____	_____
<b>D</b> _____	<b>D</b> _____	_____
<b>E</b> _____	<b>E</b> _____	_____
<b>F</b> _____	<b>F</b> _____	_____
<b>G</b> _____	<b>G</b> _____	_____

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		
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41		
42		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

### Vehicle Information (Schedule E)

		Vehicle -		Vehicle -	
		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			

		Vehicle -		Vehicle -	
		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**

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

**Unreimbursed  
Partnership Exp.  
Current Year**

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SSN

## Filer

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

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


SSN

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		

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		
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		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:**

- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | 1 | Is under 19 (24 if a full time student) on January 1, 2026. |
| <input type="checkbox"/> | 2 | Has income only from interest and dividends.                |
| <input type="checkbox"/> | 3 | Has gross income of less than \$13,500.                     |
| <input type="checkbox"/> | 4 | Made no estimated tax payments.                             |
| <input type="checkbox"/> | 5 | Had no federal income tax withheld from his or her income.  |
| <input type="checkbox"/> | 6 | Is required to file a 2025 return.                          |
| <input type="checkbox"/> | 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:**

- |                          |   |  |
|--------------------------|---|--|
| <input type="checkbox"/> | 1 | You are filing a joint return with the child's other parent.   |
| <input type="checkbox"/> | 2 | You are married to the child's other parent, file separately, and you have the higher taxable income.              |
| <input type="checkbox"/> | 3 | You are unmarried or separated and the custodial parent of this child.   |
| <input type="checkbox"/> | 4 | You are married to someone other than the child's parent and file jointly with your spouse.                        |
| <input type="checkbox"/> | 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 . . . . . 1
- 2 Enter contributions, on line 1, made after 12/31/2025 and before 04/15/2026 2
- 3 Enter value of all traditional IRAs on 12/31/2025 . . . . . 3
- 4 Enter amount of any outstanding traditional rollovers as of 1/1/2026 . . . . . 4

Current Year Amount	Prior Year Amount

**Spouse**

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


### Roth IRA Contributions

**Filer**

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

Current Year Amount	Prior Year Amount

**Spouse**

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


### SIMPLE IRA

**Filer**

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

Current Year Amount	Prior Year Amount

**Spouse**

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

--	--

### Education (Coverdell ESA)

**Filer**

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

Current Year Amount	Prior Year Amount

**Spouse**

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


### Other

**Filer**

- 1 Repayment of qualified reservist distributions . . . . . 1

Current Year Amount	Prior Year Amount

**Spouse**

- 2 Repayment of qualified reservist distributions . . . . . 2

--	--

SSN \_\_\_\_\_

			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		

SSN \_\_\_\_\_

Current Year Amount	Prior Year Amount





SSN

## Home Mortgage Interest and Points Reported on Form 1098

Current Year Amount	Prior Year Amount

49 Lender \_\_\_\_\_

50 Lender \_\_\_\_\_

51 Lender \_\_\_\_\_

52 Lender \_\_\_\_\_

## Home Mortgage Interest Not Reported on Form 1098

**53**    Name: \_\_\_\_\_  
       Address: \_\_\_\_\_  
       SSN: \_\_\_\_\_

53		
----	--	--

**54** Mortgage insurance premiums paid on 2025 acquisition indebtedness for principal residence . . . . .

54		
----	--	--

## Refinancing Points

<b>55</b>	Description . . . . .	
	Points paid . . . . .	
	Date of loan . . . . .	
	Total number of scheduled loan payments . . . . .	
	Number of payments made in 2025 . . . . .	

<b>56</b>	Description . . . . .	
	Points paid . . . . .	
	Date of loan . . . . .	
	Total number of scheduled loan payments . . . . .	
	Number of payments made in 2025 . . . . .	

<b>57</b>	Description . . . . .	
	Points paid . . . . .	
	Date of loan . . . . .	
	Total number of scheduled loan payments . . . . .	
	Number of payments made in 2025 . . . . .	

58	Description . . . . .	
	Points paid . . . . .	
	Date of loan . . . . .	
	Total number of scheduled loan payments . . . . .	
	Number of payments made in 2025 . . . . .	

**59** Investment interest paid . . . . .

55		
56		
57		
58		

59		
----	--	--

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Unreimbursed Employee Expenses - Itemized Deductions***List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab***(State use only)**

		Filer		Spouse	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
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)**

		If investment related enter "X"	Current Year Amount	Prior Year Amount
70	Tax preparation fees . . . . .	70		
71	Certain attorney and accounting fees . . . . .	71		
72	Safe deposit box rental . . . . .	72		
73	IRA Custodial fees . . . . .	73		
74	Investment counsel and advisory fees . . . . .	74		
75	Losses on deposits in insolvent or bankrupt financial institutions . . . . .	75		
76	Convenience fees paid with credit or debit card for federal taxes in 2025 . . . . .	76		
77	_____	77		
78	_____	78		
79	_____	79		
80	_____	80		
81	_____	81		
82	_____	82		
83	_____	83		
84	_____	84		
85	_____	85		
86	_____	86		

**Other Miscellaneous Deductions**

87	Federal estate tax on income in respect of a decedent . . . . .	87		
88	Amortizable bond premiums on bonds acquired before 10/23/86 . . . . .	88		
89	Gambling losses (if gambling income) . . . . .	89		
90	Repayment of income . . . . .	90		
91	From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction . . . . .	91		
92	From K1 Input Worksheet (1065 & 1120S) - Itemized deductions . . . . .	92		
93	Certain unrecovered investment in a pension . . . . .	93		
94	_____	94		
95	_____	95		
96	_____	96		
97	_____	97		
98	_____	98		
99	_____	99		



SSN \_\_\_\_\_

[illegible]

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
1	Name			
	Address			
	City	State	Zip Code	
2	Name			
	Address			
	City	State	Zip Code	
3	Name			
	Address			
	City	State	Zip Code	
4	Name			
	Address			
	City	State	Zip Code	
5	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	(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.
1						
2						
3						
4						
5						

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

		Current Year Amount	Prior Year Amount
1	Meals . . . . .	1	
2	Enter "X" in the box if subject to DOT hours of service limits . . . . .	2	<input type="checkbox"/>

### 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	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	Average daily roundtrip commuting miles . . . . . 6				
7	Parking fees and tolls . . . . . 7				
8	Vehicle Interest . . . . . 8				
9	Vehicle Personal Property tax . . . . . 9				
<b>Actual Expenses</b>					
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	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	Average daily roundtrip commuting miles . . . . . 6				
7	Parking fees and tolls . . . . . 7				
8	Vehicle Interest . . . . . 8				
9	Vehicle Personal Property tax . . . . . 9				
<b>Actual Expenses</b>					
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				

SSN \_\_\_\_\_

Name			Address	SSN/EIN	Amount incurred and paid in 2025
1	First:				
	Last:	City:		SSN:	
	Business:	State:	Zip:	EIN:	
2	First:				
	Last:	City:		SSN:	
	Business:	State:	Zip:	EIN:	
3	First:				
	Last:	City:		SSN:	
	Business:	State:	Zip:	EIN:	
4	First:				
	Last:	City:		SSN:	
	Business:	State:	Zip:	EIN:	
5	First:				
	Last:	City:		SSN:	
	Business:	State:	Zip:	EIN:	

SSN

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

Enter "X" in the appropriate boxes

- 1

Did you pay ANY ONE household employee cash wages of \$2,800 or more in 2025?  
If yes, skip to line 4.

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
- 5

Total Federal income tax withheld

5

Current Year Amount	Prior Year Amount

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

17a

a. From

17b

b. To
- 18

Amount of contributions paid to the State unemployment fund

18

State Unemployment	State Unemployment