

2025	1040	US	Client Information	1
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McDevitt & Duffy, CPA's PS
 330 Dayton St., Suite #2
 Edmonds WA 98020
 Telephone number: 425-774-5300
 Fax number: 425-778-4612
 E-mail address:

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2025 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)..... 1=married filing separate and lived with spouse	
	Year spouse died, if qualifying surviving spouse (2023 or 2024)	
Taxpayer	First name and initial.....	
	Last name.....	
	Title/suffix.....	
	Social security number.....	
	Occupation.....	
	Date of birth (m/d/y).....	
	Date of death (m/d/y)..... 1=blind,.....	
Spouse	First name and initial.....	
	Last name.....	
	Title/suffix.....	
	Social security number.....	
	Occupation.....	
	Date of birth (m/d/y).....	
	Date of death (m/d/y)..... 1=blind.....	
Address	In care of.....	
	Street address.....	
	Apartment number.....	
	City.....	
	State.....	
	ZIP code.....	
Foreign Address	Region.....	
	Postal code.....	
	Country.....	

Filing Status

1 = Single
 2 = Married filing joint
 3 = Married filing separate
 4 = Head of household
 5 = Qualifying surviving spouse (QSS)

2025	1040	US	Client Information (continued)	1 p2
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Please add, change or delete information for 2025.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone.....	Daytime Phone 1 = Work 2 = Home 3 = Mobile
	Work phone.....	
	Work extension.....	
	Daytime phone (table).....	
	Mobile phone.....	
	Fax number.....	
	E-mail address.....	
Spouse Contact Information	Home phone.....	
	Work phone.....	
	Work extension.....	
	Daytime phone (table).....	
	Mobile phone.....	
	Fax number.....	
	E-mail address.....	
Taxpayer Authentication	Driver's license no.....	
	Driver's license state.....	
	Issue date (m/d/y).....	
	Expiration date (m/d/y).....	
	Theft protection PIN.....	
Spouse Authentication	Driver's license no.....	
	Driver's license state.....	
	Issue date (m/d/y).....	
	Expiration date (m/d/y).....	
	Theft protection PIN.....	

2025	1040	US	Dependents	2
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Please add, change or delete information for 2025.

DEPENDENTS

	Dependent	Dependent	
First name.....			Type of Dependent
Last name.....			1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household or qualifying surviving spouse (QSS) only, not a dependent 5 = Earned income credit only, not a dependent
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			
	Dependent	Dependent	Earned Income Credit
First name.....			1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			
	Dependent	Dependent	NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:
First name.....			1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			
	Dependent	Dependent	NOTE: If your child is disabled, please provide one of the following forms of proof of disability:
First name.....			1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2025 information.

APPLICATION OF 2025 OVERPAYMENT (7.1)

If you have an overpayment of 2025 taxes, do you want the excess refunded? or applied to 2026 estimate?

Other (please explain): _____

2026 ESTIMATED TAX INFORMATION

Do you expect your 2026 taxable income to be different from 2025? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2026 withholding to be different from 2025? Yes No

If "yes" explain any differences: _____

7.1

2025	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2025 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13) 1=spouse	Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2024 Wages
				Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2 Distribution code #1 1=IRA/SEP/SIMPLE 1=spouse	Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/25	2024 Distribution
					Federal (Box 4)	State (Box 14)		

GAMBLING Winnings (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2024 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

GAMBLING LOSSES & Winnings (NON W-2G) (13.2)

Total gambling losses.....
Winnings not reported on Form W-2G.....

2025 Amount	TS	2024 Amount

10, 13.1, 13.2

2025 1040 US Interest & Dividend Income 11, 12

**Please enter all pertinent 2025 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.**

INTEREST INCOME (11)

DIVIDEND INCOME (12)

2025

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Miscellaneous Income

14.1

Please enter all pertinent 2025 amounts and attach all 1099-MISC, 1099-NEC, 1099-K, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2025 Amount		2024 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
1=treat Medicare premiums paid as SE health ins.				
Tier 1 RR retirement benefits (RRB-1099, box 5) ...				
1=lump-sum election for SS benefits				
Alimony received.....				
Taxable scholarships and fellowships.....				
Jury duty pay.....				
Household employee income not on W-2.....				
Excess minister's allowance.....				
Alaska permanent fund dividends.....				
Income from rental of personal property				
Activity not engaged in for profit income.....				
Olympic & Paralympic medals & USOC prize money				
Prizes and awards				
Stock Options				
Strike or lockout benefits (other than bona fide gifts)				
Non-tuition fellowship and stipend payments entered above to include as taxable compensation for IRA purposes				
Wages earned while incarcerated not on W-2.....				
Income subject to S/E tax: (1099-NEC, box 1)				
.....				
.....				
.....				
.....				
.....				
Other income (1099-MISC, box 3, 8)				
.....				
.....				
.....				
.....				
Digital assets not reported elsewhere.....				

Form 1099-K

Amount of sale proceeds from Form 1099-K for personal item(s) sold at a loss.....		
Amount from Form 1099-K that was incorrectly reported		

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld.....		
State income tax withheld.....		
Local income tax withheld.....		

14.1

2025

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State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2025 information as appropriate.
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2025 1099-G Amount

No. <input type="text"/>	Name of payer.....	
	1=spouse.....	
	Unemployment compensation:	
	Total received (Box 1).....	
	2025 Overpayment repaid	
	State and local refunds:	
	State and local income tax refund, credit or offsets (Box 2)	
	1=city or local income tax refund.....	
	Tax year for box 2 if not 2024 (Box 3)	
	Federal income tax withheld (Box 4).....	
	RTAA payments (Box 5).....	
	Taxable grants:	
Federal taxable amount (Box 6).....		
State taxable amount, if different.....		
Farm amounts:		
Agriculture payments (Box 7).....		
1=agriculture payments are from conservation reserve program		
Market gain (Box 9).....		
Number of farm.....		
1=box 2 is trade or business income (Box 8).....		
State income tax withheld (Box 11).....		

No. <input type="text"/>	Name of payer.....	
	1=spouse.....	
	Unemployment compensation:	
	Total received (Box 1).....	
	2025 Overpayment repaid	
	State and local refunds:	
	State and local income tax refund, credit or offsets (Box 2)	
	1=city or local income tax refund.....	
	Tax year for box 2 if not 2024 (Box 3)	
	Federal income tax withheld (Box 4).....	
	RTAA payments (Box 5).....	
	Taxable grants:	
Federal taxable amount (Box 6).....		
State taxable amount, if different.....		
Farm amounts:		
Agriculture payments (Box 7).....		
1=agriculture payments are from conservation reserve program		
Market gain (Box 9).....		
Number of farm.....		
1=box 2 is trade or business income (Box 8).....		
State income tax withheld (Box 11).....		

14.2

2025

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Education Distributions (ESA's and QTP's)

14.3

**Please enter all pertinent 2025 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.**

ESA'S AND QTP'S (Form 1099-Q)

No. <input type="text"/>	Name of payer..... 1=spouse..... Qualified expenses: Higher education (net of nontaxable benefits)	2023 Amount	2024 Amount
	Elementary & secondary education (net of nontaxable benefits)...		
	Form 1099-Q: Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ...		
	ESA's only: 2025 contributions to this ESA		
	Value of this account at 12/31/25 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/24		

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits)		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)			
ESA's only:			
2025 contributions to this ESA			
Value of this account at 12/31/25 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/24			

Series: 15 16

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2025	1040	US	Business Income (Schedule C)	No. <input type="text"/>	16
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Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession.....
 Principal business code.....
 Business name, if different from Form 1040.....
 Business address, if different from Form 1040.....
 City, if different from Form 1040.....
 State, if different from Form 1040.....
 ZIP code, if different from Form 1040.....
 Foreign region.....
 Foreign postal code.....
 Foreign country.....
 Employer identification number.....
 Other accounting method.....

Principal business/profession.....
Principal business code.....
Business name, if different from Form 1040.....
Business address, if different from Form 1040.....
City, if different from Form 1040.....
State, if different from Form 1040.....
ZIP code, if different from Form 1040.....
Foreign region.....
Foreign postal code.....
Foreign country.....
Employer identification number.....
Other accounting method.....

Accounting method: 1=cash, 2=accrual.....
 Inventory method: 1=cost, 2=lower cost/market, 3=other.....
 1=change of inventory method.....
 1=spouse, 2=joint.....
 1=first Schedule C filed for this business.....
 If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....
 1=not subject to self-employment tax.....
 1=did not "materially participate".....
 1=personal services is not a material income producing factor.....
 1=investment.....
 1=minister's Schedule C.....
 1=single member limited liability company.....
 1=trader in financial instruments or commodities.....

Accounting method: 1=cash, 2=accrual.....
Inventory method: 1=cost, 2=lower cost/market, 3=other.....
1=change of inventory method.....
1=spouse, 2=joint.....
1=first Schedule C filed for this business.....
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....
1=not subject to self-employment tax.....
1=did not "materially participate".....
1=personal services is not a material income producing factor.....
1=investment.....
1=minister's Schedule C.....
1=single member limited liability company.....
1=trader in financial instruments or commodities.....

INCOME

Gross receipts or sales (Form 1099-NEC).....
 Returns and allowances.....
 Other income:

2025 Amount	2024 Amount
Gross receipts or sales (Form 1099-NEC).....	
Returns and allowances.....	
Other income:	

COST OF GOODS SOLD

Inventory at beginning of the year.....
 Purchases.....
 Cost of items for personal use.....
 Cost of labor.....
 Materials and supplies.....
 Other costs:

Inventory at beginning of the year.....
Purchases.....
Cost of items for personal use.....
Cost of labor.....
Materials and supplies.....
Other costs:

Inventory at end of the year.....

Inventory at end of the year.....

2025 1040 US Business Income (Schedule C) (cont.) No. 16 p2

No.

16 p2

Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference.

EXPENSES

Accounting.....
Advertising.....
Answering service.....
Bad debts from sales or service.....
Bank charges.....
Car and truck expenses (not entered elsewhere).....
Commissions.....
Contract labor.....
Delivery and freight.....
Dues and subscriptions.....
Employee benefit programs.....
Insurance (other than health).....
Mortgage interest (paid to banks, etc.).....
Other interest (not entered elsewhere).....
Janitorial.....
Laundry and cleaning.....
Legal and professional.....
Miscellaneous.....
Office expense.....
Outside services.....
Parking and tolls.....
Pension and profit sharing plans - contributions.....
Pension and profit sharing plans - admin. and education costs.....
Postage.....
Printing.....
Rent - vehicles, machinery, & equipment (not entered elsewhere).....
Rent - other.....
Repairs.....
Security.....
Supplies.....
Taxes - real estate.....
Taxes - payroll.....
Taxes - sales tax included in gross receipts.....
Taxes - other (not entered elsewhere).....
Telephone.....
Tools.....
Travel.....
Meals in full (50%).....
Department of Transportation meals in full (80%).....
Uniforms.....
Utilities.....
Wages.....

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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2025

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Installment Sales (Form 6252)

17 p2

Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference.

PRIOR YEAR INSTALLMENT SALE

2025 Amount

2024 Amount

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

2025	1040	US	Farm Income (Schedule F/Form 4835)	No. <input type="text"/>	19
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Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal product.....
Employer ID number.....

Agricultural activity code.....
Accounting method: 1=cash, 2=accrual

1=spouse, 2=joint.....
1=farm rental (Form 4835).....
Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other
1=crop insurance proceeds election
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no
1=did not "materially participate" (Schedule F only)
1=did not actively participate (Farm rental only)
1=real estate professional (farm rental only)
1=single member limited liability company
% of ownership if not 100% (.xxxx) (Farm rental only).....

FARM INCOME

Cash method:

	2025 Amount	2024 Amount
Sales of livestock and other resale items	<input type="text"/>	<input type="text"/>
Cost or basis of livestock or other resale items	<input type="text"/>	<input type="text"/>
Sales of products raised.....	<input type="text"/>	<input type="text"/>

Accrual method:

Sales of livestock, produce, etc.....	<input type="text"/>	<input type="text"/>
Beginning inventory of livestock, etc.....	<input type="text"/>	<input type="text"/>
Cost of livestock, etc. purchased.....	<input type="text"/>	<input type="text"/>
Ending inventory of livestock, etc.....	<input type="text"/>	<input type="text"/>

Other farm income:

Total cooperative distributions.....	<input type="text"/>	<input type="text"/>
Taxable cooperative distributions.....	<input type="text"/>	<input type="text"/>
Total agricultural program payments (other than CRP)	<input type="text"/>	<input type="text"/>
Taxable agricultural program payments (other than CRP)	<input type="text"/>	<input type="text"/>
Total conservation reserve program payments	<input type="text"/>	<input type="text"/>
Taxable conservation reserve program payments	<input type="text"/>	<input type="text"/>
Commodity credit loans reported under election	<input type="text"/>	<input type="text"/>
Total commodity credit loans forfeited or repaid	<input type="text"/>	<input type="text"/>
Taxable commodity credit loans forfeited or repaid	<input type="text"/>	<input type="text"/>
Total crop insurance proceeds received in 2025	<input type="text"/>	<input type="text"/>
Taxable crop insurance proceeds received in 2025	<input type="text"/>	<input type="text"/>
Taxable crop insurance proceeds deferred from 2024	<input type="text"/>	<input type="text"/>
Custom hire (machine work) income not included above	<input type="text"/>	<input type="text"/>

Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference.

FARM INCOME (continued)

Other income:

FARM EXPENSES

Car and truck expenses (not entered elsewhere)
Chemicals.....
Conservation expenses.....
Custom hire (machine work)
Employee benefit programs.....
Feed purchased.....
Fertilizers and lime
Freight and trucking
Gasoline, fuel, and oil.....
Insurance (other than health)
Mortgage interest (paid to banks, etc.)
Other interest (not entered elsewhere)
Labor hired.....
Pension and profit sharing - contributions
Pension and profit sharing plans - admin. and education costs
Rent - vehicles, machinery, and equipment (not entered elsewhere)
Rent - other (land, animals, etc.)
Repairs and maintenance
Seeds and plants purchased
Storage and warehousing
Supplies purchased
Taxes (not entered elsewhere)
Utilities.....
Veterinary, breeding, and medicine
Capitalized preproductive period expenses (also enter below)
Other expenses:

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2025 1040 US Partnership and S corporation Information 20.1,20.2

Please add, change or delete 2025 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

S CORPORATION INFORMATION (20.2)

20,1,20,2

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Estate or Trust and REMIC Information

20.3,20.4

**Please add, change or delete 2025 information as appropriate.
Be sure to attach all Schedule K-1s and Schedule Qs.**

ESTATE OR TRUST INFORMATION (20.3)

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

20.3.20.4

2025	1040	US	Vehicle Expenses	No. <input type="text"/>	22 p3
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Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Description of vehicle.....
 1=no evidence to support your deduction.....
 1=no written evidence to support your deduction.....
 1=vehicle is available for off-duty personal use.....
 1=no other vehicle is available for personal use.....
 1=vehicle used primarily by more than 5% owner.....
 Number of months of business use if changed from 100% personal use.....

2025 Amount	2024 Amount

AUTOMOBILE MILEAGE

Total mileage (for the tax year).....
 Business mileage.....
 Commuting mileage (for the tax year).....
 Average daily round-trip commute.....

ACTUAL EXPENSES

Parking fees and tolls (business portion only).....
 Gasoline, lube, oil.....
 Repairs.....
 Tires.....
 Insurance.....
 Miscellaneous.....
 Auto license (other than personal property taxes).....
 Personal property taxes (based on car's value).....
 Interest (car loan) (for Schedule C, E & F).....
 Vehicle rent or lease payments.....
 Inclusion amount (enter as positive).....
 Value of employer-provided vehicle on Form W-2 (2106).....

2025	1040	US	Itemized Deductions	25
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Please enter all pertinent 2025 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

Prescription medicines and drugs

Doctors, dentists and nurses

Hospitals and nursing homes

Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars)

Long-term care premiums - taxpayer

Long-term care premiums - spouse

Insurance reimbursement (enter as a positive number)

Lodging and transportation:

 Out-of-pocket expenses

 Medical miles driven

	2025 Amount	TS	2024 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars)			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven			

Other medical and dental expenses:

TAXES PAID (State and local withholding and 2025 estimates are automatic.)

State income taxes - 1/25 payment on 2024 state estimate

State income taxes - paid with 2024 state return extension

State income taxes - paid with 2024 state return

State income taxes - paid for prior years and/or to other state

City/local income taxes - 1/25 payment on 2024 city/local estimate

City/local income taxes - paid with 2024 city/local extension

City/local income taxes - paid with 2024 city/local return

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)

Use taxes paid on 2025 purchases

Use taxes paid with 2024 state return

Sales tax on autos not included above

Sales tax on boats, aircraft, other special items

OTHER TAXES PAID

Real estate taxes - principal residence:

Real estate taxes - held for investment :

Personal property taxes (including auto fees in some states. Provide a copy of tax notice)

Foreign income taxes

Other taxes:

2025	1040	US	Itemized Deductions (continued)	25 p2
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Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 5) reported on Form 1098:

2025 Amount	TS	2024 Amount

Home mortgage interest not reported on Form 1098:

Payee's name.....

Payee's SSN or FEIN...

Payee's street address..

Payee's city.....

Payee's state.....

Payee's ZIP code.....

Payee's region.....

Payee's postal code.....

Payee's country.....

Amount paid.....

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Points not reported on Form 1098:

--	--

Investment interest (interest on margin accounts):

--	--

Passive interest.....

--	--

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage.

For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket).....

Number of charitable miles.....

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket).....

Number of charitable miles.....

2025	1040	US	Itemized Deductions (continued)	25 p3
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Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2025 Amount	TS	2024 Amount

30% limitation (see above):

2025 Amount	TS	2024 Amount

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

2025 Amount	TS	2024 Amount

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

2025 Amount	TS	2024 Amount

STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT (subject to 2% AGI limit)

Union and professional dues

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Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

2025 Amount	TS	2024 Amount

Investment expense:

2025 Amount	TS	2024 Amount

Tax return preparation fee

--	--

Safe deposit box rental

--	--

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

2025 Amount	TS	2024 Amount

2025

1040

US

Itemized Deductions (continued)

25 p4

Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference.

OTHER MISCELLANEOUS DEDUCTIONS

Estate tax, section 691(c).....

Other miscellaneous deductions:

2025 1040 US Itemized Deductions (continued)

25 p5

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded \$100,000 at any time during 2025 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
2. Total home acquisition debt exceeded \$750,000 at any time during 2025 (\$375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

**Please enter all pertinent 2025 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

	2025 Amount	TS	2024 Amount
Fair market value of the property on the date that the last debt was secured .			
Home acquisition and grandfather debt on the date that the last debt was secured			

LOAN INFORMATION

Loan #1

Lender's name.....
Form (see table).....
Number of form.....
1=taxpayer, 2=spouse, blank=joint.....
Interest paid.....
Points paid.....
Total principal paid.....
Lump sum principal payment (if paid off).....
Months outstanding (if not 12).....
1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17)

Home acquisition debt balance - beginning of year

Home acquisition debt borrowed in 2025

Home equity debt balance - beginning of year

Home equity debt borrowed in 2025

Grandfather debt balance - beginning of year

Loan #2

Lender's name.....
Form (see table).....
Number of form.....
1=taxpayer, 2=spouse, blank=joint.....
Interest paid.....
Points paid.....
Total principal paid.....
Lump sum principal payment (if paid off).....
Months outstanding (if not 12).....
1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17).....
Home acquisition debt balance - beginning of year.....
Home acquisition debt borrowed in 2025.....
Home equity debt balance - beginning of year.....
Home equity debt borrowed in 2025.....
Grandfather debt balance - beginning of year.....

Form

- 1 = Schedule A (default)
- 2 = Business use of home
- 3 = Schedule E

25 n5

2025

1040

US

Noncash Contributions (Form 8283)

26.1,26.2

If your total noncash contributions are in excess of \$500 in 2025, please complete the information below for each donee using the following guidelines:

* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.

* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

No. <input type="text"/>	Name of charitable organization (donee)			
	Street address.....			
	City.....			
	State.....			
	ZIP code.....			
	1=spouse, 2=joint.....			
	Property description (other than vehicle)			
	Vehicle	Identification number (VIN)		
		Year (yyyy).....		
		Make		
Model				
Odometer mileage.....				
Date of contribution (m/d/y)				
Date acquired by donor (m/y).....				
How acquired by donor (Table 1 or describe)				
Donor's cost or basis.....				
Fair market value.....				
Method used to determine FMV (Table 2 or describe)				

No. <input type="text"/>	Name of charitable organization (donee)			
	Street address.....			
	City.....			
	State.....			
	ZIP code.....			
	1=spouse, 2=joint.....			
	Property description (other than vehicle)			
	Vehicle	Identification number (VIN)		
		Year (yyyy).....		
		Make		
Model				
Odometer mileage.....				
Date of contribution (m/d/y)				
Date acquired by donor (m/y).....				
How acquired by donor (Table 1 or describe)				
Donor's cost or basis.....				
Fair market value.....				
Method used to determine FMV (Table 2 or describe)				

1	How Property was Acquired		2	Method Used to Determine FMV	
	1 = Purchase	3 = Inheritance		1 = Appraisal	3 = Catalog
2 = Gift	4 = Exchange	2 = Thrift shop value	4 = Comparable sales		
For other methods, see IRS Pub. 561.					

26.1,26.2

2025	1040	US	Business Use of Home (Form 8829)	No. <input type="text"/>	29
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Please enter 2025 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

Form.....
 Number of form (e.g., enter 2 for Schedule C number 2).....
 Business use area (square footage).....
 Total area of home (square footage).....
 Total hours facility used (for daycare facilities only).....
 Total hours available (if not 8,760, 8,784 if a leap year).....
 Area of home included above used exclusively for daycare business, if any (sq ft).....
 % (.xx) or amount of gross income from home if not 100% (-1 if none).....
 % (.xx) or amount of expenses from home if not 100% (-1 if none).....

2025 Amount	2024 Amount

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest.....
 Real estate taxes.....
 Casualty losses.....
 Insurance.....
 Miscellaneous.....
 Rent.....
 Repairs and maintenance.....
 Utilities.....
 Excess mortgage interest.....
 Excess real estate taxes.....
 Other indirect expenses:

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....
 Real estate taxes.....
 Casualty losses.....
 Insurance.....
 Miscellaneous.....
 Rent.....
 Repairs and maintenance.....
 Utilities.....
 Excess mortgage interest.....
 Excess real estate taxes.....
 Excess casualty losses.....
 Allowable casualty losses.....
 Other direct expenses:

2025	1040	US	Vehicle Expenses (Form 2106) (cont.)	No. <input type="text"/>	30 p2
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Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

1=vehicle used primarily by more than 5% owner
 1=vehicle is available for off-duty personal use
 1=no other vehicle is available for personal use
 1=no evidence to support your deduction
 1=no written evidence to support your deduction

2025 Amount	2024 Amount

VEHICLE 1

Description of vehicle
 Date placed in service (m/d/y)
 Total mileage (for the tax year)
 Business mileage
 Commuting mileage (for the tax year)
 Average daily round-trip commute
 Number of months of business use if changed from 100% personal use
 Parking fees and tolls (business portion only)

Actual expenses:

Gasoline, lube, oil
 Repairs
 Tires
 Insurance
 Miscellaneous
 Auto license (other than personal property taxes)
 Personal property taxes (based on car's value)
 Interest (car loan) (for Schedule C, E & F)
 Vehicle rent or lease payments
 Inclusion amount (enter as positive)
 Value of employer-provided vehicle on Form W-2 (2106)

VEHICLE 2

Description of vehicle
 Date placed in service (m/d/y)
 Total mileage (for the tax year)
 Business mileage
 Commuting mileage (for the tax year)
 Average daily round-trip commute
 Number of months of business use if changed from 100% personal use
 Parking fees and tolls (business portion only)

Actual expenses:

Gasoline, lube, oil
 Repairs
 Tires
 Insurance
 Miscellaneous
 Auto license (other than personal property taxes)
 Personal property taxes (based on car's value)
 Interest (car loan) (for Schedule C, E and F)
 Vehicle rent or lease payments
 Inclusion amount (enter as positive)
 Value of employer-provided vehicle on Form W-2 (2106)

2025	1040	US	Foreign Income Exclusion (2555)	No. <input type="text"/>	31.1 p2
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Please enter all pertinent 2025 information.

TRAVEL INFORMATION

NOTE: Please enter all travel for 2025 as well as travel for 2026 known to date.

Travel Type (table)	Name of country (if not United States)	Date arrived	Date left	Days in U.S. on business

BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST

Beginning date for bona fide residence (m/d/y)

Ending date for bona fide residence (m/d/y)

Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer

Names of family living abroad with taxpayer (if applicable):

Relationship

Period family lived abroad

1=submitted statement to country of bona fide residence

1=required to pay income tax to country of bona fide residence

Contractual terms relating to length of employment abroad

Type of visa you entered foreign country under

Explanation why visa limited stay or employment in country (if applicable)

Address of home in U.S. maintained while living abroad (if applicable):

ZIP Code

1=U.S. home rented (if applicable)

Names of occupants in U.S. home (if applicable)

Relationship of occupants in U.S. home (if applicable)

Principal country of employment

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FOREIGN HOUSING EXPENSES

2025 Amount

2024 Amount

Qualified housing expenses

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Location of housing expenses:

Qualifying days in location (multiple locations only)

Travel Type

- 1 = Travel to U.S. (default)
- 2 = Travel to foreign country
- 3 = Travel to restricted country

2025	1040	US	Foreign Income Exclusion (Form 2555)	No. <input type="text"/>	31.2
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Please enter all pertinent 2025 amounts and attach all W-2 forms, or other wage statements.
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

FOREIGN WAGES, SALARIES, TIPS

Name or number.....
1=spouse.....
1=retirement plan (Box 13).....
Name of employer (Box c).....
Wages, tips, other compensation (Box 1).....
Federal income tax withheld (Box 2).....
Social security tax withheld (Box 4).....
Medicare tax withheld (Box 6).....
State income tax withheld (Box 17).....
Local income tax withheld (Box 19).....

2025 Amount	2024 Amount

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

Home (lodging).....
Meals.....
Car.....
Other properties or facilities:

Allowances and Reimbursements

Cost of living and overseas differential.....
Family.....
Education.....
Home leave.....
Quarters.....
Other purposes:

Meals and lodging provided for the convenience of the
Employer (excludable under section 119).....

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Other Foreign Earned Income

2025 Days Worked Allocation Information

31.2

2025	1040	US	Health Savings Accounts (8889)	32.1
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Please enter all pertinent 2025 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2025, a high deductible health plan is one with an annual deductible that is not less than \$1,650 for self-only coverage or \$3,300 for family coverage and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$8,300 for self-only coverage or \$16,600 for family coverage.

1=self-only coverage, 2=family coverage
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)
Contributions included above that were made after you became eligible for Medicare
Contributions made to date

2025 Amount		2024 Amount	
Taxpayer	Spouse	Taxpayer	Spouse

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1) ...
Distributions included above that were rolled over to another HSA
Total unreimbursed qualified medical expenses

2025	1040	US	Household Employment Taxes (Schedule H)	42
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Please enter all pertinent 2025 information. Last year's amounts are provided for your reference.

HOUSEHOLD EMPLOYMENT TAXES

NOTE: If you paid any one household employee cash wages of \$2,800 or more in 2025; withheld federal income tax during 2025 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2024 or 2025 to household employees please complete the following:

Employer identification number.....

1=spouse, 2=joint.....

Social security, Medicare and income taxes:

1=paid any one employee cash wages of \$2,800 or more

1=withheld federal income tax for household employee

Total cash wages subject to social security taxes

Total cash wages subject to Medicare taxes

Federal income tax withheld.....

Taxes withheld from state disability payments

2025 Amount	2024 Amount

Federal unemployment tax:

1=paid total cash wages of \$1,000 or more in any calendar quarter of 2024 or 2025

Total cash wages subject to FUTA tax

1=paid unemployment contributions to only one state

1=paid all state unemployment contributions by 4/15/26

1=all wages taxable for FUTA were also taxable for state unemployment

Name of state.....

Contributions paid to state unemployment fund

2025	1040	US	Report of Foreign Bank and Financial Accounts	82.1
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Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Canadian province or Mexican state

2025 Amount	2024 Amount

Other type of filer

Foreign identification:

Taxpayer:

1=passport, 2=foreign TIN

Other type of identification

Number

Country of issue

Spouse:

1=passport, 2=foreign TIN

Other type of identification

Number

Country of issue

Taxpayer:

Title

Spouse:

Title

