

2025	1040	US	Client Information	1
<b>McDevitt &amp; Duffy, CPA's PS</b> 330 Dayton St., Suite #2 Edmonds WA 98020 Telephone number: 425-774-5300 Fax number: 425-778-4612 E-mail address:			<b>Tax Return Appointment</b>  Date: Time: Location:	
<p>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.</p>				
<b>CLIENT INFORMATION</b>				
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).....			
Spouse	1=blind.....			
	First name and initial.....			
	Last name.....			
	Title/suffix.....			
	Social security number.....			
	Occupation.....			
	Date of birth (m/d/y).....			
Address	Date of death (m/d/y).....			
	1=blind.....			
	In care of.....			
	Street address.....			
	Apartment number.....			
Foreign Address	City.....			
	State.....			
	ZIP code.....			
	Region.....			
Postal code.....				
Country.....				
				1

**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	
Please add, change or delete information for 2025.					
<b>CLIENT INFORMATION</b>					
Taxpayer Contact Information	Home phone.....		<b>Daytime Phone</b>  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.....				
				1 p2	

<b>2025</b>	<b>1040</b>	<b>US</b>	<b>Dependents</b>	<b>2</b>																																																																																																																																				
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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             NOTE: If your child is disabled, please provide one of the following forms of proof of disability:            1. Doctor statement            2. Other health care provider statement            3. 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<b>2025</b>	<b>1040</b>	<b>US</b>	<b>Direct Deposit &amp; Estimates (Form 1040 ES)</b>	<b>3, 6</b>
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Please enter all pertinent 2025 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

1=direct deposit of federal tax refund into bank account .....		
1=electronic payment of balance due .....		
1=electronic payment of estimated tax .....		

**BANK INFORMATION**

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

**2025 ESTIMATED TAX / 1040-ES (6)**

**Federal**

	Amount Paid	Date Paid	TS	2025 Voucher Amount
Overpayment applied from 2024 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				
Former spouse SSN if joint estimates .....				

**State**

	Amount Paid	Date Paid	TS	2025 Voucher Amount
Overpayment applied from 2024 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				

**1      Type of Account**

1 = Savings  
2 = Checking

**2      Type of Investment**

1 = Checking or savings (default)  
2 = Taxpayer's IRA (next year limits)  
3 = Spouse's IRA (next year limits)  
4 = Health savings account (HSA)  
5 = Archer MSA

6 = Coverdell savings account (ESA)  
7 = Other  
8 = Taxpayer's IRA (current year limits)  
9 = Spouse's IRA (current year limits)

	<b>3, 6</b>
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<b>2025</b>	<b>1040</b>	<b>US</b>	<b>Direct Deposit &amp; Estimates (Form 1040 ES) (cont.)</b>	<b>7.1</b>
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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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	<b>7.1</b>
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<b>2025</b>	<b>1040</b>	<b>US</b>	<b>Wages, Pensions, Gambling Winnings</b>					<b>10, 13.1, 13.2</b>			
<b>Please enter all pertinent 2025 amounts &amp; attach all W-2, W-2G and 1099-R forms. Last year's amounts are provided for your reference.</b>											
<b>WAGES, SALARIES, TIPS (10)</b>											
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)				
<b>PENSIONS, IRA DISTRIBUTIONS (13.1)</b>											
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)								
<b>GAMBLING WINNINGS (W-2G) (13.2)</b>											
No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2024 Winnings				
				Federal (Box 4)	State (Box 15)	Local (Box 17)					
<b>GAMBLING LOSSES &amp; WINNINGS (NON W-2G) (13.2)</b>											
Total gambling losses.....				2025 Amount	TS	2024 Amount					
Winnings not reported on Form W-2G.....											
<b>10, 13.1, 13.2</b>											

Series: 12, 13 Interest & Dividend Income

2025	1040	US	Miscellaneous Income	14.1
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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 .....				



2025	1040	US	State & Local Tax Refunds / Unemployment Compensation	14.2
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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	1040	US	Education Distributions (ESA's and QTP's)	14.3
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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)**

		2025 Amount	2024 Amount
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 .....			
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 .....			
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 .....			

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 .....	

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

	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 end of the year .....		

<b>2025</b>	<b>1040</b>	<b>US</b>	<b>Business Income (Schedule C) (cont.)</b>	No. <span style="border: 1px solid black; display: inline-block; width: 30px; height: 15px;"></span>	<b>16</b> p2
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Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference.

**EXPENSES**

	2025 Amount	2024 Amount
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.

2025

1040

US

Installment Sales (Form 6252)

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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) .....		

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### Sale of Home & Moving Expenses

<b>2025</b>	<b>1040</b>	<b>US</b>	<b>Rental &amp; Royalty Income (Schedule E)</b>	No. <span style="border: 1px solid black; padding: 0 10px;"> </span>	<b>18</b>
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Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference.

### GENERAL INFORMATION

	2025 Amount	2024 Amount
Description of property.....		<b>Type of Property</b> 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address.....		
City.....		
State.....		
ZIP code.....		
Type of property (see table)....		
Other type of property.....		
Number of days rented.....	34	

Percentage of ownership if not 100% (xxxx).....		1=did not actively participate...	
Percentage of tenant occupancy if not 100% (xxxx).....		1=real estate professional.....	
1=spouse, 2=joint.....		1=rental other than real estate..	
1=qualified joint venture.....		1=investment.....	
1=nonpassive activity,		1=single member limited	
2=passive royalty.....		liability company.....	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no .....			

### INCOME

	2025 Amount	2024 Amount
Rents or royalties received.....		

### DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....		
Association dues.....		
Auto and travel (not entered elsewhere).....		
Cleaning and maintenance.....		
Commissions.....		
Gardening.....		
Insurance.....		
Legal and professional fees.....		
Licenses and permits.....		
Management fees.....		
Miscellaneous.....		
Mortgage interest (paid to banks, etc.).....		
Excess mortgage interest.....		
Other interest (not entered elsewhere).....		
Painting and decorating.....		
Pest control.....		
Plumbing and electrical.....		
Repairs.....		
Supplies.....		
Taxes - real estate.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Utilities.....		
Wages and salaries.....		
Other:		

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

**18**

<b>2025</b>	<b>1040</b>	<b>US</b>	<b>Rental &amp; Royalty Income (Sch. E) (cont.)</b>	No. <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	<b>18</b> p2
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Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

**GENERAL INFORMATION**

Foreign region.....	<div style="border: 1px solid black; height: 15px;"></div>
Foreign postal code.....	<div style="border: 1px solid black; height: 15px;"></div>
Foreign country.....	<div style="border: 1px solid black; height: 15px;"></div>

**OIL AND GAS**

	2025 Amount	2024 Amount
Production type (preparer use only) .....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Cost depletion.....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Percentage depletion rate or amount .....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
State cost depletion, if different (-1 if none) .....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
State % depletion rate or amount, if different (-1 if none) .....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>

**PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)**

Number of days personal use.....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Number of days owned (if optional method elected) .....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>

**INDIRECT EXPENSES**

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit.  
These include repairs, insurance, and utilities.

Advertising.....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Association dues.....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Auto and travel (not entered elsewhere) .....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Cleaning and maintenance .....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Commissions.....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Gardening.....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Insurance.....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Legal and professional fees.....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Licenses and permits.....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Management fees.....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Miscellaneous.....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Mortgage interest (paid to banks, etc.) .....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Excess mortgage interest.....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Other interest (not entered elsewhere) .....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Painting and decorating .....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Pest control.....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Plumbing and electrical .....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Repairs.....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Supplies.....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Taxes - real estate.....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Taxes - other (not entered elsewhere) .....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Telephone.....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Utilities.....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Wages and salaries.....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>

Other:

<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
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<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
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2025	1040	US	Farm Income (Schedule F/Form 4835)	No. <div></div>	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.....		
Cost or basis of livestock or other resale items.....		
Sales of products raised.....		
Accrual method:		
Sales of livestock, produce, etc.....		
Beginning inventory of livestock, etc.....		
Cost of livestock, etc. purchased.....		
Ending inventory of livestock, etc.....		
Other farm income:		
Total cooperative distributions.....		
Taxable cooperative distributions.....		
Total agricultural program payments (other than CRP).....		
Taxable agricultural program payments (other than CRP).....		
Total conservation reserve program payments.....		
Taxable conservation reserve program payments.....		
Commodity credit loans reported under election.....		
Total commodity credit loans forfeited or repaid.....		
Taxable commodity credit loans forfeited or repaid.....		
Total crop insurance proceeds received in 2025.....		
Taxable crop insurance proceeds received in 2025.....		
Taxable crop insurance proceeds deferred from 2024.....		
Custom hire (machine work) income not included above.....		

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

**FARM INCOME (continued)**

Other income:

[illegible]

## 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:	

[illegible]

Other expenses:

Expenditure	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422	2423	2424	2425	2426	2427	2428	2429	2430	2431	2432	2433	2434	2435	2436	2437	2438	2439	2440	2441	2442	2443	2444	2445	2446	2447	2448	2449	2450	2451	2452	2453	2454	2455	2456	2457	2458	2459	2460	2461	2462	2463	2464	2465	2466	2467	2468	2469	2470	2471	2472	2473	2474	2475	2476	2477	2478	2479	2480	2481	2482	2483	2484	2485	2486	2487	2488	2489	2490	2491	2492	2493	2494	2495	2496	2497	2498	2499	2500	2501	2502	2503	2504	2505	2506	2507	2508	2509	2510	2511	2512	2513	2514	2515	2516	2517	2518	2519	2520	2521	2522	2523	2524	2525	2526	2527	2528	2529	2530	2531	2532	2533	2534	2535	2536	2537	2538	2539	2540	2541	2542	2543	2544	2545	2546	2547	2548	2549	2550	2551	2552	2553	2554	2555	2556	2557	2558	2559	2560	2561	2562	2563	2564	2565	2566	2567	2568	2569	2570	2571	2572	2573	2574	2575	2576	2577	2578	2579	2580	2581	2582	2583	2584	2585	2586	2587	2588	2589	2590	2591	2592	2593	2594	2595	2596	2597	2598	2599	2600	2601	2602	2603	2604	2605	2606	2607	2608	2609	2610	2611	2612	2613	2614	2615	2616	2617	2618	2619	2620	2621	2622	2623	2624	2625	2626	2627	2628	2629	2630	2631	2632	2633	2634	2635	2636	2637	2638	2639	2640	2641	2642	2643	2644	2645	2646	2647	2648	2649	2650	2651	2652	2653	2654	2655	2656	2657	2658	2659	2660	2661	2662	2663	2664	2665	2666	2667	2668	2669	2670	2671	2672	2673	2674	2675	2676	2677	2678	2679	2680	2681	2682	2683	2684	2685	2686	2687	2688	2689	2690	2691	2692	2693	2694	2695	2696	2697	2698	2699	2700	2701	2702	2703	2704	2705	2706	2707	2708	2709	2710	2711	2712	2713	2714	2715	2716	2717	2718	2719	2720	2721	2722	2723	2724	2725	2726	2727	2728	2729	2730	2731	2732	2733	2734	2735	2736	2737	2738	2739	2740	2741	2742	2743	2744	2745	2746	2747	2748	2749	2750	2751	2752	2753	2754	2755	2756	2757	2758	2759	2760	2761	2762	2763	2764	2765	2766	2767	2768	2769	2770	2771	2772	2773	2774	2775	2776	2777	2778	2779	2780	2781	2782	2783	2784	2785	2786	2787	2788	2789	2790	2791	2792	2793	2794	2795	2796	2797	2798	2799	2800	2801	2802	2803	2804	2805	2806	2807	2808	2809	2810	2811	2812	2813	2814	2815	2816	2817	2818	2819	2820	2821	2822	2823	2824	2825	2826	2827	2828	2829	2830	2831	2832	2833	2834	2835	2836	2837	2838	2839	2840	2841	2842	2843	2844	2845	2846	2847	2848	2849	2850	2851	2852	2853	2854	2855	2856	2857	2858	2859	2860	2861	2862	2863	2864	2865	2866	2867	2868	2869	2870	2871	2872	2873	2874	2875	2876	2877	2878	2879	2880	2881	2882	2883	2884	2885	2886	2887	2888	2889	2890	2891	2892	2893	2894	2895	2896	2897	2898	2899	2900	2901	2902	2903	2904	2905	2906	2907	2908	2909	2910	2911	2912	2913	2914	2915	2916	2917	2918	2919	2920	2921	2922	2923	2924	2925	2926	2927	2928	2929	2930	2931	2932	2933	2934	2935	2936	2937	2938	2939	2940	2941	2942	2943	2944	2945	2946	2947	2948	2949	2950	2951	2952	2953	2954	2955	2956	2957	2958	2959	2960	2961	2962	2963	2964	2965	2966	2967	2968	2969	2970	2971	2972	2973	2974	2975	2976	2977	2978	2979	2980	2981	2982	2983	2984	2985	2986	2987	2988	2989	2990	2991	2992	2993	299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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.				
<b>PARTNERSHIP INFORMATION (20.1)</b>				
No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership
<b>S CORPORATION INFORMATION (20.2)</b>				
No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation
				20.1,20.2

2025	1040	US	Estate or Trust and REMIC Information	20.3,20.4
<p>Please add, change or delete 2025 information as appropriate. Be sure to attach all Schedule K-1s and Schedule Qs.</p>				
<b>ESTATE OR TRUST INFORMATION (20.3)</b>				
No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number	
<b>REMIC INFORMATION (20.4)</b>				
No.	Name of REMIC	Employer Identification Number		
				20.3,20.4

2025

1040

US

Vehicle Expenses

No. 

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

**GENERAL INFORMATION**

	2025 Amount	2024 Amount
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 .....		

**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) .....		

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<b>2025</b>	<b>1040</b>	<b>US</b>	<b>Itemized Deductions</b>	<b>25</b>
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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.

	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:

_____			
-------	--	--	--

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.....			

Points not reported on Form 1098:


Investment interest (interest on margin accounts):


Passive interest.....

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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 .....			

<b>2025</b>	<b>1040</b>	<b>US</b>	<b>Itemized Deductions (continued)</b>	<b>25</b> 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.

	2025 Amount	rs	2024 Amount
50% limitation (see above):			
_____			
_____			
_____			
_____			
30% limitation (see above):			
_____			
_____			
_____			
_____			
30% capital gain property (gifts of capital gain property to 50% limit orgs.):			
_____			
_____			
_____			
_____			
20% capital gain property (gifts of capital gain property to non-50% limit orgs.):			
_____			
_____			
_____			
_____			

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

Union and professional dues: \_\_\_\_\_

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

_____			
_____			
_____			
_____			
_____			
_____			

Investment expense:

_____			
_____			
_____			
_____			
_____			
_____			

Tax return preparation fee: \_\_\_\_\_

Safe deposit box rental: \_\_\_\_\_

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

_____			
_____			
_____			
_____			
_____			
_____			



Series: 400 (T=taxpayer, S=spouse, Blank=joint) Itemized Deductions (continued)

Itemized Deductions (continued)

2025	1040	US	Itemized Deductions (continued)	25 p5 cont
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Please enter all pertinent 2025 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

**LOAN INFORMATION (continued)**

Loan #3

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.....  
 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.....

2025 Amount	ts	2024 Amount

Loan #4

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.....  
 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.....

2025 Amount	ts	2024 Amount

**Form**

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

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) .....			

<p><b>1</b>                      <b>How Property was Acquired</b></p> <p>1 = Purchase                      3 = Inheritance 2 = Gift                              4 = Exchange</p>	<p><b>2</b>                      <b>Method Used to Determine FMV</b></p> <p>1 = Appraisal                      3 = Catalog 2 = Thrift shop value              4 = Comparable sales</p> <p>For other methods, see IRS Pub. 561.</p>
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26.1,26.2

<b>2025</b>	<b>1040</b>	<b>US</b>	<b>Business Use of Home (Form 8829)</b>	No. <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	<b>29</b>
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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:




Series: 64 Employee/Vehicle Bus. Exp. (Form 2106)

2025

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US

## Vehicle Expenses (Form 2106) (cont.)

No. 

30 p2

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) .....


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2025

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US

Foreign Income Exclusion (2555)

No.

31.1 p2

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 .....

## FOREIGN HOUSING EXPENSES

2025 Amount

2024 Amount

Qualified housing expenses .....

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

31.1 p2



2025

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US

Foreign Income Exclusion (Form 2555)

No.

31.2

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**

	2025 Amount	2024 Amount
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) .....		

**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**

Total number of days worked (if not 240) .....		
Total days worked before and after foreign assignment .....		
Foreign days worked before and after foreign assignment .....		

31.2

<b>2025</b>	<b>1040</b>	<b>US</b>	<b>Health Savings Accounts (8889)</b>	<b>32.1</b>
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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.

	2025 Amount		2024 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
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 . . . . .				

### 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 . . .				

	<b>32.1</b>
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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:	2025 Amount	2024 Amount
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 .....		

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

	2025 Amount	2024 Amount
Canadian province or Mexican state .....		
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 .....		

				82.1
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2025

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US

Report of Foreign Bank &amp; Fin. Accts.

No. 

82.1 p2

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

## INFORMATION ON FINANCIAL ACCOUNTS

1=spouse.....  
Type of account: 1=bank account, 2=securities account, or specify.....  
Maximum value of account (-1 if unknown).....

Financial institution:

Name of institution (Line 1) (mandatory).....  
Name of institution (Line 2).....  
Mailing address.....  
Account number.....  
City.....  
State.....  
ZIP/postal code.....  
Country (if not US).....

Accounts owned jointly:

Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer) .....

Principal joint owner:

Taxpayer identification number, if not joint filer.....  
TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign, 4=unknown.....  
Last name.....  
First name.....  
Middle initial.....  
Address.....  
City.....  
State.....  
ZIP/postal code.....  
Country (if not US).....

Accounts where filer has no financial interest:

Last name or org. name (mandatory).....  
First name.....  
Middle initial.....  
Taxpayer identification number.....  
TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign, 4=unknown.....  
Address.....  
City.....  
State.....  
ZIP/postal code.....  
Country (if not US).....  
Filer's title.....

2025 Amount

2024 Amount

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