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2025	1040	US	Tax Organizer
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**Mazzucco & Company, CPAs**
**110 Marter Ave., Suite 210**
**Moorestown NJ 08057**

Telephone number: **8562347788**

Fax number:

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 enter all pertinent 2025 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

**CLIENT INFORMATION**

	Taxpayer	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. . . . .		
Home phone. . . . .		
Work phone. . . . .		
Work extension. . . . .		
Cell phone. . . . .		
E-mail address. . . . .		
Address	In care of. . . . .	
	Street address. . . . .	
	Apartment number. . . . .	
	City. . . . .	
	State. . . . .	
	ZIP code. . . . .	

**DEPENDENTS**

	Dependent No.	Dependent No.
First name. . . . .		
Last name. . . . .		
Title/suffix. . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
Date of adoption (m/d/y) . . . . .		
Social security number. . . . .		
Relationship. . . . .		
Months lived at home. . . . .		
	Dependent No.	Dependent No.
First name. . . . .		
Last name. . . . .		
Title/suffix. . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
Date of adoption (m/d/y) . . . . .		
Social security number. . . . .		
Relationship. . . . .		
Months lived at home. . . . .		

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Please enter all pertinent 2025 information. If you have attached a government form for an item, check the box and do not enter a 2025 amount.

#### WAGES, SALARIES AND TIPS

Employer name:

<input type="checkbox"/>	

2025 Amount

2024 Amount

Attach Forms W-2

#### INTEREST INCOME

Payer name:

<input type="checkbox"/>	

Attach Forms 1099-INT

#### DIVIDEND INCOME

Payer name:

<input type="checkbox"/>	

Attach Forms 1099-DIV

#### PENSIONS, IRA AND GAMBLING INCOME

Payer name:

<input type="checkbox"/>	

Attach Forms  
1099-R & W-2G

Winnings not reported on W-2G .....

Total gambling losses .....

#### OTHER GOVERNMENT FORMS - INCOME

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history) .....
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income .....
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments .....
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements) .....

Attach Forms 1099

<input type="checkbox"/>	Form 1099-G - State tax refunds .....
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Attach Forms 1099

<input type="checkbox"/>	Form SSA-1099 - Social security benefits .....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation .....
<input type="checkbox"/>	Form 1099-Q (529 Plan) .....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts) .....

Attach Forms 1099

<input type="checkbox"/>	Form SSA-1099 - Social security benefits .....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation .....
<input type="checkbox"/>	Form 1099-Q (529 Plan) .....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts) .....

Attach Forms 1099



2025 1040 US -

### **TAXES PAID (continued)**

- State income taxes - paid with 2024 state extension .....
- State income taxes - paid with 2024 state return .....
- State income taxes - paid for prior years and/or to other states .....
- 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 .....
- State and local sales taxes (except autos and special items) .....
- Use taxes paid on 2025 purchases .....
- Use taxes paid on 2024 state return .....
- Sales tax on autos not included above .....
- Sales taxes paid on boats, aircraft, and other special items .....
- Real estate taxes - principal residence .....
- Real estate taxes - property held for investment .....
- Foreign income taxes .....
- Personal property taxes (including automobile fees in some states) .....

### 2025 Amount

### 2024 Amount

**INTEREST PAID**

#### Home mortgage interest and points paid:

\_\_\_\_\_

**Attach Tax Notice**

Home mortgage interest not on Form 1098 (i)

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Points not reported on Form 1098

**Attach Forms 1098**

Points not reported on Form 1098:


Investment interest (interest on margin accounts):


## Passive interest

## 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).

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Volunteer expenses (out-of-pocket) . . . . .  
Number of charitable miles . . . . .


## MISCELLANEOUS DEDUCTIONS

Union and professional dues . . . . .  
Tax return preparation fee . . . . .  
Safe deposit box rental . . . . .  
Investment expenses . . . . .  
Estate tax, section 691(c) . . . . .  
Unreimbursed employee expenses:


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2025	1040	US	Client Information	1
<b>Mazzucco &amp; Company, CPAs</b> <b>110 Marter Ave., Suite 210</b> <b>Moorestown NJ 08057</b> <b>Telephone number: 8562347788</b> <b>Fax number:</b> <b>E-mail address:</b>			<b>Tax Return Appointment</b>  <b>Date:</b> <b>Time:</b> <b>Location:</b>	
<b>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.</b>				
<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).....			
	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.....			
				1

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.....		

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Dependents

2

Please add, change or delete information for 2025.

## DEPENDENTS

	Dependent	Dependent	
First name.....			<b>Type of Dependent</b> 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
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	
First name.....			<b>Earned Income Credit</b> 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	
First name.....			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: 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	
First name.....			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. 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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## Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2025, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you and your dependents have health care coverage for the full-year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive an IRS document 1095-A (Health Insurance Marketplace Statement)? If so, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any overtime pay?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the IRS or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	At any time during the tax year did you: receive or sell, exchange, gift, or otherwise dispose of digital asset?



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Direct Deposit &amp; 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)

2025 Amount	TS	2024 Amount

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

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	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.....	2025 1099-G Amount
	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.....	2025 1099-G Amount
	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).....		

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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)

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.....		

14.3

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**Business Income (Schedule C)**No. **16**

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
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

**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. <input type="text"/>	16 p2
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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.....

	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:

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

2025 1040 US Capital Gains & Losses (Schedule D) 17

If you sold any stocks, bonds, or other investment property in 2025, please list the pertinent information for each sale below or provide a spreadsheet file with this information. Be sure to attach all 1099-B forms and brokerage statements.

17

**2025    1040    US    Rental & Royalty Income (Schedule E)    No.     18**

No.

18

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

## GENERAL INFORMATION

	2023 Amount	2024 Amount
Description of property.....		<b>Type of Property</b>
Street address.....		1 = Single Family Residence
City.....		2 = Multi-Family Residence
State.....		3 = Vacation/Short-Term Rental
ZIP code.....		4 = Commercial
Type of property (see table).....		5 = Land
Other type of property.....		6 = Royalties
Number of days rented.....	34	7 = Self-Rental

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, 2=passive royalty .....		1=single member limited liability company .....	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no			

If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no .....

## INCOME

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

**2025    1040    US    Rental & Royalty Income (Sch. E) (cont.)    No.     18 p2**

No.

18 n2

## GENERAL INFORMATION

Foreign region.....  
Foreign postal code.....  
Foreign country.....


## OIL AND GAS

Production type (preparer use only) . . . . .  
Cost depletion . . . . .  
Percentage depletion rate or amount . . . . .  
State cost depletion, if different (-1 if none) . . . . .  
State % depletion rate or amount, if different (-1 if none) . . . . .

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

Number of days personal use .....  
Number of days owned (if optional method elected) .....


## INDIRECT EXPENSES

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

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:

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18 p2

## 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)

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

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 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.....


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):

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2025 Amount	TS	2024 Amount

30% limitation (see above):

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2025 Amount	TS	2024 Amount

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

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2025 Amount	TS	2024 Amount

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

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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 .....

2025 Amount	TS	2024 Amount

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

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2025 Amount	TS	2024 Amount

Investment expense:

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2025 Amount	TS	2024 Amount

Tax return preparation fee .....

2025 Amount	TS	2024 Amount

Safe deposit box rental .....

2025 Amount	TS	2024 Amount

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

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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 Amount	TS	2024 Amount

**2025 1040 US Itemized Deductions (continued) 25 p5**

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

25 p5

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
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.....			

#### 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
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.....			

#### Form

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

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.

	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 .....		

2025

1040

US

## Child and Dependent Care Expenses (Form 2441)

33.1,33.2

Please enter all pertinent 2025 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

## DEPENDENT CARE EXPENSES (33.1)

Dependent care expenses incurred but not paid in 2025 .....

Employer-provided benefits forfeited in 2025 .....

2025 Amount

Taxpayer

Spouse

2024 Amount

Taxpayer

Spouse


## PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input type="text"/>	First name .....	
	Last name .....	
	Title or suffix .....	
	Date of birth (m/d/y) .....	
	Social security number .....	
	Qualified dependent care expenses incurred and paid in 2025 .....	2024 amt:
	1=over age 12 & disabled at the time care was provided 1=spouse, 2=joint .....	

No. <input type="text"/>	First name .....	
	Last name .....	
	Title or suffix .....	
	Date of birth (m/d/y) .....	
	Social security number .....	
	Qualified dependent care expenses incurred and paid in 2025 .....	2024 amt:
	1=over age 12 & disabled at the time care was provided 1=spouse, 2=joint .....	

## PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input type="text"/>	Name of provider .....	
	Street address .....	
	City .....	
	State .....	
	ZIP code .....	
	Foreign region .....	
	Foreign postal code .....	
	Foreign country .....	
	Identification number (SSN or EIN) .....	
	Amount paid to care provider in 2025 .....	2024 amt:
	1=spouse, 2=joint .....	
	1=care provided ind. above was a household employee .....	
1=employer furnished dependent care .....		

33.1,33.2

2025	1040	US	Education Credits	No. <input type="text"/>	38
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Please complete the information below if you paid qualified education expenses in 2025 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

### STUDENT INFORMATION

1=taxpayer, 2=spouse.....

First name.....

Last name.....

Social security number.....

Number of prior years AOC claimed.....

1=student was NOT enrolled at least half-time for at least one academic period that began in 2025 (or the first 3 months of 2026 if the qualified expenses were made in 2025) at an eligible institution in a qualified program.....

1=student completed first four years of post-secondary education before 2025.....

1=student was convicted, before the end of 2025, of a felony for possession or distribution of a controlled substance.....


### EDUCATIONAL INSTITUTION ATTENDED (#1)

Name.....

Street address.....

City.....

State.....

ZIP code.....

1=2025 Form 1098-T was NOT received.....

1=2025 Form 1098-T received with Box 7 completed.....

1=2024 Form 1098-T received with Box 7 completed.....

Federal ID number from Form 1098-T.....


### EDUCATIONAL INSTITUTION ATTENDED (#2)

Name.....

Street address.....

City.....

State.....

ZIP code.....

1=2025 Form 1098-T was NOT received.....

1=2025 Form 1098-T received with Box 7 completed.....

1=2024 Form 1098-T received with Box 7 completed.....

Federal ID number from Form 1098-T.....


### QUALIFIED EDUCATION EXPENSES

Qualified tuition & fees paid in 2025 (net of refund or assistance, & not entered elsewhere).....

2025 Amount

2024 Amount


Books & supplies required to be purchased from institution.....

Books & supplies not entered above.....

Amount of prior year refund or assistance \*.....

\* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.