2025 Tax Organizer

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2025 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2025 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2024 information is included for your reference. You do not need to make any 2024 entries.

Note: The General Questions and/or Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- ☐ A copy of your 2024 tax return (if not in our possession).
- ☐ Original Form(s) W-2.
- ☐ Schedule(s) K-1 and K-3 showing income or loss from partnerships, S corporations or estates or trusts.
- ☐ Copies of other compensation or pension documentation, such as Form 1099-MISC, Form 1099-R, Form 1099-NEC or Form 1099-K.
- ☐ Form(s) 1099 or statements reporting dividend and interest income.
- ☐ Brokerage statements showing transactions for stocks, bonds, etc.
- ☐ Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- ☐ Copies of closing statements regarding the sale or purchase of real property.
- ☐ Copies of invoices regarding residential clean energy improvements.
- ☐ All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

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Topic Index

General Questions

PERSONAL INFORMATION

		Yes	No
1	Did your marital status change during 2025? If **yes,** explain	☐	☐
2	Do you want to allow your tax preparer to discuss this year's return with the IRS? If **no,** enter another person (if desired) to be allowed to discuss this return with the IRS. **Caution:** Review any transferred information for accuracy. Designee's Name ► Phone Number ► Personal Identification Number (5 digit PIN) ►	☒	☐
3	Do you or your spouse plan to retire in 2026?	☐	☐
4	Were you or your spouse permanently and totally disabled in 2025?	☐	☐
5	Enter date of death for taxpayer or spouse (if during 2025 or 2026): Taxpayer: Spouse:		
6	Were you or your spouse a member of the U.S. Armed Forces during 2025?	☐	☐

DEPENDENT INFORMATION

		Yes	No
7 a	Do you have dependents who must file?	☐	☐
b	If **yes,** do you want us to prepare the return(s)?	☐	☐
8 a	Do you have children who are under age 19 or a full time student under age 24 with investment income greater than $2,700?	☐	☐
b	If **yes,** do you want to include your child's income on your return?	☐	☐
9	Are any of your dependents **not** U.S. citizens or residents?	☐	☐
10	Did you provide over half the support for any other person during 2025?	☐	☐
11	Did you incur adoption expenses during 2025?	☐	☐

IRA, PENSION AND EDUCATION SAVINGS PLANS

		Yes	No
12	Did you receive payments from a pension or profit-sharing plan?	☐	☐
13	Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	☐	☐
14 a	Did you convert all or part of a regular IRA into a Roth IRA?	☐	☐
b	Did you roll over all or part of a qualified plan into a Roth IRA?	☐	☐
15	Did you contribute to a Coverdell Education Savings Account?	☐	☐

ITEMS RELATED TO INCOME/LOSSES

		Yes	No
16	Did you receive any disability payments in 2025?	☐	☐
17	Did you receive tip income **not** reported to your employer?	☐	☐
18 a	Did you buy, sell, refinance, or abandon a principal residence or other real property in 2025? (Attach copies of any escrow statements or Forms 1099.)	☐	☐
b	If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home?	☐	☐
c	Are you planning to purchase a home soon?	☐	☐
19	Did you incur any Federally declared disaster or theft losses during 2025?	☐	☐
20	Did you incur any non-business bad debts?	☐	☐

PRIOR YEAR TAX RETURNS

		Yes	No
21	Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? If **yes,** enclose agent's report or notice of change.	☐	☐
22	Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?	☐	☐

General Questions (continued)

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

		Yes	No
23	Did you have foreign income or pay any foreign taxes in 2025 ?	☐	☐
24a	At any time during 2025, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country?	☐	☐
	If yes, enter the name of the foreign country where the financial account is located:		
b	Did the aggregate value of all your foreign accounts exceed $10,000 at any time during 2025 ? Report all interest income on Org 11	☐	☐
25	Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust?	☐	☐
26	Did you at any time during 2025 , have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded $50,000 in value at any time during the year?	☐	☐

HEALTH AND LIFE INSURANCE

		Yes	No
27	Did you receive Form 1095-A (Health Coverage)? If so, please attach	☐	☐
28a	Did you or your spouse have self-employed health insurance?	☐	☐
b	If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job?	☐	☐
29	Did your employer pay premiums on life insurance in excess of $50,000 where the proceeds are payable to beneficiaries named by you?	☐	☐
30	Did you contribute to or receive distributions from a Health Savings Account (HSA)?	☐	☐

MISCELLANEOUS

		Yes	No
31	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2025 ? If **yes,** please attach details	☐	☐
32	Did you purchase a motor vehicle or boat during 2025 ?	☐	☐
	If **yes,** attach documentation showing sales tax paid.		
33	Did you purchase an energy efficient vehicle in 2025 ?	☐	☐
	If **yes,** enter year, make, model, and date purchased: ____________		
	also provide VIN: ____________		
34	Did you pay qualified passenger vehicle loan interest in 2025 ?	☐	☐
	If **yes,** attach documentation showing interest paid.		
35	Did you donate a vehicle in 2025 ? If yes, attach Form 1098C	☐	☐
36	What was the sales tax rate in your locality in 2025 ? ________ % State ID .... ____		
37	Did you or your spouse make gifts of over $19,000 to an individual or contribute to a prepaid tuition plan?	☐	☐
38	Did you make gifts to a trust?	☐	☐
39	If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association?	☐	☐
	If **yes,** please attach details.		
40	Did you or your spouse participate in a medical savings account in 2025?	☐	☐
	If **yes,** please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)		
41	Did you make a loan at an interest rate below market rate?	☐	☐
42	Did you pay any individual for domestic services in 2025 ?	☐	☐
43	Did you pay interest on a student loan for yourself, your spouse, or your dependents?	☐	☐
44	Did you, your spouse, or your dependents attend post-secondary school in 2025 ?	☐	☐
45	Did a lender cancel any of your debt in 2025 ? (Attach any Forms 1099-A or 1099-C)	☐	☐
46	Did you receive any income not included in this Tax Organizer?	☐	☐
	If **yes,** please attach information.		
47	At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?	☐	☐
48a	Do you want to change the language with which the IRS communicates with you?	☐	☐
b	If yes, which language? ____________		

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

		Yes	No
49	If your tax return is eligible for Electronic Filing, would you like to file electronically?	☐	☐
50	The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?	☐	☐

Caution: Review transferred information for accuracy.

51 If **yes,** please provide the following information:

a Name of your financial institution ____________

b Routing Transit Number (must begin with 01 through 12 or 21 through 32) ____________

c Account number ____________

d What type of account is this? Checking ☐ Savings ☐

☑ Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

Health Insurance Coverage

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

Part 1 Coverage

Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:

Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*: Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2020, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

Business/Investment Questions

		Yes	No
1	Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.)	☐	☐
2	Did you buy or sell any stocks or bonds in 2025 ? If **yes**, attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	☐	☐
3	Did you surrender any U.S. savings bonds during 2025 ?	☐	☐
4	Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	☐	☐
5	Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation?	☐	☐
6	Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?	☐	☐
7	Do you have any investments for which you were **not** personally 'at risk' (other than sole proprietorship or farm)?	☐	☐
8	Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2025 ?	☐	☐
9	Did you sell property or equipment on installment in 2025 ?	☐	☐
10	Did you have any business related educational expenses?	☐	☐
11	Did you do a 'like-kind' exchange of property in 2025 ?	☐	☐
12	Deductions for travel and meals may be allowed under certain circumstances. Adequate records must be presented. Information must include: **1** Amount; **2** Time and place; **3** Date; **4** Business purpose; **5** Description of gift(s); and **6** Business relationship of recipient. Do you have records to support expenses?	☐	☐
13	Did you purchase special fuels for non-highway use? If **yes**, please list the type of use and the number of gallons for each fuel.	☐	☐

____

____

____

____

____

Basic Taxpayer Information

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name		
First name		
Middle initial and suffix	MI ____ Suffix ____	MI ____ Suffix ____
Social security number		
Occupation		
Work phone/extension		
Cell phone		
E-mail address		
Driver's License/Id issuing state		
License /Id number		
License/Id issue date		
License/Id expiration date		
Birthdate	MM/DD/YYYY	MM/DD/YYYY
Blind	Yes ☐ No ☐	Yes ☐ No ☐
Contribute to Presidential Election Campaign Fund	Yes ☐ No ☐	Yes ☐ No ☐
Eligible to be claimed as a dependent on another return	Yes ☐ No ☐	Yes ☐ No ☐

Street address ____ Apartment number ____
City ____ State ____ ZIP code ____
Home phone ____ Foreign country ____
Fax ____ Foreign phone ____

FILING STATUS

☐ **1** Single
☐ **2** Married filing jointly
☐ **3** Married filing separately
Check this box if you **did not** live with spouse at any time during the year ► ☐
Check this box if you are eligible to claim spouse's exemption ► ☐
Check this box if your spouse itemizes deductions ► ☐
☐ **4** Head of household
If the qualifying person is a child but not your dependent, enter
Child's name ____ Child's social security number ____
☐ **5** Qualifying surviving spouse
Check the box for the year the spouse died ► 2023 ☐ 2024 ☐

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)				Social Security Number / Relationship	**Code / +Months in U.S.	*Not qualified for child tax credit / *+ Not qualified credit other dep	Date of Birth / Education Tuition and Fees	2025 Child Care Expense / 2024 Child Care Expense
						☐ ☐	☐	
						☐ ☐	☐	
						☐ ☐	☐	
						☐ ☐	☐	

** For the Dependent Code, enter the following:
L = dependent child who lived with you
N = dependent child who didn't live with you due to divorce or separation
O = other dependent
Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

\+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.
* Check this box if dependent child is not a qualifying child for the child tax credit
*+ Check this box if dependent child is not a qualifying person for the credit for other dependents

W-2, 1099-R, and W-2G Income

W-2 — WAGES, SALARIES, TIPS, AND OTHER COMPENSATION

☑ **Attach all copies of your W-2 forms here.**

1

Employer's name .... ______ **Check if not applicable for 2025** ☐
Employer's name .... ______ **Check if for spouse** ☐
1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace ☐
2 Enter any amounts forfeited from a flexible spending account ______
3 Check if the income reported is from a foreign source ☐
4 a Clergy: Enter your designated housing or parsonage allowance ______
b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value ______
c Check SE tax on: **(a)** housing or parsonage allowance ☐ **(b)** W-2 wages ☐ **(c)** both ☐

2

Employer's name .... ______ **Check if not applicable for 2025** ☐
Employer's name .... ______ **Check if for spouse** ☐
1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace ☐
2 Enter any amounts forfeited from a flexible spending account ______
3 Check if the income reported is from a foreign source ☐
4 a Clergy: Enter your designated housing or parsonage allowance ______
b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value ______
c Check SE tax on: **(a)** housing or parsonage allowance ☐ **(b)** W-2 wages ☐ **(c)** both ☐

1099-R — DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC

☑ **Attach all copies of your 1099-R forms here.**

1

Payer's name............ ______ **Check if not applicable for 2025** ☐
Payer's name............ ______ **Check if for spouse** ☐
1 Check if either box applies: Rollover ☐ Conversion to Roth IRA ☐
2 a If a **partial** rollover, enter the amount rolled over ______
b If a **partial** conversion to a Roth IRA, enter the amount converted to Roth IRA ______
3 Health insurance premiums deductible on Schedule A ______
4 a If entire distribution is a Required Minimum Distribution (RMD), check this box ► ☐
b If **only part** of distribution is RMD, enter the part that is RMD ______

2

Payer's name............ ______ **Check if not applicable for 2025** ☐
Payer's name............ ______ **Check if for spouse** ☐
1 Check if either box applies: Rollover ☐ Conversion to Roth IRA ☐
2 a If a **partial** rollover, enter the amount rolled over ______
b If a **partial** conversion to a Roth IRA, enter the amount converted to Roth IRA ______
3 Health insurance premiums deductible on Schedule A ______
4 a If entire distribution is a Required Minimum Distribution (RMD), check this box ► ☐
b If **only part** of distribution is RMD, enter the part that is RMD ______

W-2G — GAMBLING OR LOTTERY WINNINGS

☑ **Attach all copies of your W-2G forms here.**

Name of Payer	Check if Spouse	Reportable Winnings (Box 1)	Federal Tax Withheld (Box 4)	State Tax Withheld (Box 15)	State Code (Box 13)
	☐				
	☐				
	☐				

Social Security Benefits/Form 1099-G/Other Income

SOCIAL SECURITY BENEFITS

► ☑ Attach all copies of SSA and RRB forms.		Taxpayer	Spouse
1	Social Security Benefits from Form SSA-1099		
2	Federal income tax withheld from Form SSA-1099		
3	Medicare B premiums withheld from Form SSA-1099		
4	Medicare C premiums withheld from Form SSA-1099		
5	Medicare D premiums withheld from Form SSA-1099		
6	Railroad Retirement Benefits from Form RRB-1099		
7	Federal income tax withheld from Form RRB-1099		
8	Medicare premiums withheld from Form RRB-1099		

FORM 1099-G

► ☑ **Attach all copies of 1099-G forms.**

Box	Description	Payer 1	Payer 2	Payer 3
	Check if Spouse	☐	☐	☐
	Check if Joint	☐	☐	☐
	Payer's name			
1	Unemployment compensation			
a	Unemployment benefits you repaid in 2025			
2	State and local income tax refunds			
3	Enter the tax year from 1099-G box 3			
a	If tax year is 2024 or prior, enter the taxable portion of the amount reported in box 2			
4	Federal income tax withheld			
5	RTAA payments			
6	Taxable grants			
7	Agriculture payments			
8	Check if box 2 amount is from trade or business	☐	☐	☐
9	Market gain			
10 a	Two-letter state abbreviation			
	Two or three-letter local abbreviation			
b	State identification number			
11	State income tax withheld			

OTHER INCOME

	Nature and Source	2025 Taxpayer	2025 Spouse	2024 Combined
1	Alimony received			
2	Recovery of bad debts previously deducted			
3	Jury duty pay			
4	Gambling winnings not reported on W2G/1099			
5	Income from not for profit activities (hobbies)			
6	Income from the rental of personal property			
7	Non-Government unemployment received/repaid in 2025			
8	Other Taxable income:			
a	Union unemployment benefits			
b	Private fund unemployment benefits			
c	State employee unemployment benefits			
9	Other miscellaneous income items: Description:			

Interest and Dividend Income

T = Taxpayer, **S** = Spouse, **J** = Joint

INTEREST INCOME

☑ **Attach all copies of your Form 1099-INTs here.**

**Type of Interest
blank = Regular taxable interest
ME1 = ME bond interest in federal income
MD1 = MD nontaxable interest — taxable federal
MA1 = MA bank interest
NH1 = NH nontaxable interest — taxable federal
NJ1 = NJ nontaxable interest — taxable federal
OK1 = OK bank interest
TN1 = TN nontaxable interest — taxable federal
WV1 = WV bond interest in federal income

TSJ	X*	Payer Name	2025 Box 1 Interest	Type of Interest**	2025 Box 3 US/Treasury Interest	2025 Box 8 Tax Exempt	State	2024 Box 1 + 3

X* Check if you did not receive income from this account in 2025 .

DIVIDEND INCOME

☑ **Attach all copies of your Form 1099-DIVs here.**

TSJ	X*	Payer Name	2025 Box 1a Ordinary Dividends	2025 Box 1b Qualified Dividends	2025 Box 2a Capital Gains	State	2024 Box 1a + 2a

X* Check if you did not receive income from this account in 2025 .

Medical and Tax Expenses

MEDICAL AND DENTAL EXPENSES	2025	2024
1 Prescription medications		
2 Health insurance premiums (enter Medicare B on ORG10)		
Exclude premiums paid through an exchange (Form 1095-A)		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums		
b Spouse's gross long-term care premiums		
c Dependent's gross long-term care premiums		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity		
5 Insurance reimbursement		
6 Doctors, dentists, etc		
7 Hospitals, clinics, etc		
8 Lab and X-ray fees		
9 Expenses for qualified long-term care		
10 Eyeglasses and contact lenses		
11 Medical equipment and supplies		
12 Miles driven for medical purposes 01/01/2025 thru 12/31/2025		
13 Ambulance fees and other medical transportation costs		
14 Lodging		
15 Other medical and dental expenses:		
a		
b		
c		
d		
e		
f		
g		
h		
i		
j		

TAXES	2025	2024
Enter state and local income taxes on **ORG7, ORG8, ORG10,** and **ORG40.**		
16 Real estate taxes paid on principal residence		
17 Real estate taxes paid on additional homes or land		
18 Auto registration fees based on the value of the vehicle		
19 Other personal property taxes		
20 Other taxes:		

Interest Paid and Cash Contributions

HOME MORTGAGE INTEREST PAID

Lender's Name	Check if NOT on Form 1098	2025	2024
	☐		
	☐		
	☐		
	☐		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME

Lender's Name	Check if NOT on Form 1098	2025
	☐	
	☐	
	☐	
	☐	

SELLER FINANCED MORTGAGE

Individual's Name	Identifying Number	Address

OTHER PERSON RECEIVING FORM 1098

Form 1098 Recipient's Name	Address

OTHER POINTS

Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.

Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2024 Points Deducted
	☐				
	☐				
	☐				
	☐				

QUALIFIED MORTGAGE INSURANCE PREMIUMS

	2025	2024
Premiums paid in 2025 for qualified mortage insurance **not** from Form 1098 import		

Interest Paid and Cash Contributions (continued)

INVESTMENT INTEREST

	2025	2024
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc)		

LIMITED HOME MORTGAGE DEDUCTION

If the mortgage meets the following reasons during 2025 complete the following:
- The principal amount of you mortgage and home equity debt is over $750,000 ($375,000 if married filing separate), or
- You had home debt that was not used to buy, build or substantially improve the home that secures the loan

	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
1a Interest paid in 2025					
Points paid in 2025					
Months loan outstanding					
Principal pd on loan in 2025					
b Was all proceeds of this loan used to buy, build, or substantially improve the home?	Yes: ☐ No: ☐	Yes: ☐ No: ☐	Yes: ☐ No: ☐	Yes: ☐ No: ☐	Yes: ☐ No: ☐
2 Home Debt Origination on or after December 15, 2017					
Beginning of year balance					
Additional borrowed in **2025**					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
3 Home Debt Origination after October 13, 1987 and Before December 15, 2017					
Beginning of year balance					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
4 Grandfathered debt: (before 10/14/1987)					
Beginning of year balance					
Enter the amount of debt not used to buy, build, or substantially improve the home:					

CASH CONTRIBUTIONS

Name of Donee Organization	Check if Statement Exists for Gifts $250 or More	2025	2024
	☐		
	☐		
	☐		
	☐		
	☐		
	☐		
	☐		
	☐		
	☐		
	☐		
Charitable miles driven			
Miles driven to deliver noncash contributions			
Parking fees, tolls, and local transportation			

Noncash Contributions

	Name of Donee Organization	Check if Statement Exists for Gifts of $250 or More	Fair Market Value	Prior Year Fair Market Value
A				
B				
C				
D				
E				
F				
G				
H				
I				

Note: Complete sections below **only** if the **total** noncash contributions are **more than $500.**

	Description of Donated Property	Type**	Address of Donee Organization
A			
B			
C			
D			
E			
F			
G			
H			
I			

	Method for Fair Market Value*	Date of Contribution	Complete these columns **only** for each contribution over $500		
			Date Acquired (month, year)	How Acquired***	Your Cost
A					
B					
C					
D					
E					
F					
G					
H					
I					

***Methods of determining FMV:**

Appraisal
Average share
Catalog
Capitalization of income
Comparative sales
Consignment shop
Present value
Replacement cost
Reproduction cost
Thrift shop

****Type of Donated Property**

Household/clothing items
Motor vehicle, boat or airplane
Art, other than self-created
Art, self-created
Collectibles
Business equipment
Business inventory
Stock, publicly traded
Stock, other than publicly traded
Securities, other than stock
Intellectual property
Real property, conservation property
Real property, other than conservation
Other personal property
Other intangible property

*****How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

Miscellaneous Itemized Deductions (FOR STATE USE ONLY) ORG15

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)	2025	2024
Employee Business Expenses		
Note: If you have any travel, transportation, meal expenses **or** your employer reimbursed you for **any** of your job-related expenses, complete **ORG17** for **all** your employee expenses.		
1 Union and professional dues		
2 Professional subscriptions		
3 Uniforms and protective clothing		
4 Job search costs		
5 Other unreimbursed employee expenses:		
a		
b		
c		
d		
e		
Other Expenses Subject to the 2% Limitation		
Treat all MACRS assets for this activity as qualified Indian reservation property? ☐ Yes ☐ No		
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ☐ Regular ☐ Extension ☐ No		
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ☐ Yes ☐ No		
Was this property located in a Qualified Disaster Area? ☐ Yes ☐ No		
Check to code assets as Investment Expense ☐		
Use **ORG50** to record dispositions.		
Use **ORG51A** to enter additional assets.		
Use **ORG11a** for investment expenses related to interest income.		
Use **ORG11b** for investment interest related to dividend income.		
6 Tax return preparation fees		
7 Investment counsel and advisory fees		
8 Certain attorney and accounting fees		
9 Safe deposit box rental		
10 IRA custodial fees		
11 a Government unemployment benefits repaid in **2025** ☐		
b Other expenses (list):		

OTHER MISCELLANEOUS DEDUCTIONS	2025	2024
12 Federal estate tax paid on income in respect of a decedent		
13 Amortizable bond premiums (acquired before 10/23/86)		
14 Gambling losses (to the extent of gambling income)		
15 Claim repayments		
16 Unrecovered investment in annuity		
17 Ordinary loss attributable to certain debt instruments		

Sales of Stocks and Securities Basic Info

ORG21

Name	Social Security Number

		Yes	No
1	Did you exchange any securities for other securities or any other property held for investment?	☐	☐
2	Did you acquire stock identical to stock sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale?	☐	☐
3	Did you engage in any transactions involving traded options?	☐	☐
4	Did you engage in any transactions involving commodity future contracts and straddle positions?	☐	☐
5	Did you engage in any transactions involving *employee* stock options?	☐	☐
6	Schedule D included in the 2024 Federal income tax return?	☐	

Enter details of specific security sales on Sales of Stocks and Securities (ORG21A)
Use Installment Sales Income (ORG23) to report installment sales.

Sales of Stocks and Securities

ORG21A

Name	Social Security Number

Name of reporting financial institution ► ____________________

Acct Number . . . . ► ____________ **Reporter's Tax ID** . . . ► ____________

Owner of account . . . . ►

Transactions were not reported to IRS . ► ☐

Quick Entry Table

The following adjustment codes may be entered in the table below if applicable: B, C, E, M, O, T, and W. (If the only adjustment is a disallowed wash sale loss (W), use the Disallowed Wash Sale field. Otherwise, use only the Adjustment Amount & Adjustment Code fields.)

Sale#	**Property Description**				
8949 Box	**Date Sold**	**Date Acquired**	**Sales Price (Proceeds)**	**Cost or Other Basis**	**Disallowed Wash Sale**
Adjustment Amount*	**Adjustment Code(s)***	**Holding Period**	**Basis Reported to IRS?**	**Reported on Form 1099B?**	
			Yes ☐ No ☐	Yes ☐ No ☐	
			Yes ☐ No ☐	Yes ☐ No ☐	
			Yes ☐ No ☐	Yes ☐ No ☐	
			Yes ☐ No ☐	Yes ☐ No ☐	

Note: *For Sales Price, Cost Basis, or Adjustment Amount of $10,000,000 or more, leave those fields blank and use the* **Capital Gain (Loss) Adjustment Worksheet** *after transferring. Additional adjustments and withholding are also supported on the* **Capital Gain (Loss) Adjustment Worksheet**.

Tax Payments

2025 ESTIMATED TAX PAYMENTS

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 04/15/25								
2 Qtr 2 due by 06/15/25								
3 Qtr 3 due by 09/15/25								
4 Qtr 4 due by 01/18/26								
5 a Additional payments								
b Additional payments								
c Additional payments								
d Additional payments								

OTHER TAX PAYMENTS

	Federal	State	Local
6 2024 overpayment applied to 2025			
7 Balance due paid with 2024 return			
8 a 2024 Quarter 4 payments paid in 2025			
b 2024 extension payments paid in 2025			
9 Other taxes paid in 2025 for prior years (include explanation)			

2026 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2026, please enter the increase or decrease below.

Income

10 Wages .... Taxpayer .... ______
Spouse .... ______
11 Self-Employment Income .... Taxpayer .... ______
Spouse .... ______
12 Capital Gains (sale of stock, real estate, etc) .... ______
13 Other Income:
Description .... ______ ______

Deductions

14 Allowable Itemized Deductions .... ______
15 Other deductions (such as alimony paid, early withdrawal penalties, etc):
Description .... ______ ______
16 Federal Withholding .... ______
17 Number of personal exemptions expected for 2026 .... ______

ADDITIONAL INFORMATION

18 Check to use your 2025 tax amount for your 2026 estimate .... ☐
19 If you have an overpayment of 2025 taxes, check the box to indicate how you want your overpayment applied.
a Apply entire overpayment to next year and refund excess .... ☐
b Apply entire overpayment to first quarter and refund excess .... ☐
20 Amount to apply if not entire overpayment .... ______
21 Number of installments for estimated tax (1 - 4) .... ______