

2025 Tax Organizer

ORGO



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 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 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

ORG2

Alimony paid	ORG28	IRA distributions and rollovers.....	ORG7
Alimony received	ORG10	Keogh plan contributions	ORG28
Annuity payments received	ORG7	Medical and dental expenses	ORG13
Business income and expenses	ORG19	Miscellaneous income reported on 1099-MISC	ORG8
Car and truck expenses	ORG18	Miscellaneous income not from 1099-MISC	ORG10
Casualties and thefts.....	ORG3	Miscellaneous itemized deductions	ORG15
Charitable contributions	ORG14	Moving expenses	ORG16
Child and dependent care expenses	ORG35	Office in home expenses	ORG20
Dependent information	ORG6	Partnership income	ORG45
Depreciable property - additions.....	ORG51	Pension payments received	ORG7
Depreciable property - deletions	ORG50	Personal information	ORG6
Dividend income	ORG11	Railroad retirement benefits.....	ORG10
Education	ORG36	Rental income and expenses	ORG25
Employee business expense	ORG17	Royalty income and expenses	ORG25
Estate income.....	ORG47	S corporation income.....	ORG46
Estimated and other tax payments	ORG40	Sale of home.....	ORG22
Farm income and expenses	ORG27	Sales of business property	ORG24
Farm rental income and expenses	ORG26	Sales of stock, securities	ORG21
Foreign earned income	ORG52	Self-employed health insurance	ORG19
Gambling and lottery winnings	ORG7	SEP plan contributions.....	ORG28
Household employees	ORG41	SIMPLE plan contributions	ORG28
Health Insurance Coverage	ORG3A	Social security benefits.....	ORG10
Installment sales.....	ORG23	State and local tax refunds	ORG10
Interest income	ORG11	Taxes paid.....	ORG13
Interest paid (mortgage, etc)	ORG14	Trust income	ORG47
Investment interest expense.....	ORG14	Unemployment compensation.....	ORG10
IRA contributions	ORG28	Wages and salaries	ORG7

General Questions

ORG3

PERSONAL INFORMATION		
	Yes	No
1 Did your marital status change during 2025? If yes , explain	<input type="checkbox"/>	<input type="checkbox"/>
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) ▶	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you or your spouse plan to retire in 2026?	<input type="checkbox"/>	<input type="checkbox"/>
4 Were you or your spouse permanently and totally disabled in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT INFORMATION		
	Yes	No
7 a Do you have dependents who must file?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes , do you want us to prepare the return(s)?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes , do you want to include your child's income on your return?	<input type="checkbox"/>	<input type="checkbox"/>
9 Are any of your dependents not U.S. citizens or residents?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you provide over half the support for any other person during 2025?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you incur adoption expenses during 2025?	<input type="checkbox"/>	<input type="checkbox"/>
IRA, PENSION AND EDUCATION SAVINGS PLANS		
	Yes	No
12 Did you receive payments from a pension or profit-sharing plan?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
14 a Did you convert all or part of a regular IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
b Did you roll over all or part of a qualified plan into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you contribute to a Coverdell Education Savings Account?	<input type="checkbox"/>	<input type="checkbox"/>
ITEMS RELATED TO INCOME/LOSSES		
	Yes	No
16 Did you receive any disability payments in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
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.)	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home?	<input type="checkbox"/>	<input type="checkbox"/>
c Are you planning to purchase a home soon?	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you incur any Federally declared disaster or theft losses during 2025?	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?	<input type="checkbox"/>	<input type="checkbox"/>

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

	Yes	No
23 Did you have foreign income or pay any foreign taxes in 2025 ?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH AND LIFE INSURANCE

	Yes	No
27 Did you receive Form 1095-A (Health Coverage)? If so, please attach	<input type="checkbox"/>	<input type="checkbox"/>
28a Did you or your spouse have self-employed health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
29 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you?	<input type="checkbox"/>	<input type="checkbox"/>
30 Did you contribute to or receive distributions from a Health Savings Account (HSA)?	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>
32 Did you purchase a motor vehicle or boat during 2025?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, attach documentation showing sales tax paid.		
33 Did you purchase an energy efficient vehicle in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, enter year, make, model, and date purchased:		
also provide VIN:		
34 Did you pay qualified passenger vehicle loan interest in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, attach documentation showing interest paid.		
35 Did you donate a vehicle in 2025? If yes, attach Form 1098C	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
38 Did you make gifts to a trust?	<input type="checkbox"/>	<input type="checkbox"/>
39 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach details.		
40 Did you or your spouse participate in a medical savings account in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
42 Did you pay any individual for domestic services in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
43 Did you pay interest on a student loan for yourself, your spouse, or your dependents?	<input type="checkbox"/>	<input type="checkbox"/>
44 Did you, your spouse, or your dependents attend post-secondary school in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
45 Did a lender cancel any of your debt in 2025? (Attach any Forms 1099-A or 1099-C)	<input type="checkbox"/>	<input type="checkbox"/>
46 Did you receive any income not included in this Tax Organizer?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach information.		
47 At any time during 2024, 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)?	<input type="checkbox"/>	<input type="checkbox"/>
48a Do you want to change the language with which the IRS communicates with you?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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 <input type="checkbox"/>	Savings <input type="checkbox"/>
<input checked="" type="checkbox"/> Please attach a voided check (not a deposit slip) if your bank account information has changed.		

Health Insurance Coverage

ORG3A

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.

ORG3A

Business/Investment Questions

ORG4

	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.)	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2025 ?	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have any investments for which you were not personally 'at risk' (other than sole proprietorship or farm)?	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2025 ?	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2025 ?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you have any business related educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you do a 'like-kind' exchange of property in 2025 ?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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. _____ _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL INFORMATION

TAXPAYER		SPOUSE	
Last name	<div></div>	<div></div>	
First name	<div></div>	<div></div>	
Middle initial and suffix	MI Suffix	MI Suffix	
Social security number	<div></div>	<div></div>	
Occupation	<div></div>	<div></div>	
Work phone/extension	<div></div>	<div></div>	
Cell phone	<div></div>	<div></div>	
E-mail address	<div></div>	<div></div>	
Driver's License/Id issuing state	<div></div>	<div></div>	
License /Id number	<div></div>	<div></div>	
License/Id issue date	<div></div>	<div></div>	
License/Id expiration date	<div></div>	<div></div>	
Birthdate	MM/DD/YYYY	MM/DD/YYYY	
Blind	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Contribute to Presidential Election Campaign Fund	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Eligible to be claimed as a dependent on another return	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Street address.....		Apartment number	
City		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	**Code	Not qua- lified credit Other dep	Date of Birth	2025 Child Care Expense
				Relationship	+Months in U.S.		*Not Citizen	2024 Child Care Expense
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	

** 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 U.S. citizen or resident alien

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	<input type="checkbox"/>
	Employer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account		
	3 Check if the income reported is from a foreign source		<input type="checkbox"/>
	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..... <input type="checkbox"/>	(b) W-2 wages..... <input type="checkbox"/>	(c) both..... <input type="checkbox"/>

2	Employer's name	Check if not applicable for 2025	<input type="checkbox"/>
	Employer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account		
	3 Check if the income reported is from a foreign source		<input type="checkbox"/>
	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..... <input type="checkbox"/>	(b) W-2 wages..... <input type="checkbox"/>	(c) both..... <input type="checkbox"/>

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	<input type="checkbox"/>	
	Payer's name.....	Check if for spouse	<input type="checkbox"/>	
	1 Check if either box applies: Rollover	<input type="checkbox"/>	Conversion to Roth IRA	<input type="checkbox"/>
	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		<input type="checkbox"/>	
	b If only part of distribution is RMD, enter the part that is RMD.....			

2	Payer's name.....	Check if not applicable for 2025	<input type="checkbox"/>	
	Payer's name.....	Check if for spouse	<input type="checkbox"/>	
	1 Check if either box applies: Rollover	<input type="checkbox"/>	Conversion to Roth IRA	<input type="checkbox"/>
	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		<input type="checkbox"/>	
	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)
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

W-2 Amounts

ORG7A

WAGES, SALARIES, TIPS, AND OTHER COMPENSATION			
Box	Description	2025	2024
c	Employer's name (from ORG7)		
1	Wages, tips, etc.....		
2	Federal income tax withheld.....		
3	Social security wages.....		
4	Social security tax.....		
5	Medicare wages/tips		
6	Medicare tax withheld.....		
13b	Check if retirement plan participant.....	<input type="checkbox"/>	<input type="checkbox"/>
7	Social security tips		
8	Allocated tips.....		
	Unreported tips less than \$20 per month		
	Unreported tips \$20 or more per month		
9	(Not used).....		
10	Dependent care		
11	Nonqualified plans.....		
13a	Check if statutory employee	<input type="checkbox"/>	<input type="checkbox"/>
13c	Check if third-party sick pay	<input type="checkbox"/>	<input type="checkbox"/>

Box 12 W-2 Code	2025 Box 12 Amount	2024 Box 12 Amount		2025	2024
			If Box 12 code is:		
			A: Attributable to RR Tier 2 tax.....		
			M: Attributable to RR Tier 2 tax.....		
			R: Taxpayer MSA		
			Spouse MSA		
			G: Not government employer	<input type="checkbox"/>	<input type="checkbox"/>

If Box 12 Code P - Link to Form 3903 in 2020 ProSeries

2025 Box 14 Description or Code	2025 Box 14 Amount	2024 Box 14 Description or Code	2024 Box 14 Amount

Box 15 State	2025 Box 16 Wages, tips, etc	2025 Box 17 Income tax	2024 Box 16 Wages, tips, etc	2024 Box 17 Income tax

Box 20 Locality	2025 Box 18 Wages, tips, etc	2025 Box 19 Income tax	2024 Box 18 Wages, tips, etc	2024 Box 19 Income tax

ORG7B

Payer's name.....			
Box	Description	2025	2024
		<div><div></div><div></div></div>	<div><div></div><div></div></div>
	Federal income tax withheld.....		
▶ ▶ ▶	Check if a qualified Roth IRA distribution, but box 7 code is J or T, not code Q ▶ If a fully taxable disability pension, check if recipient is under the minimum retirement age	<div><div></div><div></div></div>	<div><div></div><div></div></div>
		<div><div></div><div></div></div>	<div><div></div><div></div></div>
		<div><div></div><div></div></div>	<div><div></div><div></div></div>
		<div><div></div><div></div></div>	<div><div></div><div></div></div>
	State tax withheld — State 1.....		
	State tax withheld — State 2.....		
	State/Payer's state number — State 1		
	State/Payer's state number — State 2		
	State distribution — State 1.....		
	State distribution — State 2.....		
	Local tax withheld — Locality 1.....		
	Local tax withheld — Locality 2.....		
	Name of locality — Locality 1		
	Name of locality — Locality 2.....		
	Local distribution — Locality 1		
	Local distribution — Locality 2.....		
Inherited IRA If this distribution is from an inherited IRA, indicate the distribution is from the IRA of			
▶ Spouse and treat as recipient's own (treat as rollover)		<div><div></div><div></div></div>	<div><div></div><div></div></div>
▶ Recipient, but originally was inherited from spouse's (own IRA).....		<div><div></div><div></div></div>	<div><div></div><div></div></div>
▶ Spouse and not treat as recipient's own (taxable amount in box 2a)		<div><div></div><div></div></div>	<div><div></div><div></div></div>
▶ Someone other than a spouse (taxable amount in box 2a)		<div><div></div><div></div></div>	<div><div></div><div></div></div>

1099-MISC Income and 1099-NEC Income

ORG8

MISCELLANEOUS INCOME

☒ Attach all copies of 1099-MISC and 1099-NEC forms here.

Box	Description	Payer 1	Payer 2	Payer 3
	Check if spouse			
	Check if you did not receive income from this payer in 2025			
	Payer's name			
	Payer's federal identification number or			
	Payer's social security number			
1	Nonemployee compensation (Form 1099-NEC)			
1	Rents (Form 1099-MISC)			
2	Royalties			
3	Other income			
4	Federal income tax withheld			
5	Fishing boat proceeds			
6	Medical/health care payments			
8	Substitute payments			
9	Crop insurance proceeds			
10	Gross proceeds paid to an attorney			
11	Fish purchased for resale			
12	Section 409A deferrals			
13	Excess golden parachute payments			
14	Nonqualified deferred compensation			
15	State tax withheld – 1st state			
16	State name – two letters – 1st state			
	Payer's state number – 1st state			
17	State income – 1st state			
18	State tax withheld – 2nd state			
19	State name – two letters – 2nd state			
	Payer's state number – 2nd state			
20	State income – 2nd state			
	FATCA filing requirement			

Interest and Dividend Income

ORG11

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

ORG13

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 01/01/2024 thru 12/31/2024		
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

ORG14

HOME MORTGAGE INTEREST PAID

Lender's Name	Check if NOT on Form 1098	2025	2024
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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

Lender's Name	Check if NOT on Form 1098	2025
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

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
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

QUALIFIED MORTGAGE INSURANCE PREMIUMS

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

Interest Paid and Cash Contributions (continued)

ORG14

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 your 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? <div style="display: flex; justify-content: space-between;"> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> </div>					
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
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Charitable miles driven			
Miles driven to deliver noncash contributions			
Parking fees, tolls, and local transportation			

Noncash Contributions

ORG14A

Copy 1

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

**Type of Donated Property

Household/clothing items	Business equipment	Intellectual property
Motor vehicle, boat or airplane	Business inventory	Real property, conservation property
Art, other than self-created	Stock, publicly traded	Real property, other than conservation
Art, self-created	Stock, other than publicly traded	Other personal property
Collectibles	Securities, other than stock	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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No		
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this property located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check to code assets as Investment Expense <input type="checkbox"/>		
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 <input type="checkbox"/>		
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		

State Information Worksheet

ORG60

GENERAL INFORMATION

	Taxpayer	Spouse
1 Enter your state of residence	_____	_____
2 Check the appropriate box if:	Taxpayer	Spouse
a Full year resident.....	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____	School district: _____	School district number: _____
	Taxpayer	Spouse
5 Check if disabled	<input type="checkbox"/>	<input type="checkbox"/>

STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

MISCELLANEOUS QUESTIONS

	Yes	No
8 Did you file a state return for 2024 ?	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year?	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return?	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?		
a Refunded <input type="checkbox"/>	b Apply to 2026 estimates <input type="checkbox"/>	c Apply to 2026 taxes <input type="checkbox"/>
12 Additional state information: _____		

