



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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## General Questions

ORG3

### PERSONAL INFORMATION

	Yes	No
1 Did your marital status change during 2025? ..... If <b>yes</b> , 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 <b>no</b> , enter another person (if desired) to be allowed to discuss this return with the IRS. <b>Caution:</b> Review any transferred information for accuracy. Designee's Name ..... ▶ _____ Phone Number ..... ▶ _____ Personal Identification Number (5 digit PIN) ..... ▶ _____	<input checked="" 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>b</b> If <b>yes</b> , 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>b</b> If <b>yes</b> , do you want to include your child's income on your return? .....	<input type="checkbox"/>	<input type="checkbox"/>
9 Are any of your dependents <b>not</b> 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>b</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 <b>not</b> 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>b</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"/>
<b>c</b> 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 <b>yes</b> , 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                       |
|--|--------------------------|--------------------------|
| <b>23</b> Did you have foreign income or pay any foreign taxes in 2025 ? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>24a</b> 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>b</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"/> |
| <b>25</b> 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"/> |
| <b>26</b> 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                       |
|--|--------------------------|--------------------------|
| <b>27</b> Did you receive Form 1095-A (Health Coverage)? If so, please attach.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>28a</b> Did you or your spouse have self-employed health insurance? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b</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"/> |
| <b>29</b> 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"/> |
| <b>30</b> Did you contribute to or receive distributions from a Health Savings Account (HSA)? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**MISCELLANEOUS**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| <b>31</b> Did you make energy efficient improvements to your home or purchase any energy-saving property during 2025 ? If <b>yes</b> , please attach details.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>32</b> Did you purchase a motor vehicle or boat during 2025 ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , attach documentation showing sales tax paid.  |                          |                          |
| <b>33</b> Did you purchase an energy efficient vehicle in 2025 ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , enter year, make, model, and date purchased: _____  |                          |                          |
| also provide VIN: _____   |                          |                          |
| <b>34</b> Did you pay qualified passenger vehicle loan interest in 2025 ? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , attach documentation showing interest paid.   |                          |                          |
| <b>35</b> Did you donate a vehicle in 2025 ? If yes, attach Form 1098C .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>36</b> What was the sales tax rate in your locality in 2025 ? _____ % State ID .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>37</b> 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"/> |
| <b>38</b> Did you make gifts to a trust? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>39</b> 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 <b>yes</b> , please attach details.  |                          |                          |
| <b>40</b> Did you or your spouse participate in a medical savings account in 2025 ? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)  |                          |                          |
| <b>41</b> Did you make a loan at an interest rate below market rate? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>42</b> Did you pay any individual for domestic services in 2025 ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>43</b> Did you pay interest on a student loan for yourself, your spouse, or your dependents? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>44</b> Did you, your spouse, or your dependents attend post-secondary school in 2025 ? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>45</b> Did a lender cancel any of your debt in 2025 ? (Attach any Forms 1099-A or 1099-C) .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>46</b> Did you receive any income not included in this Tax Organizer? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , please attach information.  |                          |                          |
| <b>47</b> 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)? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>48a</b> Do you want to change the language with which the IRS communicates with you? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b</b> If yes, which language? .....  |                          |                          |

**ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| <b>49</b> If your tax return is eligible for Electronic Filing, would you like to file electronically? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>50</b> 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  Savings

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
<b>1</b> 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"/>
<b>2</b> Did you buy or sell any stocks or bonds in 2025 ? ..... If <b>yes</b> , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you surrender any U.S. savings bonds during 2025 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> 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"/>
<b>5</b> 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"/>
<b>6</b> 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"/>
<b>7</b> Do you have any investments for which you were <b>not</b> personally 'at risk' (other than sole proprietorship or farm)? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2025 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b> Did you sell property or equipment on installment in 2025 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b> Did you have any business related educational expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did you do a 'like-kind' exchange of property in 2025 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Deductions for travel and meals may be allowed under certain circumstances. Adequate records must be presented. Information must include: <b>1</b> Amount; <b>2</b> Time and place; <b>3</b> Date; <b>4</b> Business purpose; <b>5</b> Description of gift(s); and <b>6</b> Business relationship of recipient Do you have records to support expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Did you purchase special fuels for non-highway use? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please list the type of use and the number of gallons for each fuel.		
<hr/>		

**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 <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.....	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	**Code	Not qualified for child tax credit	Date of Birth	2025 Child Care Expense
			+Months in U.S.		
			<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 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 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION**

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

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

  

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

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

  

<b>2</b>	Payer's name.....	Check if not applicable for 2025 .....	<input type="checkbox"/>
	Payer's name.....	Check if for spouse .....	<input type="checkbox"/>
	<b>1</b> Check if either box applies: Rollover .....	Conversion to Roth IRA .....	<input type="checkbox"/>
	<b>2 a</b> If a <b>partial</b> rollover, enter the amount rolled over .....		_____
	<b>b</b> If a <b>partial</b> conversion to a Roth IRA, enter the amount converted to Roth IRA .....		_____
	<b>3</b> Health insurance premiums deductible on Schedule A.....		_____
	<b>4 a</b> If entire distribution is a Required Minimum Distribution (RMD), check this box .....		<input type="checkbox"/>
	<b>b</b> If <b>only part</b> 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"/>				

# 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
								431.

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
							65.

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

## Medical and Tax Expenses

**ORG13**

<b>MEDICAL AND DENTAL EXPENSES</b>	<b>2025</b>	<b>2024</b>
<b>1</b> Prescription medications .....		
<b>2</b> Health insurance premiums (enter Medicare B on ORG10)..... Exclude premiums paid through an exchange (Form 1095-A)		
<b>3</b> Qualified long-term care premiums		
<b>a</b> Taxpayer's gross long-term care premiums .....		
<b>b</b> Spouse's gross long-term care premiums .....		
<b>c</b> Dependent's gross long-term care premiums .....		
<b>4</b> Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity.....		
<b>5</b> Insurance reimbursement.....		
<b>6</b> Doctors, dentists, etc .....		
<b>7</b> Hospitals, clinics, etc .....		
<b>8</b> Lab and X-ray fees.....		
<b>9</b> Expenses for qualified long-term care.....		
<b>10</b> Eyeglasses and contact lenses .....		
<b>11</b> Medical equipment and supplies .....		
<b>12</b> Miles driven for medical purposes 01/01/2025 thru 12/31/2025 .....		
<b>13</b> Ambulance fees and other medical transportation costs .....		
<b>14</b> Lodging.....		
<b>15</b> Other medical and dental expenses:		
<b>a</b> _____		
<b>b</b> _____		
<b>c</b> _____		
<b>d</b> _____		
<b>e</b> _____		
<b>f</b> _____		
<b>g</b> _____		
<b>h</b> _____		
<b>i</b> _____		
<b>j</b> _____		
<b>TAXES</b>	<b>2025</b>	<b>2024</b>
Enter state and local income taxes on <b>ORG7, ORG8, ORG10, and ORG40.</b>		
<b>16</b> Real estate taxes paid on principal residence .....		
<b>17</b> Real estate taxes paid on additional homes or land .....		
<b>18</b> Auto registration fees based on the value of the vehicle.....		
<b>19</b> Other personal property taxes .....		
<b>20</b> 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"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME		
Lender's Name	Check if NOT on Form 1098	2025
	<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 <b>not</b> 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
<b>1a</b> Interest paid in 2025 .....					
Points paid in 2025 .....					
Months loan outstanding .....					
Principal pd on loan in 2025 .....					
<b>b</b> Was all proceeds of this loan used to buy, build, or substantially improve the home? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
<b>2</b> 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:					
<b>3</b> 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:					
<b>4</b> 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"/>		
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 <b>only</b> 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	
<b>Employee Business Expenses</b>			
<b>Note:</b> If you have any travel, transportation, meal expenses or your employer reimbursed you for any of your job-related expenses, complete <b>ORG17</b> 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 _____			
<b>Other Expenses Subject to the 2% Limitation</b>			
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	
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 <b>ORG50</b> to record dispositions.			
Use <b>ORG51A</b> to enter additional assets.			
Use <b>ORG11a</b> for investment expenses related to interest income.			
Use <b>ORG11b</b> 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 <b>2025</b> .....	<input type="checkbox"/>		
b Other expenses (list):			
_____			
_____			
_____			
_____			
_____			
<b>OTHER MISCELLANEOUS DEDUCTIONS</b>		<b>2025</b>	<b>2024</b>
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? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
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? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you engage in any transactions involving traded options? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you engage in any transactions involving commodity future contracts and straddle positions? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you engage in any transactions involving <i>employee</i> stock options? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
6 Schedule D included in the 2024 Federal income tax return? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

# State Information Worksheet

ORG60

## GENERAL INFORMATION

	<b>Taxpayer</b>	<b>Spouse</b>
1 Enter your state of residence .....		
2 Check the appropriate box if:	<b>Taxpayer</b>	<b>Spouse</b>
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: _____		
	<b>Taxpayer</b>	<b>Spouse</b>
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

		<b>Yes</b>	<b>No</b>
8 Did you file a state return for 2024? .....	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return? .....	<input type="checkbox"/>	<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: _____			
_____			
_____			