



2025 Tax Organizer

Note: This is a blank organizer. You may write N/A on any pages that do not apply.

For areas where you received official tax documents you may simply put a reference name and write, "See Tax Doc" in lieu of filling in numbers. Do not be overly concerned if it is challenging for you this year as we will meet and fill in anything that is missing.

Future organizers are much easier as they are customized to you, include fewer pages, and contain comparative information from the prior year returns.

You may download our full blank organizer with forms covering specialized areas at <http://www.tlongcpa.com/tax-forms> - click on "Download the Tax Organizer Form (pdf)"

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www.tlongcpa.com

IF WE RECEIVE ALL OF YOUR INFORMATION:

By February 6: \$45 Discount!

By February 20: \$35 Discount!

By March 18: Ensures completion of returns or estimate of tax liability by April 15

Between March 19 and March 24: 10% additional rush rates apply

Between March 25 and March 31: 20% additional rush rates apply

Between April 1 and April 7: 30% additional rush rates apply

Between April 8 and April 15: 40% additional rush rates apply

Check box if applicable: I missed the March 18 cutoff, but I don't want you to bill rush rates and complete my returns or provide estimates by April 15. Please file an extension for me, but I understand I will be subject to interest and penalties if I owe tax.

Check box if applicable: I would like to receive an E-Check Authorization form to send my retainer (instead of writing a paper check)

Posting a Yelp review is always greatly appreciated!

RETAINER E-CHECK AUTHORIZATION

As outlined in our engagement letter, we require a retainer prior to beginning work on your tax returns. Your retainer will be held and applied against your invoice for tax preparation services, and the remaining balance will be due prior to filing the returns. The amount of your retainer is specified in your engagement letter. We encourage you to use this E-Check Authorization, however, you may send us a physical check instead.

Amount: _____

I authorize Travis H. Long, CPA, Inc. at 706-B Forest Avenue, Pacific Grove, CA 93950 to initiate either an electronic debit or to create and process a demand draft against my bank account for the above stated amount on or after the date below. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

My bank account information is as follows:

* Bank ABA 9 Digit Routing Number: _____

* Bank Account Number: _____

* Bank Account Type: [Checking/Savings/Business Checking/Business Savings]: _____

Signed: _____

Print Name: _____

Date: _____



Dear Client,

We need you to indicate your 2025 tax return and source document preferences below.

In our efforts to become more environmentally aware, we would encourage you to consider secure electronic signature and receipt of your tax returns using DocuSign. Your source tax documents will be scanned and included with the DocuSign as well. All client source documents will be scanned and saved to our files regardless of your tax return preference.

We have found that *although many people like the idea of retaining their hard copies*, in practice, they rarely use the hard copies again. Then, *when actually needed, such as for a lender or a school, they always need an electronic copy*.

1) Tax Return Preference (Choose one of the following three options):

DocuSign - I will download my returns and scanned source documents when electronically signing. (\$15 INCENTIVE BONUS CREDIT)

Paper returns - I will pick them up

Paper returns - Mail them to me (\$20 charge)

Optional service - Assemble an extra paper copy of my returns (\$50 charge)

Mail the extra copy to me (\$20 charge)

2) Disposition of Source Documents (Choose one):

Securely shred my source documents after scanning

I will pick up my original source documents*

Mail my original source documents to me (\$15 charge)

According to the document retention policy in our engagement letter, we retain electronic documents for seven years beyond our last engagement with you.

*If original source documents are not picked up by October 30, 2026 they will be scanned and securely shredded.

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2025	1040	US	Client Information	1
<p>Travis H. Long, CPA, Inc. 706 Forest Avenue, Suite B Pacific Grove, CA 93950 Telephone number: 831-333-1041 Fax number: 831-241-5020 E-mail address: travis@tlongcpa.com</p>			<p>Tax Return Appointment</p> <p>Date: Time: Location:</p>	
<p>This tax organizer will assist you in gathering information necessary for the preparation of your 2025 tax return. Please add, change, or delete information as appropriate.</p>				
<p>CLIENT INFORMATION</p>				
Filing Status	Filing status (table).....			1
	1=married filing separate and lived with spouse			
	Year spouse died, if qualifying surviving spouse (2023 or 2024)			
Taxpayer	First name and initial.....			
	Last name.....			
	Title/suffix.....			
	Social security number.....			
	Occupation.....			
	Date of birth (m/d/y).....			
	Date of death (m/d/y).....			
	1=blind.....			
Spouse	First name and initial.....			
	Last name.....			
	Title/suffix			
	Social security number.....			
	Occupation.....			
	Date of birth (m/d/y).....			
	Date of death (m/d/y).....			
	1=blind.....			
Address	In care of.....			
	Street address.....			
	Apartment number.....			
	City.....			
	State.....	CA		
	ZIP code.....			
Foreign Address	Region.....			
	Postal code.....			
	Country.....			
				1

Please add, change or delete information for 2025.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone		Daytime Phone 1 = Work 2 = Home 3 = Mobile	
	Work phone			
	Work extension			
	Daytime phone (table)			1
	Mobile phone			
	Fax number			
	E-mail address			
Spouse Contact Information	Home phone		RDP Filing Status 1 = Not applicable 2 = Joint 3 = Separate	
	Work phone			
	Work extension			
	Daytime phone (table)			
	Mobile phone			
	Fax number			
	E-mail address			
Taxpayer Authentication	Driver's license no.			
	Driver's license state			
	Issue date (m/d/y)			
	Expiration date (m/d/y)			
	Theft protection PIN			
Spouse Authentication	Driver's license no.			
	Driver's license state			
	Issue date (m/d/y)			
	Expiration date (m/d/y)			
	Theft protection PIN			
CA State Information	Registered domestic partner filing status (see table)		NOTE: If the taxpayer's mailing address includes a private mail box number (PMB), indicate this below and enter the PMB number in the "Apartment Number" field in the Address area of Client Information.	
	1=PMB no. in address			

2025	1040	US	Dependents	2
Please add, change or delete information for 2025.				
DEPENDENTS				
First name..... Last name..... Title/suffix..... Date of birth (m/d/y)..... Date of death..... Date of adoption..... Social security number..... Relationship..... Months lived at home..... Type of dependent (see table)..... Earned income credit (see table)..... Claimed by: 1=taxpayer, 2=spouse		Dependent	Dependent	Type of Dependent 1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household or qualifying surviving spouse (QSS) only. not a dependent 5 = Earned income credit only, not a dependent
First name..... Last name..... Title/suffix..... Date of birth (m/d/y)..... Date of death..... Date of adoption..... Social security number..... Relationship..... Months lived at home..... Type of dependent (see table)..... Earned income credit (see table)..... Claimed by: 1=taxpayer, 2=spouse		Dependent	Dependent	Earned Income Credit 1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress
First name..... Last name..... Title/suffix..... Date of birth (m/d/y)..... Date of death..... Date of adoption..... Social security number..... Relationship..... Months lived at home..... Type of dependent (see table)..... Earned income credit (see table)..... Claimed by: 1=taxpayer, 2=spouse		Dependent	Dependent	NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of: 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement
First name..... Last name..... Title/suffix..... Date of birth (m/d/y)..... Date of death..... Date of adoption..... Social security number..... Relationship..... Months lived at home..... Type of dependent (see table)..... Earned income credit (see table)..... Claimed by: 1=taxpayer, 2=spouse		Dependent	Dependent	NOTE: If your child is disabled, please provide one of the following forms of proof of disability: 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement

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

PERSONAL INFORMATION

Yes No

Did your marital status change during the year?

Did your address change during the year?

If California was NOT your state of residence for all of 2025:

- . Taxpayer state(s) of residence and dates: _____
- . Note: the "Taxpayer" is the first person listed on your tax returns.
- . Spouse state(s) of residence and dates: _____

Could you be claimed as a dependent on another person's tax return for 2025?

Did you enter your bank information in the "Direct Deposit & Estimates" (Section 3) of this tax organizer? **The IRS now requires all refunds to be handled electronically.** If your bank account information is not provided on that organizer page, any tax overpayment will be applied towards the 2026 tax year instead of being refunded.

Did the IRS assign you an Identity Protection PIN (IP PIN)? If so, they send a CP101A notice each January with a new PIN. You must provide that PIN number or a copy of the notice or we cannot file your returns.

DEPENDENTS

Were there any changes in dependents?

Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2025?

Did you have any children under age 19 or full-time students under age 24 at the end of 2025, with interest and dividend income in excess of \$1,350, or total investment income in excess of \$2,700?

HEALTH CARE COVERAGE

Did everyone in your household have health insurance every month of the year? If not, please explain any exceptions or provide exemption documents. Also, please provide any 1095-A, B or C documents issued.

Yes No

Did someone in your household receive health insurance specifically through Covered California? If so, a federal Form 1095-A was issued and you must obtain and provide them to us so we can complete your return.

Are you interested in receiving no-cost or low-cost health care coverage information from the CA FTB? If you select yes, you authorize the FTB to share limited information from your return to Covered California including your name, mailing address and gross income.

Do you have a Health Savings Account (HSA)? If yes, answer the following:

- . Did you make a contribution to your HSA other than through payroll deductions?
- . Did your HSA earn any interest, dividend or capital gains income in 2025? If so, please provide copies of the related annual earnings reports.
- . Did you take a distribution (use funds) this year? If yes, answer the following questions in addition to giving us the related Form 1099-SA.
- . Did you use any distributions for nonqualified expenses?
- . Did you include medical expenses paid with HSA funds as itemized deductions in the organizer? (Hint: they should not be included there if paid with HSA funds since HSAs are pretax funds.)

PURCHASES, SALES AND DEBT

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

Did you buy or sell any stocks, bonds or other investment property in 2025? (Transactions in tax deferred retirement accounts can be ignored).

Did you buy, sell, receive, send or exchange any virtual currency or other digital assets (e.g. Bitcoin, NFTs) or make any purchases with virtual currencies? If you did, please contact our office to discuss reporting procedures.

Did you purchase, sell, or refinance your principal home or second home? Circle which and provide final closing statement(s).

Did you have an open balance on a line of credit or home equity loan secured by your principal residence in 2025, whereby some of the loan balance (either in 2025 or before) was used for something other than improving your principal residence? Please contact our office with any questions.

Yes

No

Did you make any residential energy-efficient improvements in 2025 to your primary residence involving insulation, doors, windows, HVAC, etc.? If so, please provide documentation.

Did you make any purchases in 2025 involving solar, wind, geothermal or fuel cell energy sources for a personal residence, rental or business property? If so, please provide documentation.

Did you purchase an electric or hybrid vehicle prior to October 1, 2025? If so, please provide the purchase contract **AND** IRS Form 15400 (Clean Vehicle Seller Report) provided by the dealer, even if you already received the advanced credit at the dealership.

Did you purchase a new vehicle between 2025-2028 for personal use? If so, please provide a statement showing the interest paid if your adjusted gross income is under \$100K (single) or \$200K (MFJ).

Did you have any debts cancelled or forgiven?

Does anyone owe you money which has become uncollectible?

Did you accept any payments through Paypal, CashApp, Venmo, Stripe, Apple Pay, Google Pay or any other similar platform? If so, please provide Form 1099-K.

RETIREMENT PLANS

Did you transfer or rollover any amount from one retirement plan to another retirement plan?

Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2025? If yes, please indicate the dollar amount of the conversion below.
NOTE - this information is not provided on IRS Form 1099-R:
Roth conversion totals: Taxpayer \$ _____ Spouse \$ _____

Did you receive a distribution from a retirement plan?
(401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)

Did you make a contribution to a retirement plan?
(401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)

Did you make a charitable contribution directly from your IRA? If so, please provide a list and **do not** include these in the itemized deductions section as charitable contributions.

Yes No

Do you have any IRAs you inherited after December 31, 2019 from someone other than your spouse? If so, please provide a list with the name of the custodial company, account numbers and dollar amounts as of December 31, 2025.

Do you have a financial advisor? If so, who is it and in what town is he or she located? _____

The following questions assist with overall tax planning and possible Roth conversions - rough estimates are fine. Note - we do not provide specific investment advice.

What is your estimated value of funds held in PRE-TAX IRAs?
(i.e. traditional, SEP, or SIMPLE IRAs where you contributed received a tax deduction)? _____

What is your estimated value of funds held in other PRE-TAX retirement plans? (i.e. 401k, 403b or TSP plans where you contributed and received a tax deduction) _____

What is your estimated value of funds held in AFTER-TAX retirement plans such as Roth 401ks, Roth IRAs, Roth TSP, etc.
(when you contributed you did NOT receive a tax deduction)? _____

What is your estimated value of funds held outside of retirement accounts (taxable accounts) such as brokerage accounts, banks, crypto, etc.? _____

What is your estimated fair market value of real estate you own? _____

Estimate of loans on real estate? _____

What is your estimated net worth (total assets minus liabilities)? _____

EDUCATION

Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program (529 Plan)? If so, please provide a summary of expenditures and any 1099-Qs issued. Note - distributions from these plans cannot be used to pay for the same expenses qualifying you for the American Opportunity or Lifetime Learning Tax Credits. Please contact our office for strategies on how to work around this if needed.

Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? Please provide 1098-T.

ITEMIZED DEDUCTIONS

Yes No

Did you incur a loss because of damaged or stolen property?

Did you work out of town for part of the year?

Did you use your car on the job (other than to and from work)?

FOREIGN RELATED

Did you have any foreign income or pay any foreign taxes?

Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? (There are possible serious monetary or criminal penalties for failure to report.)

Do you have a direct ownership interest in any foreign entity established in a foreign country - such as a foreign corporation, partnership, trust, estate, etc.? This does not include, for instance, stock in a foreign corporation if it is purchased through a U.S. based institution as the U.S. based institution would already have a reporting requirement to the U.S. government. It is mainly targeting those who own (in whole or in part) foreign businesses or are partners in foreign businesses, or acquire stock through a foreign based institution which the U.S. government would not know about otherwise. (There are possible serious monetary or criminal penalties for failure to report.)

Did you receive any gifts or benefits exceeding \$100,000 from any foreign person, trust, or estate, or more than \$19,570 from any foreign corporation or partnership treated as a gift?

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

MISCELLANEOUS

Did you receive overtime pay in 2025? If so, please provide documentation showing the amount of overtime pay in full, and whether it was time-and-a-half, or double-time pay.

Did you receive tip income in 2025? If so, please provide documentation on the amount of tips received.

Yes

No

- Do you have pension or disability income as a retired public safety officer/qualified public safety employee? This would typically include state or federal law enforcement, firefighters, chaplains, rescue squad workers, ambulance crew members, or employees providing police protection, firefighting services, emergency medical services, air traffic control, etc. You may be able to exclude up to \$3,000 from income if you paid health, supplemental, long-term care, or Medicare insurance premiums. This is true even if they are paid directly by your retirement plan.
- Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- May the IRS discuss your tax return with your preparer?
- Was your home rented out or used for business?
- Were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
- Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station or an employee/appointee of the intelligence committee who were required to relocate due to a change in assignment?
- Did you engage the services of any household workers? (such as gardeners, maids, childcare providers, etc.) If you paid any one individual over \$2,700 in 2025 for regular services in your home, you are likely considered an employer and you are responsible for payroll taxes, withholdings, and insurance. Please contact our office if you need a list of payroll service providers that can possibly assist you.
- Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
- Did you or your spouse make any gifts to an individual or a 529 qualified tuition plan that total more than \$19,000, or any amount of gifts to an irrevocable trust?
- If self-employed, did you incur startup costs related to creating a new pension plan in 2025?

Yes No

As a California resident, did you make any purchases online, through mail-order, or in another state and brought back to California without paying sales tax that normally would have been collected if bought from a California-based business? If so, you owe use tax instead, and you can either report a dollar amount of untaxed transactions which we will use to calculate your unpaid sales tax, or we can use the safe harbor California Use Tax Table to estimate your liability. The table equates to approximately \$9 per \$100,000 of CA income in your returns. Please CHECK THE BOX HERE |__| if you would like us to use the Use Tax Table, OR you may write down your estimated UNTAXED TRANSACTIONS HERE \$_____ . Using the Use Tax Table is a safe harbor, and the FTB will not audit you on use tax for that year. Note - if you elect to use the tables, individual items purchased over \$1,000 each must be provided to us so we can report them in addition to the tables.

LONG-TERM PLANNING

Note: We do not provide the following products, but we can help you understand their importance to your tax and financial well-being should you wish to discuss these items.

Do you have a will? How many years ago did you last have it reviewed? _____

Do you have a trust? How many years ago did you last have it reviewed? _____

Do you have a health care power of attorney?

If applicable, who is your estate planning attorney and in what town is he or she located? _____

Do you have life insurance? If yes, approximate coverage _____

Do you have long-term care insurance?

Do you have disability insurance besides State Disability Insurance (SDI)? SDI only provides benefits up to one year. It generally provides 60-70% of your regular income capped at \$1,681/week (2025). Long-term disability insurance should be considered for needs that carry beyond a year.

If you own real property in California, do you carry earthquake insurance on that property? It is a separate policy from your regular policy. According to FEMA, only 10% of Californians carry earthquake insurance despite experiencing 90% of the country's earthquakes.

Please enter all pertinent 2025 information.

APPLICATION OF 2025 OVERPAYMENT (7.1)

If you have an overpayment of 2025 taxes, do you want the excess refunded? or applied to 2026 estimate?

Other (please explain):

2026 ESTIMATED TAX INFORMATION

Do you expect your 2026 taxable income to be different from 2025? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.:

Do you expect your 2026 withholding to be different from 2025? Yes No

If "yes" explain any differences:

ORGANIZER

2025	1040	US/CA	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
------	------	-------	------------------------------------	----------------

Please enter all pertinent 2025 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13) 1=spouse	Wages, Tips, Other Compensation (Box 1)	Tax Withheld				2024 Wages
				Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2 Distribution code #1 1=IRA/SEP/SIMPLE 1=spouse	Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/25	2024 Distribution
					Federal (Box 4)	State (Box 14)		

GAMBLING Winnings (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2024 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

GAMBLING LOSSES & Winnings (NON W-2G)
(13.2)

Total gambling losses	2025 Amount	TS	2024 Amount
Winnings not reported on Form W-2G			

10, 13.1, 13.2

2025

1040

US

Interest & Dividend Income

11.12

**Please enter all pertinent 2025 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.**

INTEREST INCOME (11)

DIVIDEND INCOME (12)

Please enter all pertinent 2025 amounts and attach all 1099-MISC, 1099-NEC, 1099-K, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2025 Amount		2024 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
1=treat Medicare premiums paid as SE health ins.				
Tier 1 RR retirement benefits (RRB-1099, box 5)				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Activity not engaged in for profit income				
Olympic & Paralympic medals & USOC prize money				
Prizes and awards				
Stock Options				
Strike or lockout benefits (other than bona fide gifts)				
Non-tuition fellowship and stipend payments entered above to include as taxable compensation for IRA purposes				
Wages earned while incarcerated not on W-2				
Income subject to S/E tax: (1099-NEC, box 1)				
Other income (1099-MISC, box 3, 8)				
Digital assets not reported elsewhere				

Form 1099-K

Amount of sale proceeds from Form 1099-K for personal item(s) sold at a loss		
Amount from Form 1099-K that was incorrectly reported		

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld		
State income tax withheld		
Local income tax withheld		

Please add, change or delete 2025 information as appropriate.
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2025 1099-G Amount

No. <input type="text"/>	Name of payer.....	
	1=spouse.....	
	Unemployment compensation:	
	Total received (Box 1).....	
	2025 Overpayment repaid	
	State and local refunds:	
	State and local income tax refund, credit or offsets (Box 2)	
	1=city or local income tax refund	
	Tax year for box 2 if not 2024 (Box 3)	
	Federal income tax withheld (Box 4).....	
	RTAA payments (Box 5).....	
Taxable grants:		
Federal taxable amount (Box 6).....		
State taxable amount, if different.....		
Farm amounts:		
Agriculture payments (Box 7).....		
1=agriculture payments are from conservation reserve program		
Market gain (Box 9).....		
Number of farm.....		
1=box 2 is trade or business income (Box 8)		
State income tax withheld (Box 11).....		

No. <input type="text"/>	Name of payer.....	
	1=spouse.....	
	Unemployment compensation:	
	Total received (Box 1).....	
	2025 Overpayment repaid	
	State and local refunds:	
	State and local income tax refund, credit or offsets (Box 2)	
	1=city or local income tax refund	
	Tax year for box 2 if not 2024 (Box 3)	
	Federal income tax withheld (Box 4).....	
	RTAA payments (Box 5).....	
Taxable grants:		
Federal taxable amount (Box 6).....		
State taxable amount, if different.....		
Farm amounts:		
Agriculture payments (Box 7).....		
1=agriculture payments are from conservation reserve program		
Market gain (Box 9).....		
Number of farm.....		
1=box 2 is trade or business income (Box 8)		
State income tax withheld (Box 11).....		

Please enter all pertinent 2025 amounts and attach all 1099-Q forms.
 Enter qualified education expenses below that are not entered elsewhere.
 Last year's amounts are provided for your reference.

ESA'S AND QTP'S (Form 1099-Q)

2025 Amount

2024 Amount

No. <input type="text"/>	Name of payer.....	
	1=spouse.....	
	Qualified expenses:	
	Higher education (net of nontaxable benefits)	
	Elementary & secondary education (net of nontaxable benefits)	
	Form 1099-Q:	
	Gross distributions (Box 1).....	
	Earnings (Box 2).....	
	Basis (Box 3).....	
	Rollover: 1=nontaxable, 2=taxable (Box 4)	
Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
ESA's only:		
2025 contributions to this ESA		
Value of this account at 12/31/25 (plus outstanding rollovers)		
Basis in this ESA as of 12/31/24		

No. <input type="text"/>	Name of payer.....	
	1=spouse.....	
	Qualified expenses:	
	Higher education (net of nontaxable benefits)	
	Elementary & secondary education (net of nontaxable benefits)	
	Form 1099-Q:	
	Gross distributions (Box 1).....	
	Earnings (Box 2).....	
	Basis (Box 3).....	
	Rollover: 1=nontaxable, 2=taxable (Box 4)	
Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
ESA's only:		
2025 contributions to this ESA		
Value of this account at 12/31/25 (plus outstanding rollovers)		
Basis in this ESA as of 12/31/24		

No. <input type="text"/>	Name of payer.....	
	1=spouse.....	
	Qualified expenses:	
	Higher education (net of nontaxable benefits)	
	Elementary & secondary education (net of nontaxable benefits)	
	Form 1099-Q:	
	Gross distributions (Box 1).....	
	Earnings (Box 2).....	
	Basis (Box 3).....	
	Rollover: 1=nontaxable, 2=taxable (Box 4)	
Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
ESA's only:		
2025 contributions to this ESA		
Value of this account at 12/31/25 (plus outstanding rollovers)		
Basis in this ESA as of 12/31/24		

14.3

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

ABLE DISTRIBUTIONS / CONTRIBUTIONS

No. 	Name of payer or issuer..... 1=spouse..... Distributions (1099-QA): Gross distributions (1)..... Earnings (2)	2023 Amount	2024 Amount
	Basis (3)		
	1=program to program transfer (4)		
	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions: Excess contributions withdrawn by due date of return		
	Earnings on excess contributions		

No. 	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
	1=program to program transfer (4)		
	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions:		
	Excess contributions withdrawn by due date of return		
	Earnings on excess contributions		

No. 	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
	1=program to program transfer (4)		
	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions:		
	Excess contributions withdrawn by due date of return		
	Earnings on excess contributions		

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

GENERAL INFORMATION

Principal business/profession
 Principal business code
 Business name, if different from Form 1040
 Business address, if different from Form 1040
 City, if different from Form 1040
 State, if different from Form 1040
 ZIP code, if different from Form 1040
 Foreign region
 Foreign postal code
 Foreign country
 Employer identification number
 Other accounting method

Principal business/profession
Principal business code
Business name, if different from Form 1040
Business address, if different from Form 1040
City, if different from Form 1040
State, if different from Form 1040
ZIP code, if different from Form 1040
Foreign region
Foreign postal code
Foreign country
Employer identification number
Other accounting method

Accounting method: 1=cash, 2=accrual
 Inventory method: 1=cost, 2=lower cost/market, 3=other
 1=change of inventory method
 1=spouse, 2=joint
 1=first Schedule C filed for this business
 If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no ..
 1=not subject to self-employment tax
 1=did not "materially participate"
 1=personal services is not a material income producing factor
 1=investment
 1=minister's Schedule C
 1=single member limited liability company
 1=trader in financial instruments or commodities

Accounting method: 1=cash, 2=accrual
Inventory method: 1=cost, 2=lower cost/market, 3=other
1=change of inventory method
1=spouse, 2=joint
1=first Schedule C filed for this business
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no ..
1=not subject to self-employment tax
1=did not "materially participate"
1=personal services is not a material income producing factor
1=investment
1=minister's Schedule C
1=single member limited liability company
1=trader in financial instruments or commodities

CA FTB Form 3805V:

1=eligible small business
 Qualified new business year: 1=1st, 2=2nd, 3=3rd

1=eligible small business
Qualified new business year: 1=1st, 2=2nd, 3=3rd

Principle business code (SIC 1987)

INCOME

Gross receipts or sales (Form 1099-NEC)
 Returns and allowances
 Other income:

2025 Amount	2024 Amount

COST OF GOODS SOLD

Inventory at beginning of the year
 Purchases
 Cost of items for personal use
 Cost of labor
 Materials and supplies
 Other costs:

Inventory at beginning of the year
Purchases
Cost of items for personal use
Cost of labor
Materials and supplies
Other costs:

Inventory at end of the year

Inventory at end of the year

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

EXPENSES

Accounting.....
 Advertising.....
 Answering service.....
 Bad debts from sales or service.....
 Bank charges.....
 Car and truck expenses (not entered elsewhere).....
 Commissions.....
 Contract labor.....
 Delivery and freight.....
 Dues and subscriptions.....
 Employee benefit programs.....
 Insurance (other than health).....
 Mortgage interest (paid to banks, etc.).....
 Other interest (not entered elsewhere).....
 Janitorial.....
 Laundry and cleaning.....
 Legal and professional.....
 Miscellaneous.....
 Office expense.....
 Outside services.....
 Parking and tolls.....
 Pension and profit sharing plans - contributions.....
 Pension and profit sharing plans - admin. and education costs.....
 Postage.....
 Printing.....
 Rent - vehicles, machinery, & equipment (not entered elsewhere).....
 Rent - other.....
 Repairs.....
 Security.....
 Supplies.....
 Taxes - real estate.....
 Taxes - payroll.....
 Taxes - sales tax included in gross receipts.....
 Taxes - other (not entered elsewhere).....
 Telephone.....
 Tools.....
 Travel.....
 Meals in full (50%).....
 Department of Transportation meals in full (80%).....
 Uniforms.....
 Utilities.....
 Wages.....

	2025 Amount	2024 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Meals in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

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

2025	1040	US	Capital Gains & Losses (Schedule D)					17	
<p>If you sold any stocks, bonds, or other investment property in 2025, please list the pertinent information for each sale below or provide a spreadsheet file with this information. Be sure to attach all 1099-B forms and brokerage statements.</p>									
No.	Quantity	Description of Property (Box 1a)	Date Acquired (Box 1b)	Date Sold (Box 1c)	Sales Price (gross or net) (Box 1d)	Cost or Basis (Box 1e)	Blank=basis rep. to IRS, 1=nonrec. security (Box 3, 5)	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
									17

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

PRIOR YEAR INSTALLMENT SALE

No. <input type="text"/>	Description of property..... Date acquired (m/d/y)..... Date sold (m/d/y)..... Gross profit ratio (.xxxx)..... Current year principal payments (-1 if none)	2025 Amount	2024 Amount

No. <input type="text"/>	Description of property..... Date acquired (m/d/y)..... Date sold (m/d/y)..... Gross profit ratio (.xxxx)..... Current year principal payments (-1 if none)	2025 Amount	2024 Amount

No. <input type="text"/>	Description of property..... Date acquired (m/d/y)..... Date sold (m/d/y)..... Gross profit ratio (.xxxx)..... Current year principal payments (-1 if none)	2025 Amount	2024 Amount

No. <input type="text"/>	Description of property..... Date acquired (m/d/y)..... Date sold (m/d/y)..... Gross profit ratio (.xxxx)..... Current year principal payments (-1 if none)	2025 Amount	2024 Amount

No. <input type="text"/>	Description of property..... Date acquired (m/d/y)..... Date sold (m/d/y)..... Gross profit ratio (.xxxx)..... Current year principal payments (-1 if none)	2025 Amount	2024 Amount

No. <input type="text"/>	Description of property..... Date acquired (m/d/y)..... Date sold (m/d/y)..... Gross profit ratio (.xxxx)..... Current year principal payments (-1 if none)	2025 Amount	2024 Amount

No. <input type="text"/>	Description of property..... Date acquired (m/d/y)..... Date sold (m/d/y)..... Gross profit ratio (.xxxx)..... Current year principal payments (-1 if none)	2025 Amount	2024 Amount

If you sold your home or moved in 2025, please complete the information below.
 For the sale of home, please provide Form 1099-S and closing statements from
 the purchase and sale of your home.

SALE OF HOME (17)

Description of property (Box 3)

Date acquired (m/d/y)

Date sold (m/d/y) (Box 1)

Sales price (Box 2)

1=sale of home

1=owned and used property as main home for at least 2 of 5 years before sale

1=business use in year of sale

Number of days after December 31, 2008 that home was not used as principal residence

Adjusted Basis

Original cost

Improvements:

Adjusted basis

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

Total expenses of sale

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:
a) Did not meet the ownership and use tests *, or **b)** Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)

1=sale due to change in health, employment or unforeseen circumstances

Days used as main home - taxpayer

Days used as main home - spouse

Days property owned - taxpayer

Days property owned - spouse

MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permanent change in station)

1=spouse, 2=joint

1=armed forces move due to permanent change of station

Miles from old home to new work place

Miles from old home to old work place

Expenses for transportation and storage of household goods and personal effects

Lodging and travel (excluding meals):

Lodging and travel (excluding automobile)

Parking fees and tolls

Gas and oil

Miles driven to new home

(* owned and used property as main home for at least 2 of 5 years before sale)

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

GENERAL INFORMATION

Description of property	2025 Amount	2024 Amount
Street address		
City		
State		
ZIP code		
Type of property (see table)		
Other type of property		
Number of days rented	34	

Type of Property
1 = Single Family Residence
2 = Multi-Family Residence
3 = Vacation/Short-Term Rental
4 = Commercial
5 = Land
6 = Royalties
7 = Self-Rental

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

CA FTB Form 3805V:

1=eligible small business	
Qualified new business year: 1, 2 or 3	
Principle business code (SIC 1987)	

INCOME

Rents or royalties received	2025 Amount	2024 Amount
-----------------------------------	-------------	-------------

DIRECT EXPENSES

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

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

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

2025 1040 US Partnership and S corporation Information 20.1,20.2

Please add, change or delete 2025 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

S CORPORATION INFORMATION (20.2)

2025 1040 US Estate or Trust and REMIC Information 20.3,20.4

**Please add, change or delete 2025 information as appropriate.
Be sure to attach all Schedule K-1s and Schedule Qs.**

ESTATE OR TRUST INFORMATION (20.3)

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer
		Identification
		Number

20.3.20.4

If you disposed of any business assets in 2025, please enter date sold, sales price, and expenses of sale. For real estate transactions, be sure to attach all 1099-S forms and closing statements.

2025	1040	US	Asset Acquisition List	22 p2
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If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2025, please enter all pertinent information below.

No.	Description of Property	Related Business or Activity	Preparer Use Only			Date Placed in Service	Cost or Basis	Preparer Use Only	
			Form	No. of Form	Category			Current Section 179	Method
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									

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

GENERAL INFORMATION

Description of vehicle
 1=no evidence to support your deduction
 1=no written evidence to support your deduction
 1=vehicle is available for off-duty personal use
 1=no other vehicle is available for personal use
 1=vehicle used primarily by more than 5% owner
 Number of months of business use if changed from 100% personal use

	2025 Amount	2024 Amount
Description of vehicle		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=vehicle used primarily by more than 5% owner		
Number of months of business use if changed from 100% personal use		

AUTOMOBILE MILEAGE

Total mileage (for the tax year)
 Business mileage
 Commuting mileage (for the tax year)
 Average daily round-trip commute

Total mileage (for the tax year)	
Business mileage	
Commuting mileage (for the tax year)	
Average daily round-trip commute	

ACTUAL EXPENSES

Parking fees and tolls (business portion only)
 Gasoline, lube, oil
 Repairs
 Tires
 Insurance
 Miscellaneous
 Auto license (other than personal property taxes)
 Personal property taxes (based on car's value)
 Interest (car loan) (for Schedule C, E & F)
 Vehicle rent or lease payments
 Inclusion amount (enter as positive)
 Value of employer-provided vehicle on Form W-2 (2106)

Parking fees and tolls (business portion only)	
Gasoline, lube, oil	
Repairs	
Tires	
Insurance	
Miscellaneous	
Auto license (other than personal property taxes)	
Personal property taxes (based on car's value)	
Interest (car loan) (for Schedule C, E & F)	
Vehicle rent or lease payments	
Inclusion amount (enter as positive)	
Value of employer-provided vehicle on Form W-2 (2106)	

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

TRADITIONAL IRA CONTRIBUTIONS

IRA contributions you made or expect to make (1=maximum) (\$7,000/\$8,000 if 50 or older)
 Contributions made to date
 1=covered by plan, 2=not covered
 2025 payments from 1/1/26 to 4/15/26

2025 Amount		2024 Amount	
Taxpayer	Spouse	Taxpayer	Spouse

ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to make (1=maximum) (\$7,000/\$8,000 if 50 or older) ...
 Contributions made to date

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)
 Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)
 Defined benefit contributions you expect to make ...
 Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)
 Plan contribution rate if not .25 (.xxxx)
 Individual 401k: SE elective deferrals (except Roth) (1=max.) ...
 Individual 401k: SE designated Roth contributions (1=max.)

SIMPLE contributions:

Self-employed SIMPLE contributions you made or expect to make (1=maximum)
 Employer matching rate if not .03 (.xxxx)
 1=nonelective contributions (2%)
 Contributions made to date

ADJUSTMENTS TO INCOME

Self-employed health insurance:
 Total premiums (excluding long-term care)
 Long-term care premiums
 Student loan interest paid (1098-E, box 1)
 Educator expenses (kindergarten thru grade 12)
 Jury duty pay given to employer
 Expenses from rental of personal property

Alimony paid:

Date of divorce or sep. agreement	Taxpayer	Spouse
Recipient's first name....		
Recipient's last name....		
Recipient's SSN.....		
Amount paid.....	2024 amt:	2024 amt:

Please enter all pertinent 2025 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

Prescription medicines and drugs

Doctors, dentists and nurses

Hospitals and nursing homes

Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars)

Long-term care premiums - taxpayer

Long-term care premiums - spouse

Insurance reimbursement (enter as a positive number)

Lodging and transportation:

 Out-of-pocket expenses

 Medical miles driven

	2025 Amount	TS	2024 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars)			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven			

Other medical and dental expenses:

TAXES PAID (State and local withholding and 2025 estimates are automatic.)

State income taxes - 1/25 payment on 2024 state estimate

State income taxes - paid with 2024 state return extension

State income taxes - paid with 2024 state return

State income taxes - paid for prior years and/or to other state

City/local income taxes - 1/25 payment on 2024 city/local estimate

City/local income taxes - paid with 2024 city/local extension

City/local income taxes - paid with 2024 city/local return

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)

Use taxes paid on 2025 purchases

Use taxes paid with 2024 state return

Sales tax on autos not included above

Sales tax on boats, aircraft, other special items

OTHER TAXES PAID

Real estate taxes - principal residence:

Real estate taxes - held for investment :

Personal property taxes (including auto fees in some states. Provide a copy of tax notice)

Foreign income taxes

Other taxes:

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

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 5) reported on Form 1098:

2025 Amount	TS	2024 Amount

Home mortgage interest not reported on Form 1098:

Payee's name

Payee's name		
Payee's SSN or FEIN...		
Payee's street address...		
Payee's city.....		
Payee's state.....		
Payee's ZIP code.....		
Payee's region.....		
Payee's postal code.....		
Payee's country.....		

Amount paid.....

Amount paid.....		
------------------	--	--

Points not reported on Form 1098:

Investment interest (interest on margin accounts):

Passive interest.....

Passive interest.....		
-----------------------	--	--

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

Number of charitable miles

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

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

Number of charitable miles

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

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

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2025 Amount	TS	2024 Amount

30% limitation (see above):

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

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

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

Union and professional dues

--	--

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

Investment expense:

Tax return preparation fee

--	--

Safe deposit box rental

--	--

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

Federal only:

State only:

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

OTHER MISCELLANEOUS DEDUCTIONS

Estate tax, section 691(c).....

Other miscellaneous deductions:

2025 Amount	TS	2024 Amount

Federal only:

State only:

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded \$100,000 at any time during 2025 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.

2. Total home acquisition debt exceeded \$750,000 at any time during 2025 (\$375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

**Please enter all pertinent 2025 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

	2025 Amount	TS	2024 Amount
Fair market value of the property on the date that the last debt was secured .			
Home acquisition and grandfather debt on the date that the last debt was secured			

LOAN INFORMATION

Loan #1

Lender's name		
Form (see table).....		
Number of form.....		
1=taxpayer, 2=spouse, blank=joint		
Interest paid.....		
Points paid.....		
Total principal paid		
Lump sum principal payment (if paid off)		
Months outstanding (if not 12).....		
1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17)		
Home acquisition debt balance - beginning of year		
Home acquisition debt borrowed in 2025		
Home equity debt balance - beginning of year		
Home equity debt borrowed in 2025		
Grandfather debt balance - beginning of year		

Loan #2

Lender's name		
Form (see table).....		
Number of form.....		
1=taxpayer, 2=spouse, blank=joint		
Interest paid.....		
Points paid.....		
Total principal paid		
Lump sum principal payment (if paid off)		
Months outstanding (if not 12).....		
1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17)		
Home acquisition debt balance - beginning of year		
Home acquisition debt borrowed in 2025		
Home equity debt balance - beginning of year		
Home equity debt borrowed in 2025		
Grandfather debt balance - beginning of year		

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

2025	1040	US	Noncash Contributions (Form 8283)	26.1,26.2
------	------	----	-----------------------------------	-----------

If your total noncash contributions are in excess of \$500 in 2025, please complete the information below for each donee using the following guidelines:

* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.

* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

No. <input type="text"/>	Name of charitable organization (donee)				
	Street address.....				
	City.....				
	State.....				
	ZIP code.....				
	1=spouse, 2=joint.....				
	Property description (other than vehicle)				
	Vehicle	Identification number (VIN)			
		Year (yyyy).....			
		Make			
Model					
Odometer mileage.....					
Date of contribution (m/d/y)					
Date acquired by donor (m/y).....					
How acquired by donor (Table 1 or describe)					
Donor's cost or basis					
Fair market value.....					
Method used to determine FMV (Table 2 or describe)					

No. <input type="text"/>	Name of charitable organization (donee)				
	Street address.....				
	City.....				
	State.....				
	ZIP code.....				
	1=spouse, 2=joint.....				
	Property description (other than vehicle)				
	Vehicle	Identification number (VIN)			
		Year (yyyy).....			
		Make			
Model					
Odometer mileage.....					
Date of contribution (m/d/y)					
Date acquired by donor (m/y).....					
How acquired by donor (Table 1 or describe)					
Donor's cost or basis					
Fair market value.....					
Method used to determine FMV (Table 2 or describe)					

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

Please enter 2025 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2023 Amount	2024 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,760, 8,784 if a leap year).....		
Area of home included above used exclusively for daycare business, if any (sq ft).....		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....		

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest.....	
Real estate taxes.....	
Casualty losses.....	
Insurance.....	
Miscellaneous.....	
Rent.....	
Repairs and maintenance.....	
Utilities.....	
Excess mortgage interest.....	
Excess real estate taxes.....	
Other indirect expenses:	

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....	
Real estate taxes.....	
Casualty losses.....	
Insurance.....	
Miscellaneous.....	
Rent.....	
Repairs and maintenance.....	
Utilities.....	
Excess mortgage interest.....	
Excess real estate taxes.....	
Excess casualty losses.....	
Allowable casualty losses.....	
Other direct expenses:	

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

VEHICLE INFORMATION

1=vehicle used primarily by more than 5% owner
 1=vehicle is available for off-duty personal use
 1=no other vehicle is available for personal use
 1=no evidence to support your deduction
 1=no written evidence to support your deduction

2025 Amount	2024 Amount

VEHICLE 1

Description of vehicle
 Date placed in service (m/d/y)
 Total mileage (for the tax year)
 Business mileage
 Commuting mileage (for the tax year)
 Average daily round-trip commute
 Number of months of business use if changed from 100% personal use
 Parking fees and tolls (business portion only)

Actual expenses:

Gasoline, lube, oil
 Repairs
 Tires
 Insurance
 Miscellaneous
 Auto license (other than personal property taxes)
 Personal property taxes (based on car's value)
 Interest (car loan) (for Schedule C, E & F)
 Vehicle rent or lease payments
 Inclusion amount (enter as positive)
 Value of employer-provided vehicle on Form W-2 (2106)

VEHICLE 2

Description of vehicle
 Date placed in service (m/d/y)
 Total mileage (for the tax year)
 Business mileage
 Commuting mileage (for the tax year)
 Average daily round-trip commute
 Number of months of business use if changed from 100% personal use
 Parking fees and tolls (business portion only)

Actual expenses:

Gasoline, lube, oil
 Repairs
 Tires
 Insurance
 Miscellaneous
 Auto license (other than personal property taxes)
 Personal property taxes (based on car's value)
 Interest (car loan) (for Schedule C, E and F)
 Vehicle rent or lease payments
 Inclusion amount (enter as positive)
 Value of employer-provided vehicle on Form W-2 (2106)

Please enter all pertinent 2025 information.

GENERAL INFORMATION

1=spouse.....

Foreign address of taxpayer, if different from Form 1040:

Street address.....

City.....

Region.....

Postal code.....

Country.....

Employer:

Name.....

U.S. street address.....

U.S. city.....

U.S. state.....

U.S. ZIP code.....

Foreign street address.....

Foreign city.....

Foreign region.....

Foreign postal code.....

Foreign country.....

Employer type: 1=foreign entity, 2=U.S. company,
3=self, 4=foreign affiliate of U.S. company, 5=other.....

Employer type, if other.....

Type of exclusion revoked if revoked in earlier year (if applicable):

Tax year revocation was effective

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country of citizenship.....

City and country of separate foreign residence if maintained due to
adverse living conditions (if applicable):

Number of days during tax year at separate
foreign address (if applicable)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tax homes(s) during tax year:

Dates tax home(s) were
established (m/d/y)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please enter all pertinent 2025 information.

TRAVEL INFORMATION

NOTE: Please enter all travel for 2025 as well as travel for 2026 known to date.

Travel Type (table)	Name of country (if not United States)	Date arrived	Date left	Days in U.S. on business

BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST

Beginning date for bona fide residence (m/d/y)

Ending date for bona fide residence (m/d/y)

Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer

Names of family living abroad with taxpayer (if applicable):

Relationship

Period family lived abroad

1=submitted statement to country of bona fide residence

1=required to pay income tax to country of bona fide residence

Contractual terms relating to length of employment abroad

Type of visa you entered foreign country under

Explanation why visa limited stay or employment in country (if applicable)

Address of home in U.S. maintained while living abroad (if applicable):

ZIP Code

1=U.S. home rented (if applicable)

Names of occupants in U.S. home (if applicable)

Relationship of occupants in U.S. home (if applicable)

Principal country of employment

--

FOREIGN HOUSING EXPENSES

2025 Amount

2024 Amount

Qualified housing expenses

--	--

Location of housing expenses:

Qualifying days in location (multiple locations only)

Travel Type

- 1 = Travel to U.S. (default)
- 2 = Travel to foreign country
- 3 = Travel to restricted country

Please enter all pertinent 2025 amounts and attach all W-2 forms, or other wage statements.
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

FOREIGN WAGES, SALARIES, TIPS

Name or number.....
1=spouse.....
1=retirement plan (Box 13).....
Name of employer (Box c).....
Wages, tips, other compensation (Box 1).....
Federal income tax withheld (Box 2).....
Social security tax withheld (Box 4).....
Medicare tax withheld (Box 6).....
State income tax withheld (Box 17).....
Local income tax withheld (Box 19).....

2025 Amount	2024 Amount

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

Home (lodging).....
Meals.....
Car.....
Other properties or facilities:

Allowances and Reimbursements

Cost of living and overseas differential.....
Family.....
Education.....
Home leave.....
Quarters.....
Other purposes:

Meals and lodging provided for the convenience of the
Employer (excludable under section 119)

--	--

Other Foreign Earned Income

2025 Days Worked Allocation Information

Total number of days worked (if not 240)

Total days worked before and after foreign assignment

Foreign days worked before and after foreign assignment

2025	1040	US	Health Savings Accounts (8889)	32.1
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**Please enter all pertinent 2025 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.**

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2025, a high deductible health plan is one with an annual deductible that is not less than \$1,650 for self-only coverage or \$3,300 for family coverage and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$8,300 for self-only coverage or \$16,600 for family coverage.

	2025 Amount		2024 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)				
Contributions included above that were made after you became eligible for Medicare				
Contributions made to date				

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1) ...		
Distributions included above that were rolled over to another HSA.....		
Total unreimbursed qualified medical expenses		

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

DEPENDENT CARE EXPENSES (33.1)

Dependent care expenses incurred but not paid in 2025
Employer-provided benefits forfeited in 2025

2025 Amount		2024 Amount	
Taxpayer	Spouse	Taxpayer	Spouse

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

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

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

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

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

33.1,33.2

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

ELIGIBLE CHILDREN

		2025 Amount	2024 Amount
No. <input type="text"/>	First name.....		
	Last name.....		
	Identification number.....		
	Date of birth (m/d/y).....		
	1=born before 2008 and was disabled		
	1=special needs child.....		
	1=foreign child.....		
	1=adoption was not final in 2025		
Qualified Adoption Expenses Paid in	2024 for adoption not finalized by end of 2025		
	Prior years for adoption of foreign child finalized in 2025		
	2024 and 2025 for adoption finalized in 2025		
	2025 for adoption finalized before 2025		
	1=spouse, 2=joint.....		

No. <input type="text"/>	First name		
	Last name		
	Identification number		
	Date of birth (m/d/y)		
	1=born before 2008 and was disabled		
	1=special needs child		
	1=foreign child		
	1=adoption was not final in 2025		
	Qualified Adoption Expenses Paid in	2024 for adoption not finalized by end of 2025	
		Prior years for adoption of foreign child finalized in 2025	
2024 and 2025 for adoption finalized in 2025			
2025 for adoption finalized before 2025			
1=spouse, 2=joint			

No. 	First name		
	Last name		
	Identification number		
	Date of birth (m/d/y)		
	1=born before 2008 and was disabled		
	1=special needs child		
	1=foreign child		
	1=adoption was not final in 2025		
	Qualified Adoption Expenses Paid in	2024 for adoption not finalized by end of 2025	
		Prior years for adoption of foreign child finalized in 2025	
2024 and 2025 for adoption finalized in 2025			
2025 for adoption finalized before 2025			
1=spouse, 2=joint			

Please complete the information below if you paid qualified education expenses in 2025 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

STUDENT INFORMATION

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

First name.....

Last name.....

Social security number.....

Number of prior years AOC claimed.....

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

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

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

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name.....

Street address

City.....

State.....

ZIP code.....

1=2025 Form 1098-T was NOT received

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

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

Federal ID number from Form 1098-T

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name.....

Street address

City.....

State.....

ZIP code.....

1=2025 Form 1098-T was NOT received

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

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

Federal ID number from Form 1098-T

QUALIFIED EDUCATION EXPENSES

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

Books & supplies required to be purchased from institution

Books & supplies not entered above

Amount of prior year refund or assistance *

2025 Amount	2024 Amount

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

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

HOUSEHOLD EMPLOYMENT TAXES

NOTE: If you paid any one household employee cash wages of \$2,800 or more in 2025; withheld federal income tax during 2025 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2024 or 2025 to household employees please complete the following:

Employer identification number
1=spouse, 2=joint

Social security, Medicare and income taxes:

	2025 Amount	2024 Amount
1=paid any one employee cash wages of \$2,800 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Taxes withheld from state disability payments		

Federal unemployment tax:

1=paid total cash wages of \$1,000 or more in any calendar quarter of 2024 or 2025

Total cash wages subject to FUTA tax

1=paid unemployment contributions to only one state

1=paid all state unemployment contributions by 4/15/26

1=all wages taxable for FUTA were also taxable for state unemployment ..

Name of state

Contributions paid to state unemployment fund

2025

1040

US

Parent's Election to Report Child's Inc.

No.

44

Please enter all pertinent 2025 amounts & attach all 1099-INT and 1099-DIV forms.
 Last year's amounts are provided for your reference.

CHILD'S INFORMATION

First name.....
 Last name.....
 Social security number.....
 Date of birth (m/d/y).....
 1=nontaxable to federal.....
 1=nontaxable to state.....

First name.....
Last name.....
Social security number.....
Date of birth (m/d/y).....
1=nontaxable to federal.....
1=nontaxable to state.....

INTEREST INCOME (Form 1099-INT)

Banks, credit unions, etc. (Box 1):

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

U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):

.....
.....

Tax-exempt interest:

Total municipal bonds.....

.....
.....

In-state municipal bonds.....

.....
.....

Adjustments:

Nominee distribution.....

.....
.....

Accrued interest.....

.....
.....

Tax-exempt interest (1099-INT in error).....

.....
.....

OID adjustment.....

.....
.....

ABP adjustment.....

.....
.....

Foreign:

1=interest in or authority over foreign account.....

.....
.....

Name of foreign country.....

.....
.....

1=grantor/transferor or received distribution from foreign trust.....

.....
.....

Post 8/7/86 private activity bond interest (included above) (6251).....

.....
-------	-------

2025	1040	CA	Other Credits	53.013
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Please enter all pertinent 2025 information.

RENTER'S CREDIT

NOTE: To qualify for the credit you must have paid rent, for at least half of the year, on property in California which was your principal residence.

1=qualified renter.....

1=filing separate, claiming spouse's credit.....

1=filing jointly and one spouse claimed homeowner's property tax exemption

Number of months in California, if part-year resident

2025

1040

CA

California Use Tax

54.012

Please enter all pertinent 2025 information.

No. <input type="text"/>	1=taxpayer, 2=spouse, blank=joint		
	Use county (see table)		
	Total purchases subject to use tax		
	Sales or use tax already paid		
No. <input type="text"/>	1=taxpayer, 2=spouse, blank=joint		
	Use county (see table)		
	Total purchases subject to use tax		
	Sales or use tax already paid		
No. <input type="text"/>	1=taxpayer, 2=spouse, blank=joint		
	Use county (see table)		
	Total purchases subject to use tax		
	Sales or use tax already paid		
No. <input type="text"/>	1=taxpayer, 2=spouse, blank=joint		
	Use county (see table)		
	Total purchases subject to use tax		
	Sales or use tax already paid		
No. <input type="text"/>	1=taxpayer, 2=spouse, blank=joint		
	Use county (see table)		
	Total purchases subject to use tax		
	Sales or use tax already paid		

County

1 = Alameda	33 = Lassen	65 = Placer	97 = Santa Cruz (Scotts Valley)
2 = Alpine	34 = Los Angeles	66 = Plumas	98 = Santa Cruz (Watsonville)
3 = Amador	35 = Los Angeles (Avalon)	67 = Riverside	99 = Shasta
4 = Butte	36 = Los Angeles (Inglewood)	68 = Riverside (Cathedral City)	100 = Sierra
5 = Calaveras	37 = Los Angeles (South Gate)	69 = Sacramento	101 = Siskiyou
6 = Colusa	38 = Madera	70 = San Benito	102 = Solano
7 = Colusa (Williams)	39 = Marin	71 = San Benito (Hollister)	103 = Sonoma
8 = Contra Costa	40 = Marin (San Rafael)	72 = San Benito (San Juan Bautista)	104 = Sonoma (Cotati)
9 = Contra Costa (El Cerrito)	41 = Mariposa	73 = San Bernardino	105 = Sonoma (Rohnert Park)
10 = Contra Costa (Pinole)	42 = Mendocino	74 = San Bernardino (Montclair)	106 = Sonoma (Santa Rosa)
11 = Contra Costa (Richmond)	43 = Mendocino (Fort Bragg)	75 = San Bernardino (San Bernardino)	107 = Sonoma (Sebastopol)
12 = Del Norte	44 = Mendocino (Ukiah)	76 = San Diego	108 = Stanislaus
13 = El Dorado	45 = Mendocino (Point Arena)	77 = San Diego (El Cajon)	109 = Stanislaus (Ceres)
14 = El Dorado (So. Lake Tahoe)	46 = Mendocino (Willits)	78 = San Diego (National City)	110 = Sutter
15 = El Dorado (Placerville)	47 = Merced	79 = San Diego (Vista)	111 = Tehama
16 = Fresno	48 = Merced (Los Banos)	80 = San Francisco	112 = Trinity
17 = Fresno (Clovis)	49 = Merced (Merced)	81 = San Joaquin	113 = Tulare
18 = Fresno (Reedley)	50 = Modoc	82 = San Joaquin (Manteca)	114 = Tulare (Dinuba)
19 = Fresno (Sanger)	51 = Mono	83 = San Joaquin (Stockton)	115 = Tulare (Farmersville)
20 = Fresno (Selma)	52 = Mono (Mammoth Lakes)	84 = San Luis Obispo	116 = Tulare (Porterville)
21 = Glenn	53 = Monterey	85 = San Luis Obispo (Arroyo Grande)	117 = Tulare (Tulare)
22 = Humboldt	54 = Monterey (Del Ray Oaks)	86 = San Luis Obispo (Grover Beach)	118 = Tulare (Visalia)
23 = Humboldt (Trinidad)	55 = Monterey (Pacific Grove)	87 = San Luis Obispo (Morro Bay)	119 = Tuolumne
24 = Imperial	56 = Monterey (Seaside)	88 = San Luis Obispo (Pismo Beach)	120 = Tuolumne (Sonora)
25 = Imperial (Calexico)	57 = Monterey (Salinas)	89 = San Luis Obispo (San Luis Obispo)	121 = Ventura
26 = Inyo	58 = Monterey (Sand City)	90 = San Mateo	122 = Yolo
27 = Kern	59 = Napa	91 = San Mateo (San Mateo)	123 = Yolo (Davis)
28 = Kern (Delano)	60 = Nevada	92 = Santa Barbara	124 = Yolo (West Sacramento)
29 = Kings	61 = Nevada (Nevada City)	93 = Santa Clara	125 = Yolo (Woodland)
30 = Lake	62 = Nevada (Truckee)	94 = Santa Cruz	126 = Yuba
31 = Lake (Lakeport)	63 = Orange	95 = Santa Cruz (Capitolia)	
32 = Lake (Clearlake)	64 = Orange (Laguna Beach)	96 = Santa Cruz (Santa Cruz)	

54.012

2025	1040	US	Report of Foreign Bank and Financial Accounts	82.1
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Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Canadian province or Mexican state

2025 Amount	2024 Amount

Other type of filer.....

Foreign identification:

Taxpayer:

1=passport, 2=foreign TIN

Other type of identification

Number

Country of issue

Spouse:

1=passport, 2=foreign TIN

Other type of identification

Number

Country of issue

Taxpayer:

Title.....

--

Spouse:

Title.....

--

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

INFORMATION ON FINANCIAL ACCOUNTS

1=spouse.....

2025 Amount	2024 Amount

Type of account: 1=bank account, 2=securities account, or specify

Maximum value of account (-1 if unknown)

Financial institution:

Name of institution (Line 1) (mandatory)

Name of institution (Line 2)

Mailing address.....

Account number.....

City.....

State.....

ZIP/postal code.....

Country (if not US).....

Accounts owned jointly:

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

Principal joint owner:

Taxpayer identification number, if not joint filer

TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign , 4=unknown.....

Last name.....

First name.....

Middle initial.....

Address.....

City.....

State.....

ZIP/postal code.....

Country (if not US).....

Accounts where filer has no financial interest:

Last name or org. name (mandatory)

First name.....

Middle initial.....

Taxpayer identification number.....

TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign , 4=unknown.....

Address.....

City.....

State.....

ZIP/postal code.....

Country (if not US).....

Filer's title.....

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

OTHER FOREIGN ASSETS (Part II) (continued)

Issuer or counterparty (#1):

Name
 1=issuer, 2=counterparty
 Type of issuer or counterparty (see table 2)
 Issuer or counterparty: 1=US person, 2=foreign person
 Mailing address
 City
 State/province
 Postal code
 Country

Issuer or counterparty (#2):

Name
 1=issuer, 2=counterparty
 Type of issuer or counterparty (see table 2)
 Issuer or counterparty: 1=US person, 2=foreign person
 Mailing address
 City
 State/province
 Postal code
 Country

Issuer or counterparty (#3):

Name
 1=issuer, 2=counterparty
 Type of issuer or counterparty (see table 2)
 Issuer or counterparty: 1=US person, 2=foreign person
 Mailing address
 City
 State/province
 Postal code
 Country

Issuer or counterparty (#4):

Name
 1=issuer, 2=counterparty
 Type of issuer or counterparty (see table 2)
 Issuer or counterparty: 1=US person, 2=foreign person
 Mailing address
 City
 State/province
 Postal code
 Country

2

Type of Issuer or Counterparty

- 1 = Individual
- 2 = Partnership
- 3 = Corporation
- 4 = Trust
- 5 = Estate

2025

1040

US

Additional Information

Please furnish any additional information or supporting details not provided elsewhere in this tax organizer.