



## **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)"

**Travis H. Long, CPA, Inc.**  
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[www.tlongcpa.com](http://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
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Pacific Grove, CA 93950  
Telephone number: 831-333-1041  
Fax number: 831-241-5020  
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Tax Return Appointment

Date:  
Time:  
Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2025 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

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 .....	

Filing Status

1 = Single  
2 = Married filing joint  
3 = Married filing separate  
4 = Head of household  
5 = Qualifying surviving spouse (QSS)

2025	1040	US/CA	Client Information (continued)	1 p2
Please add, change or delete information for 2025.				
CLIENT INFORMATION				
Taxpayer Contact Information	Home phone .....		<b>Daytime Phone</b>  1 = Work 2 = Home 3 = Mobile	<b>RDP Filing Status</b>  1 = Not applicable 2 = Joint 3 = Separate
	Work phone .....			
	Work extension .....			
	Daytime phone (table) .....	1		
	Mobile phone .....			
	Fax number .....			
	E-mail address .....			
Spouse Contact Information	Home phone .....			
	Work phone .....			
	Work extension .....			
	Daytime phone (table) .....			
	Mobile phone .....			
	Fax number .....			
	E-mail address .....			
Taxpayer Authentication	Driver's license no.....			
	Driver's license state.....			
	Issue date (m/d/y).....			
	Expiration date (m/d/y).....			
	Theft protection PIN.....			
Spouse Authentication	Driver's license no.....			
	Driver's license state.....			
	Issue date (m/d/y).....			
	Expiration date (m/d/y).....			
	Theft protection PIN.....			
CA State Information	Registered domestic partner filing status (see table).....			
	1=PMB no. in address.....			
	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 p2

ORGANIZER

2025	1040	US	Dependents	2
Please add, change or delete information for 2025.				
DEPENDENTS				
	Dependent	Dependent	<div>Type of Dependent</div> <div>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</div> <div>Earned Income Credit</div> <div>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</div> <div>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:</div> <div>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</div> <div>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</div> <div>1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement</div>	
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.....				
IRS theft protection PIN.....				
	Dependent	Dependent	<div>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:</div> <div>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</div> <div>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</div> <div>1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement</div>	
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.....				
IRS theft protection PIN.....				
	Dependent	Dependent	<div>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</div> <div>1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement</div>	
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.....				
IRS theft protection PIN.....				

Series:

Dependents

2025

1040

US

## Miscellaneous Questions

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

## 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 states(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.

2025	1040	US	Miscellaneous Questions
		Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	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.	
<input type="checkbox"/>	<input type="checkbox"/>	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.	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Health Savings Account (HSA)? If yes, answer the following:	
<input type="checkbox"/>	<input type="checkbox"/>	. Did you make a contribution to your HSA other than through payroll deductions?	
<input type="checkbox"/>	<input type="checkbox"/>	. Did your HSA earn any interest, dividend or capital gains income in 2025? If so, please provide copies of the related annual earnings reports.	
<input type="checkbox"/>	<input type="checkbox"/>	. 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.	
<input type="checkbox"/>	<input type="checkbox"/>	. Did you use any distributions for nonqualified expenses?	
<input type="checkbox"/>	<input type="checkbox"/>	. 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.)	
<b>PURCHASES, SALES AND DEBT</b>			
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property in 2025? (Transactions in tax deferred retirement accounts can be ignored).	
<input type="checkbox"/>	<input type="checkbox"/>	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.	
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home? Circle which and provide final closing statement(s).	
<input type="checkbox"/>	<input type="checkbox"/>	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.	

**2025****1040****US****Miscellaneous 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.

**2025****1040****US****Miscellaneous Questions**

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.

<b>2025</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Questions</b>
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**ITEMIZED DEDUCTIONS**

Yes	No
-----	----

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property?    |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town for part of the year?                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |

**FOREIGN RELATED**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any foreign income or pay any foreign taxes?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 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?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?   |

**MISCELLANEOUS**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive tip income in 2025? If so, please provide documentation on the amount of tips received.   |



2025	1040	US	Miscellaneous Questions
			<div> <div>Yes</div> <div>No</div> </div>
<input type="checkbox"/>	<input type="checkbox"/>		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.
<input type="checkbox"/>	<input type="checkbox"/>		Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>		Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>		May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>		Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>		Were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
<input type="checkbox"/>	<input type="checkbox"/>		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?
<input type="checkbox"/>	<input type="checkbox"/>		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.
<input type="checkbox"/>	<input type="checkbox"/>		Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>		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?
<input type="checkbox"/>	<input type="checkbox"/>		If self-employed, did you incur startup costs related to creating a new pension plan in 2025?

**2025****1040****US****Miscellaneous Questions**

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.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account

1=electronic payment of balance due

1=electronic payment of estimated tax

1=direct deposit CA refund to one account, 2=split deposit between two accounts

1=electronic payment of CA state tax balance due

1=electronic payment of CA estimated tax


BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2025 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2025 Voucher Amount
Overpayment applied from 2024				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				
Former spouse SSN if joint estimates				

State

	Amount Paid	Date Paid	TS	2025 Voucher Amount
Overpayment applied from 2024				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				

1

Type of Account

1 = Savings  
2 = Checking

2

Type of Investment

1 = Checking or savings (default)  
2 = Taxpayer's IRA (next year limits)  
3 = Spouse's IRA (next year limits)  
4 = Health savings account (HSA)  
5 = Archer MSA  
6 = Coverdell savings account (ESA)  
7 = Other  
8 = Taxpayer's IRA (current year limits)  
9 = Spouse's IRA (current year limits)

Please enter all pertinent 2025 information.

APPLICATION OF 2025 OVERPAYMENT (7.1)

If you have an overpayment of 2025 taxes, do you want the excess refunded? ☐ or applied to 2026 estimate? ☐  
Other (please explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2026 ESTIMATED TAX INFORMATION

Do you expect your 2026 taxable income to be different from 2025? ..... Yes ☐ No ☐  
If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2026 withholding to be different from 2025? ..... Yes ☐ No ☐  
If "yes" explain any differences: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2025	1040	US/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)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2024 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	SDI (Box 14)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

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

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)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2024 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

DIVIDEND INCOME (12)

No.	Name of Payer	1=taxpayer 2=spouse	Dividend Income					Tax-Exempt Interest		Foreign Tax Paid (Box 7)	2024 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	SubSection 199A (Box 5)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		

2025	1040	US	Miscellaneous Income	14.1
------	------	----	----------------------	------

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

MISCELLANEOUS INCOME

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

Form 1099-K

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

TAX WITHHELD (not entered elsewhere)

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

2025

1040

US

State &amp; Local Tax Refunds / Unemployment Compensation

14.2

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).....			

14.2



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:		
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:		
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 .....			

2025	1040	US	ABLE Distributions	14.4
------	------	----	--------------------	------

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

ABLE DISTRIBUTIONS / CONTRIBUTIONS

		2025 Amount	2024 Amount
No. <input type="text"/>	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. <input type="text"/>	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. <input type="text"/>	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 .....	

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 .....		
Principle business code (SIC 1987) .....		

INCOME

	2025 Amount	2024 Amount
Gross receipts or sales (Form 1099-NEC) .....		
Returns and allowances .....		
Other income:		
_____		
_____		

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 end of the year .....		

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

EXPENSES

	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
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.									
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

		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).....		
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).....		
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).....		
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).....		
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).....		
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).....		
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).....		

<b>2025</b>	<b>1040</b>	<b>US</b>	<b>Sale of Home &amp; Moving Expenses</b>	<b>17, 27</b>
-------------	-------------	-----------	---	---------------

**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)

2025

1040

US/CA

## Rental &amp; Royalty Income (Schedule E)

No. 

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

## GENERAL INFORMATION

	2025 Amount	2024 Amount
Description of property.....		<b>Type of Property</b> 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address.....		
City.....		
State.....		
ZIP code.....		
Type of property (see table).....		
Other type of property.....		
Number of days rented.....	34	

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

	2025 Amount	2024 Amount
Rents or royalties received.....		

## DIRECT EXPENSES

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

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

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

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Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region.....

Foreign postal code.....

Foreign country.....

OIL AND GAS

	2025 Amount	2024 Amount
Production type (preparer use only) .....		
Cost depletion.....		
Percentage depletion rate or amount .....		
State cost depletion, if different (-1 if none) .....		
State % depletion rate or amount, if different (-1 if none) .....		

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

Number of days personal use.....

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

INDIRECT EXPENSES

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

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

Other:


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

## GENERAL INFORMATION

Principal product.....	
Employer ID number.....	

Agricultural activity code .....		
Accounting method: 1=cash, 2=accrual .....		
1=spouse, 2=joint.....		
1=farm rental (Form 4835) .....		
Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other ....		
1=crop insurance proceeds election .....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no ..		
1=did not "materially participate" (Schedule F only) .....		
1=did not actively participate (Farm rental only).....		
1=real estate professional (farm rental only) .....		
1=single member limited liability company .....		
% of ownership if not 100% (.xxxx) (Farm rental only).....		
CA FTB Form 3805V:		
1=eligible small business .....		
Qualified new business year: 1=1st, 2=2nd, 3=3rd .....		
Principle business code (SIC 1987) .....		

## FARM INCOME

	2025 Amount	2024 Amount
Cash method:		
Sales of livestock and other resale items . . . . .		
Cost or basis of livestock or other resale items . . . . .		
Sales of products raised . . . . .		
Accrual method:		
Sales of livestock, produce, etc. . . . .		
Beginning inventory of livestock, etc. . . . .		
Cost of livestock, etc. purchased . . . . .		
Ending inventory of livestock, etc. . . . .		
Other farm income:		
Total cooperative distributions . . . . .		
Taxable cooperative distributions . . . . .		
Total agricultural program payments (other than CRP) . . . . .		
Taxable agricultural program payments (other than CRP) . . . . .		
Total conservation reserve program payments . . . . .		
Taxable conservation reserve program payments . . . . .		
Commodity credit loans reported under election . . . . .		
Total commodity credit loans forfeited or repaid . . . . .		
Taxable commodity credit loans forfeited or repaid . . . . .		
Total crop insurance proceeds received in 2025 . . . . .		
Taxable crop insurance proceeds received in 2025 . . . . .		
Taxable crop insurance proceeds deferred from 2024 . . . . .		
Custom hire (machine work) income not included above . . . . .		

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

FARM INCOME (continued)

Other income:	2025 Amount	2024 Amount

FARM EXPENSES

Car and truck expenses (not entered elsewhere)		
Chemicals		
Conservation expenses		
Custom hire (machine work)		
Employee benefit programs		
Feed purchased		
Fertilizers and lime		
Freight and trucking		
Gasoline, fuel, and oil		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Labor hired		
Pension and profit sharing - contributions		
Pension and profit sharing plans - admin. and education costs		
Rent - vehicles, machinery, and equipment (not entered elsewhere)		
Rent - other (land, animals, etc.)		
Repairs and maintenance		
Seeds and plants purchased		
Storage and warehousing		
Supplies purchased		
Taxes (not entered elsewhere)		
Utilities		
Veterinary, breeding, and medicine		
Capitalized preproductive period expenses (also enter below)		
Other expenses:		

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)					
No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership	
S CORPORATION INFORMATION (20.2)					
No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation	
					20.1,20.2

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)				
No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number	
REMIC INFORMATION (20.4)				
No.	Name of REMIC	Employer Identification Number		
				20.3,20.4



2025	1040	US	Asset Acquisition List						22 p2	
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										
								22 p2		

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

GENERAL INFORMATION

	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 .....		

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) .....		



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

TRADITIONAL IRA CONTRIBUTIONS

	2025 Amount		2024 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
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 .....				

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:

	Taxpayer	Spouse
Date of divorce or sep. agreement .....		
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.

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

Points not reported on Form 1098:


Investment interest (interest on margin accounts):


Passive interest.....

--	--	--

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

CASH CONTRIBUTIONS

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

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

Contributions by cash or check:

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

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

Contributions by cash or check:

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

2025

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US/CA

Itemized Deductions (continued)

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

### NONCASH CONTRIBUTIONS

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

50% limitation (see above):

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:



25 p3

## OTHER MISCELLANEOUS DEDUCTIONS

Other miscellaneous deductions:

[illegible][illegible]

Federal only:

---

State only:

---


  




2025

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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) .....			

<p><b>1</b></p> <p style="text-align: center;"><b>How Property was Acquired</b></p> <div style="display: flex; justify-content: space-between;"> <div> <p>1 = Purchase</p> <p>2 = Gift</p> </div> <div> <p>3 = Inheritance</p> <p>4 = Exchange</p> </div> </div>	<p><b>2</b></p> <p style="text-align: center;"><b>Method Used to Determine FMV</b></p> <div style="display: flex; justify-content: space-between;"> <div> <p>1 = Appraisal</p> <p>2 = Thrift shop value</p> </div> <div> <p>3 = Catalog</p> <p>4 = Comparable sales</p> </div> </div> <p style="text-align: center;">For other methods, see IRS Pub. 561.</p>
--	---

26.1,26.2

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

	2025 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.

GENERAL INFORMATION

Occupation, if different from Form 1040 .....	<input type="text"/>
Form.....	<div></div>
Number of form (1=first Schedule C, 2=second, etc.) .....	
1=spouse.....	
1=performance artist, 2=handicapped, 3=fee-basis government official .....	
1=minister's expenses .....	

EMPLOYEE BUSINESS EXPENSES

	2025 Amount	2024 Amount
Meal expenses in full.....	<input type="text"/>	<input type="text"/>
Reimbursements for meals not on W-2, box 1 .....	<input type="text"/>	<input type="text"/>
1=Department of Transportation (80% meal allowance) .....	<input type="text"/>	<input type="text"/>
Local transportation (bus, taxi, train, etc.) .....	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight .....	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1 .....	<input type="text"/>	<input type="text"/>
Other business expenses:	<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"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>

2025

1040

US

## Vehicle Expenses (Form 2106) (cont.)

No. 

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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) .....


30 p2

Please enter all pertinent 2025 information.

GENERAL INFORMATION

1=spouse.....	<input type="text"/>	<input type="text"/>
Foreign address of taxpayer, if different from Form 1040:		
Street address.....	<input type="text"/>	
City.....	<input type="text"/>	
Region.....	<input type="text"/>	
Postal code.....	<input type="text"/>	
Country.....	<input type="text"/>	
Employer:		
Name.....	<input type="text"/>	
U.S. street address.....	<input type="text"/>	
U.S. city.....	<input type="text"/>	
U.S. state.....	<input type="text"/>	
U.S. ZIP code.....	<input type="text"/>	
Foreign street address.....	<input type="text"/>	
Foreign city.....	<input type="text"/>	
Foreign region.....	<input type="text"/>	
Foreign postal code.....	<input type="text"/>	
Foreign country.....	<input type="text"/>	
Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other .....	<input type="text"/>	<input type="text"/>
Employer type, if other .....	<input type="text"/>	

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"/>

Country of citizenship.....	<input type="text"/>
-----------------------------	----------------------

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"/>

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"/>

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

	2025 Amount	2024 Amount
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).....		

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
------	------	----	--------------------------------	------

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 ....				

				32.1
--	--	--	--	------

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)	2025 Amount		2024 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2025				
Employer-provided benefits forfeited in 2025				

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 .....		

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

ELIGIBLE CHILDREN

2025 Amount2024 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. <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 .....				



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 .....		

## CHILD'S INFORMATION

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

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).....

QID 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) .....


Total ordinary dividends (Box 1a):


Qualified dividends (Box 1b).....


Total capital gain distributions (Box 2a):


Unrecaptured section 1250 gain (Box 2b) .....

Section 1202 gain (Box 2c).....

Collectibles (28%) gain (Box 2d) .....

Nontaxable distributions (Box 3) .....


Tax-exempt interest:

Total municipal bonds.....

In-state municipal bonds.....


Nominee distributions:

Ordinary dividends

Qualified dividends.....

### Capital gain distributions

Alaska permanent fund dividends included above .....


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 .....	

	53.013
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<b>2025</b>	<b>1040</b>	<b>CA</b>	<b>California Use Tax</b>	<b>54.012</b>
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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 (Capitola)	
32 = Lake (Clearlake)	64 = Orange (Laguna Beach)	96 = Santa Cruz (Santa Cruz)	

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

GENERAL INFORMATION

	2025 Amount	2024 Amount
Canadian province or Mexican state .....		
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

	2025 Amount	2024 Amount
1=spouse.....		
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.

FOREIGN DEPOSIT AND CUSTODIAL ACCOUNTS (Part I)

	2025 Amount	2024 Amount
Description of asset .....		
Type of account: 1=deposit, 2=custodial .....		
Use financial institution information from Form 114 .....		
Financial institution information (if not filing Form 114):		
Maximum value of account during year .....		
Name of institution .....		
Account number (mandatory for part I) .....		
Mailing address of institution .....		
City of institution .....		
State/province of institution .....		
Postal code of institution .....		
Country of institution .....		
1=account opened during year .....		
1=account closed during year .....		
1=account jointly owned with spouse .....		
1=no tax item in Part III with respect to this account .....		
1=used foreign currency exchange rate to convert value to US dollars .....		
Foreign currency in which account is maintained .....		
Foreign currency exchange rate (xxxx.xxxx) .....		
Source of exchange rate .....		

OTHER FOREIGN ASSETS (Part II)

Identifying number or other designation (mandatory for part II) .....		
Date asset acquired during year (m/d/y) .....		
Date asset disposed of during year (m/d/y) .....		
1=jointly owned with spouse .....		
1=no tax item in Part III with respect to this asset .....		
Maximum value of asset during year .....		
1=used foreign currency exchange rate to convert value to US dollars .....		
Foreign currency in which asset is denominated .....		
Foreign currency exchange rate (xxxx.xxxx) .....		
Source of exchange rate .....		
Foreign entity information (complete if stock or interest):		
Name of entity .....		
Type of entity .....		
Mailing address of entity .....		
City of entity .....		
State/province of entity .....		
Postal code of entity .....		
Country of entity .....		

1

Type of Entity  
1 = Partnership  
2 = Corporation  
3 = Trust  
4 = Estate



**2025****1040****US****Foreign Reporting (8938) (continued)**No. **82.2** p2

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

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2025	1040	US	Additional Information
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## Additional Information

[illegible]