

TAX ORGANIZER

Dear ,

We are excited to help you in the preparation of your tax return. **Enclosed is your Tax Organizer for tax year 2025.**

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. If our firm prepared your return last year, your prior year amounts are included in the Prior Year Amount column of your Organizer. Use this information to help you remember the types of income and deductions you reported last year.

To complete the Organizer, **please note that if the data requested is included on a source document that you will provided to us (such as a W2, K-1, 1099, 1098, etc.), you do NOT need to manually enter that data on the organizer. We will get the data we need directly from the copy of the source document you provide to us.** You only need to spend time adding data on items where we will not have source documents. Please add any notes or questions you have that will help us prepare a complete and accurate return for you and to better plan how to manage your tax situation in future years.

The **easiest and most secure** method to get this data to us is to **use our secure client portal**. Please login to your portal account and upload the organizer as well as copies of any source documents that apply to your tax situation (be sure to keep all original source documents for your records). Please upload/provide any of the following that apply to your tax situation:

- Last year's tax return (**only if we did not prepare your return last year**)
- W2 Form(s)
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to any retirement plans outside those included in your W2
- Form(s) 1099 or statements reporting dividend, interest, retirement distributions or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills (if not escrowed)
- Legal documents (settlement statement) pertaining to the sale or purchase of real property

If you chose not to use the secure client portal, you can either drop off the data to our office address noted below or mail us the data. In either case, **only provide us with copies of your documents as we will not be responsible for safekeeping or storage of original documents.** If you have any questions before your scheduled appointment, please give us a call.

In order to ensure our ability to file your personal return on or before the April 15th, 2026 deadline, **we must receive all data by the following cutoffs**

- If making quarterly estimated payments in 2026, the deadline is **March 2nd, 2026;**
- For all others, the deadline is **March 16th, 2026**

Anyone missing these dates will have a courtesy extension filed no later than April 15th in the event the return is not completed and authorized for e-filing before then.

Sincerely,

Ed Balcerzak

6455 S Yosemite St., Ste 440
Greenwood Village, CO 80111
(303) 753-0844
ed@balcerzakfinancial.com

ED BALCERZAK
6455 S YOSEMITE ST, SUITE 440
GREENWOOD VILLAGE, CO 80111

December 16, 2025

Dear ,

Thank you for choosing our firm to prepare your income tax returns for tax year 2025. This letter confirms the services we will provide.

We will prepare your federal and state returns for tax year 2025 based on information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2025, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

Our fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. Our invoices are due and payable upon presentation.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign the enclosed copy in the space indicated and return it to us.

Thank you again for choosing our firm to prepare your 2025 tax return. We appreciate your business.

Sincerely,

ED BALCERZAK

Accepted by:

Date _____

Date _____

General Information

Taxpayer

Spouse

First Name
Middle Initial
Last Name
Suffix
Social Security Number
Date of Birth
Date of Death
Identity Protection PIN

First Name
Middle Initial
Last Name
Suffix
Social Security Number
Date of Birth
Date of Death
Identity Protection PIN

Home Phone
Work Phone
Cell Phone
Fax Number
Legally Blind
Totally Disabled
Claimed as a Dependent
Presidential Election Fund (\$3)
Occupation
E-mail address
State of Residence as of 12/31
County of Residence as of 12/31
School District as of 12/31
Sales tax rate of locality in 2025 %
If Part Year, Period of Residency to

Home Phone
Work Phone
Cell Phone
Fax Number
Legally Blind
Totally Disabled
Claimed as a Dependent
Presidential Election Fund (\$3)
Occupation
E-mail address
State of Residence as of 12/31
County of Residence as of 12/31
School District as of 12/31
Sales tax rate of locality in 2025 %
If Part Year, Period of Residency to

Check ("X") which phone number to list on return.

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type Driver's license OR State Issued ID Driver's license OR State Issued ID
ID number
ID issuing state
ID issue date
ID expiration date

Filing Status

Status on 2024 return :
Status as of 12/31/2025 :
Enter ("X") in the box
1 Single
2 Married filing joint
3 Married filing separately (Enter spouse's name and SSN above)
4 Head of Household Non-dependent name:
Non-dependent SSN:
5 Qualifying surviving spouse (QSS) Year spouse died:

If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire year, enter their name

Taxpayer's Address

Street Apt/Suite/Unit
P.O.Box Private Mailbox Number Unit Type
City State Zip Code
In Care Of: First Name M.I. Last Name Suffix
In Care Of Social Security Number
If address is in a foreign country, enter that country Foreign province/county Foreign postal code
If a bona fide resident of a U.S. territory, enter territory

Preparer's Information

Preparer's name ED BALCERZAK
Firm's name BALCERZAK FINANCIAL SERVICES, LLC
Street 6455 S YOSEMITE ST, SUITE 440
City GREENWOOD VILLAGE State CO Zip Code 80111

Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign Date
here Date

Questions

Yes No

Personal Information

- 1 Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
- 2 Did you purchase or sell your principal residence or did your address change?
- 3 Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
- 4 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2025?
- 5 Were either you or your spouse in the military or National Guard?
- 6 Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?
- 7 Have you, your spouse, or dependents been issued a six digit IRS Identity Protection PIN (IP PIN) for this tax year?

Yes No

Dependents

- 1 Are there any changes in your dependents from last year?
- 2 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,350 in investment income?
- 3 Did you pay education expenses for your dependent children?
- 4 Did anyone in your family receive a scholarship of any kind during 2025?
- 5 Did you pay any dependent care expenses for a child or a parent?
- 6 Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
- 7 Are all of your dependents either US residents or citizens?

Yes No

Health Care Coverage

- 1 Did you or a member of your family have minimum essential coverage in 2025? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)

Yes No

Income (In 2025, did you or your spouse have any of the following?)

- 1 Wages? (include form(s) W-2)
- 2 Non-employee compensation? (include form(s) 1099-NEC)
- 3 Miscellaneous Income? (include form(s) 1099-MISC)
- 4 Interest income? (include form(s) 1099-INT)
- 5 Dividend income? (include form(s) 1099-DIV)
- 6 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
- 7 Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
- 8 Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
- 9 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
- 10 Disability income? (include form(s) W-2 or 1099)
- 11 Unemployment compensation? (include form(s) 1099-G)
- 12 Did you receive income from a payment processor or online marketplace? (include form(s) 1099-K)
- 13 Alimony?
- 14 Did you receive tip income or overtime pay?
- 15 Did you receive payments from a Long-Term Care insurance contract?
- 16 Did you barter your services for goods or services from someone else?
- 17 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
- 18 Did you receive employer-provided adoption benefits for a previous year?
- 19 Did you cash in any U.S. savings bonds?
- 20 Did you make a loan to someone at an interest rate below market rate?
- 21 Did you receive a housing allowance for ministerial services you provided?
- 22 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
- 23 Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any digital assets?
- 24 Did you receive any income not reported in this Organizer?

Yes No

Foreign Reporting

- 1 Did you have an interest in or signature authority over a financial account in a foreign country?
- 2 Were you the grantor of or transferor to a foreign trust?
- 3 Did you receive income from a foreign source or pay taxes to a foreign government?

Yes No

Retirement & Other Plans

- 1 Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
- 2 Did you rollover a retirement plan distribution into another plan?
- 3 Did you convert a traditional IRA to a Roth IRA?
- 4 Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- 5 Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
- 6 Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA? (Include form(s) 1099-SA)
- 7 Did you make any contributions to an HSA (Health Savings Account) in 2025?
- 8 Did you receive a distribution as a domestic abuse victim, due to terminal illness or a qualified disaster in 2025?

9 Did you receive an early distribution for a qualified birth or adoption distribution?

Yes **No** **Purchases, Sales, Gains and Losses**

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you exchange any securities or investments for something other than cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Do you have any short sales, commodity sales, or straddles? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you receive Form 2439? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you buy or sell any bonds? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you receive stock from a stock bonus plan with your employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you sell any other personal assets at a gain? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you sell any real estate (other than your home) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you sell any assets using the installment method? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you receive proceeds from a prior year installment sale? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase a rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you exchange any property for other property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you purchase a new vehicle, aircraft or boat? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did any security become worthless during 2025? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did any debts become uncollectible during 2025? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you purchase any items acquired out of state, online or by mail order that did not include sales tax? |

Yes **No** **Business and Rental Property Income & Deductions**

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you start or acquire a new business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you sell any part of an existing business, or sell business assets? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you cease operating any business or rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you remove any of your business assets for personal use? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you use part of your home for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you make any contributions to a Keogh or a self-employed SEP plan for 2025? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Do you pay for any health or long term care insurance through your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase any furniture or equipment for your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make any improvements to your rental properties? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you receive income from raising animals or crops? |

Yes **No** **Other Deductions**

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you incur any travel and entertainment expenses for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you pay expenses for the care of your child or other dependent so you could work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2025? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2025? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you contribute less than an entire interest in any property to charity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you refinance a mortgage or take out a home equity loan during 2025? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you incur moving expenses during the year due to a military order and incident to a permanent change in station? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you or your spouse pay any educational expenses for yourselves? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you pay any student loan interest? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you make any federal or state estimated payments? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you pay alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you donate non-cash donations or a vehicle? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you incur medical or dental expenses? |

Yes **No** **Miscellaneous**

- | | | | |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make gifts of more than \$19,000 to any one person? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you engage the service of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did your bank account information change within the last twelve months? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Do you want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2025? |

Yes No

Return preparation and filing

1 Do you want to e-file your return?

2 If you are due a refund, how do you want to receive it?

Check sent to you in the mail

Other quick refund via a bank product

Apply to next year's estimates

Direct deposit (please provide voided blank check)

Type of account: Checking Savings

If you owe taxes, how do you want to pay them?

Paper check sent with my return Credit card

Installment Agreement

Direct debit (please provide a voided blank check)

Type of account: Checking Savings

3

Do you want to allow your tax preparer to discuss this year's return with the IRS?

If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's
name _____

Phone
Number _____

Personal identification
Number (5 digit PIN) _____

Name _____

SSN _____

Wages

W-2 Information

"X" if spouse		Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
<input type="checkbox"/>	11					
<input type="checkbox"/>	12					
<input type="checkbox"/>	13					
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<input type="checkbox"/>	33					
<input type="checkbox"/>	34					
<input type="checkbox"/>	35					
<input type="checkbox"/>	36					
<input type="checkbox"/>	37					
<input type="checkbox"/>	38					
<input type="checkbox"/>	39					
<input type="checkbox"/>	40					
<input type="checkbox"/>	41					
<input type="checkbox"/>	42					
<input type="checkbox"/>	43					

Name _____

SSN _____

Retirement Income
1099-R Information

"X" if		Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 16 State Distribution	Box 14 State Income Tax Withheld
spouse	Payer's Name				
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
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<input type="checkbox"/>	35				
<input type="checkbox"/>	36				
<input type="checkbox"/>	37				
<input type="checkbox"/>	38				
<input type="checkbox"/>	39				
<input type="checkbox"/>	40				
<input type="checkbox"/>	41				
<input type="checkbox"/>	42				
<input type="checkbox"/>	43				

Name _____

SSN _____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J Payer

		Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
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	41						
	42						
	43						
	44						

Name _____

SSN _____

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends Current Year Amount	Dividends Prior Year Amount	Qualified Dividends Current Year Amount	Dividends Prior Year Amount	Capital Gains Current Year Amount	Gains Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
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	39						
	40						
	41						
	42						
	43						
	44						

Name _____

SSN _____

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: Filer Spouse

General Information

Employer Identification Number _____ (do not enter Social Security Number)

Principal business or profession _____

Business name _____

Business address _____

City _____ State _____ Zip _____

Foreign Country _____

Foreign Province/State _____ Postal Code _____

General Check Boxes (Enter "X" where applicable)

- 1 Accounting Method Cash Accrual Other - (Specify) _____
- 2 Did you "materially participate" in this business? Yes No
- 3 Check ('X') if you started or acquired this business in 2025.
- 4 Did you make any payments in 2025 that would require you to file Form(s) 1099? Yes No

Business Income

* Report statutory income as W-2 income.
 Gross receipts or sales not reported on Form 1099 or Form W-2

- 5 _____ 5
- 6 _____ 6
- 7 _____ 7
- 8 _____ 8
- 9 _____ 9
- 10 _____ 10
- 11 _____ 11
- 12 _____ 12
- 13 _____ 13
- 14 _____ 14
- 15 Income reported on 1099 MISC 15
- 16 Gross amount of payment card/third party network transactions from Form 1099-K 16
- 17 Professional gambler winnings from Form W2-G 17
- 18 Gross installment sales less cost of goods sold 18
- 19 Returns and allowances 19
- 20 Other income 20

	Current Year Amount	Prior Year Amount
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Inventory (Enter "X" where applicable)

- 21 Method(s) used to value closing inventory Cost Lower of cost or market Other
- 22 Any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No

- 23 Inventory at the beginning of year 23
- 24 Purchases less cost of items withdrawn for personal use 24
- 25 Cost of labor 25
- 26 Materials and supplies 26
- 27 Other Costs 27
- 28 Inventory at end of year 28

	Current Year Amount	Prior Year Amount
23		
24		
25		
26		
27		
28		

Assets Placed in Service This Year

Description:

- A _____ A
- B _____ B
- C _____ C
- D _____ D
- E _____ E
- F _____ F
- G _____ G

	Date Placed In Service	Purchase Amount
A		
B		
C		
D		
E		
F		
G		

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
29	Advertising	29	
30	Contract labor	30	
31	Commissions and fees	31	
32	Depletion	32	
33	Employee benefit programs (other than on line 39)	33	
34	Insurance (other than health)	34	
Interest:			
35	Mortgage (paid to banks, etc.)	35	
36	Other	36	
37	Legal and professional services	37	
38	Office expense	38	
39	Pension and profit-sharing plans	39	
Rent or Lease:			
40	Machinery rental or lease	40	
41	Equipment rental or lease	41	
42	_____	42	
43	_____	43	
44	_____	44	
45	Other business property rental or lease	45	
46	_____	46	
47	_____	47	
48	Repairs and maintenance	48	
49	Supplies (not included in inventory cost of goods sold)	49	
50	Taxes and licenses	50	
Travel and Meals:			
Travel			
51	_____	51	
52	_____	52	
53	_____	53	
54	_____	54	
Meals			
55	Enter "X" in the box if subject to DOT hours of service limits	55	<input type="checkbox"/>
56	Meals subject to the Standard meal allowance that are 100% deductible after the federal M&IE rate is applied	56	<input type="checkbox"/>
Meals subject to percentage limitation			
57	_____	57	
58	_____	58	
59	_____	59	
60	_____	60	
61	_____	61	
Meals not subject to percentage limitation (100% allowed)			
62	_____	62	
63	_____	63	
64	_____	64	
65	_____	65	
66	Utilities	66	
67	Wages	67	
Other Expenses:			
68	_____	68	
69	_____	69	
70	_____	70	
71	_____	71	
72	_____	72	
73	_____	73	
74	_____	74	
75	_____	75	
76	_____	76	

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

Name _____

SSN _____

Home Office Number _____

Description of Home Office _____

Address _____

City _____ State _____ Zip _____

Check ("X") box: Daycare

Home Office Expenses

Area of Home

1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples 1

2 Total area of home 2

Daycare only - Part of Home Used Nonexclusively for Daycare

3 Multiply days used for daycare during year by hours used per day 3

4 Enter total hours home was available for daycare during year 4

Expenses related to entire home including business portion (Indirect)

5 Casualty losses 5

6 Excess mortgage interest 6

7 Excess real estate taxes 7

8 Insurance 8

9 Rent 9

10 Repairs and maintenance 10

11 Utilities 11

12 Other Expenses:

a _____ 12a

b _____ 12b

c _____ 12c

d _____ 12d

e _____ 12e

Business Allocation:

Business 1: _____

Business 2: _____

Business 3: _____

Business 4: _____

Current Year Amount	Prior Year Amount

Current Year Allocation %	Prior Year Allocation %

Business:

Additional expenses related to business portion only (Direct)

13 Casualty losses 13

14 Excess mortgage interest 14

15 Excess real estate taxes 15

16 Insurance 16

17 Rent 17

18 Repairs and maintenance 18

19 Utilities 19

20 Other Expenses:

a _____ 20a

b _____ 20b

c _____ 20c

d _____ 20d

e _____ 20e

Current Year Amount	Prior Year Amount

Name _____

SSN _____

Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					

Name _____

SSN _____

Real Estate Rentals and Royalties

Property Description _____
 Address _____
 City _____ State _____ Zip _____
 Foreign Country _____
 Foreign Province/State _____ Postal Code _____

	Current Year Info	Prior Year Info
1a Owner of property (Enter Filer, Spouse, or Joint)		
1b Enter property type number (1 to 8) (1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other	<input type="text"/>	<input type="text"/>
2 Enter "X" if you actively participated?	<input type="checkbox"/>	<input type="checkbox"/>
3 Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented?	<input type="checkbox"/>	<input type="checkbox"/>
3a If entered ("X"), enter the number of days of personal use?	<input type="text"/>	<input type="text"/>
3b If entered ("X"), enter the number of days rented?	<input type="text"/>	<input type="text"/>

Income	Current Year Amounts	Prior Year Amounts
4 Royalty received		
5 Rent received		
5a If rental real estate, enter the percent of ownership if less than 100%		
5b Rental use percentage for property used partially for personal use only		
6 Other Income		

Property Expense	Current Year Amounts	Prior Year Amounts
7 Advertising		
8 Cleaning and maintenance		
9 Commissions		
10 Insurance		
11 Legal and other professional fees		
12 Management fees		
13a Qualified mortgage interest paid to banks, etc.		
13b Other mortgage interest paid to banks, etc.		
14 Other interest		
15 Repairs		
16 Supplies		
17a Real estate taxes		
17b Other Taxes		
18 Utilities		

Assets Placed in Service This Year	Date Placed In Service	Purchase Amount
A Description: _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		

Name _____

SSN _____

Property _____

Other Expenses (Schedule E)

Other Expenses:

19 _____
20 _____
21 _____
22 _____
23 _____
24 _____
25 _____
26 _____

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

Travel Expenses:

27 _____
28 _____
29 _____
30 _____
31 _____
32 _____
33 _____
34 _____

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

Meals Expenses:

35 _____
36 _____
37 _____
38 _____
39 _____
40 _____
41 _____
42 _____

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		

Name _____

SSN _____

Property _____

Vehicle Information (Schedule E)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

Name _____

SSN _____

K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

* F/S/J - enter ownership (F)iler, (S)ponse, or (J)oint.

*F/S/J Entity Name

Enter "S" if K1 (1120S)
Enter "P" if K1 (1065)
Enter "E" if K1 (1041)

Unreimbursed
Partnership Exp.
Current Year

*F/S/J	Entity Name		
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	
30		30	
31		31	
32		32	
33		33	
34		34	
35		35	
36		36	
37		37	
38		38	
39		39	
40		40	
41		41	
42		42	
43		43	

Name _____

SSN _____

IRA and Other Contribution Information

Traditional IRA Contributions

Filer

- 1 Enter total traditional IRA contributions made for 2025 1
- 2 Enter contributions, on line 1, made after 12/31/2025 and before 04/15/2026 2
- 3 Enter value of all traditional IRAs on 12/31/2025 3
- 4 Enter amount of any outstanding traditional rollovers as of 1/1/2026 4

Current Year Amount	Prior Year Amount

Spouse

- 5 Enter total traditional IRA contributions made for 2025 5
- 6 Enter contributions, on line 5, made after 12/31/2025 and before 04/15/2026 6
- 7 Enter value of all traditional IRAs on 12/31/2025 7
- 8 Enter amount of any outstanding traditional rollovers as of 1/1/2026 8

Roth IRA Contributions

Filer

- 1 Enter 2025 Roth IRA contributions 1
- 2 Enter value of all Roth IRAs on 12/31/2025 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2025 Roth IRA contributions 3
- 4 Enter value of all Roth IRAs on 12/31/2025 4

SIMPLE IRA

Filer

- 1 Enter value of all SIMPLE IRAs on 12/31/2025 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Enter value of all SIMPLE IRAs on 12/31/2025 2

--	--

Education (Coverdell ESA)

Filer

- 1 Enter 2025 Coverdell ESA contributions 1
- 2 Enter value of the Coverdell ESA on 12/31/2025 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2025 Coverdell ESA contributions 3
- 4 Enter value of the Coverdell ESA on 12/31/2025 4

Other

Filer

- 1 Repayment of qualified reservist distributions 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Repayment of qualified reservist distributions 2

--	--

Name _____

SSN _____

Noncash Charitable Contributions (Total of Contributions more than \$500)

Information on Donated Property

(a) Name and Address of the Donee Organization				(b) Description of Donated Property
1	Name			
	Address			
	City	State	Zip Code	
2	Name			
	Address			
	City	State	Zip Code	
3	Name			
	Address			
	City	State	Zip Code	
4	Name			
	Address			
	City	State	Zip Code	
5	Name			
	Address			
	City	State	Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1					
2					
3					
4					
5					

Name _____

SSN _____

Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited 1 _____
- 2 Amount of dependent care expenses incurred in 2024 and paid in 2025 2 _____

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.

Filer and/or Spouse Who Is a Student or Disabled

Check one box for each month or partial month that the filer or spouse was a full-time student or disabled.

Filer and/or Spouse Who Is a Student or Disabled		Filer's earned income for each month	Spouse's earned income for each month
Filer	Spouse	Filer	Spouse
<input type="checkbox"/>	<input type="checkbox"/>	January	_____
<input type="checkbox"/>	<input type="checkbox"/>	February	_____
<input type="checkbox"/>	<input type="checkbox"/>	March	_____
<input type="checkbox"/>	<input type="checkbox"/>	April	_____
<input type="checkbox"/>	<input type="checkbox"/>	May	_____
<input type="checkbox"/>	<input type="checkbox"/>	June	_____
<input type="checkbox"/>	<input type="checkbox"/>	July	_____
<input type="checkbox"/>	<input type="checkbox"/>	August	_____
<input type="checkbox"/>	<input type="checkbox"/>	September	_____
<input type="checkbox"/>	<input type="checkbox"/>	October	_____
<input type="checkbox"/>	<input type="checkbox"/>	November	_____
<input type="checkbox"/>	<input type="checkbox"/>	December	_____

Non-Dependent Information and Qualifying Expenses

First Name	Last Name	Birthdate	SSN	Check if non-dependent was over age 12 and disabled	Amount incurred and paid in 2025
1 _____	_____	_____	_____	<input type="checkbox"/>	_____
2 _____	_____	_____	_____	<input type="checkbox"/>	_____
3 _____	_____	_____	_____	<input type="checkbox"/>	_____
4 _____	_____	_____	_____	<input type="checkbox"/>	_____

Persons or Organizations Who Provided the Care

Name	Address	SSN/EIN	Amount incurred and paid in 2025
1 First: _____ Last: _____ Business: _____	City: _____ State: _____ Zip: _____	SSN: _____ EIN: _____	_____
2 First: _____ Last: _____ Business: _____	City: _____ State: _____ Zip: _____	SSN: _____ EIN: _____	_____
3 First: _____ Last: _____ Business: _____	City: _____ State: _____ Zip: _____	SSN: _____ EIN: _____	_____
4 First: _____ Last: _____ Business: _____	City: _____ State: _____ Zip: _____	SSN: _____ EIN: _____	_____
5 First: _____ Last: _____ Business: _____	City: _____ State: _____ Zip: _____	SSN: _____ EIN: _____	_____