General Information

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

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

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	to

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.

	Taxpayer	Spouse
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 STEPHEN L CURRY

Firm's name STEPHEN L. CURRY, CPA, PC

Street 2515 E. GLENN AVE., STE 301

City AUBURN State AL Zip Code 36830

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 here _____ Date _____

_____ Date _____

Name _____ SSN _____

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
☐	☐	1	Did you exchange any securities or investments for something other than cash?
☐	☐	2	Do you have any short sales, commodity sales, or straddles?
☐	☐	3	Did you receive Form 2439?
☐	☐	4	Did you buy or sell any bonds?
☐	☐	5	Did you receive stock from a stock bonus plan with your employer?
☐	☐	6	Did you sell any other personal assets at a gain?
☐	☐	7	Did you sell any real estate (other than your home) during the year?
☐	☐	8	Did you sell any assets using the installment method?
☐	☐	9	Did you receive proceeds from a prior year installment sale?
☐	☐	10	Did you purchase a rental property?
☐	☐	11	Did you exchange any property for other property?
☐	☐	12	Did you incur a loss because of damaged or stolen property?
☐	☐	13	Did you purchase a new vehicle, aircraft or boat?
☐	☐	14	Did any security become worthless during 2025?
☐	☐	15	Did any debts become uncollectible during 2025?
☐	☐	16	Did you puchase 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
☐	☐	1	If you own rental property, do you qualify as a Real Estate Professional?
☐	☐	2	Did you start or acquire a new business?
☐	☐	3	Did you sell any part of an existing business, or sell business assets?
☐	☐	4	Did you cease operating any business or rental property?
☐	☐	5	Did you remove any of your business assets for personal use?
☐	☐	6	Did you use part of your home for business purposes?
☐	☐	7	Did you make any contributions to a Keogh or a self-employed SEP plan for 2025?
☐	☐	8	Do you pay for any health or long term care insurance through your business?
☐	☐	9	If you or your spouse are self-employed, are either of you covered under an employer's health plan?
☐	☐	10	Did you purchase any furniture or equipment for your business?
☐	☐	11	Did you make any improvements to your rental properties?
☐	☐	12	Did you receive income from raising animals or crops?

Yes	No		Other Deductions
☐	☐	1	Did you use your car on the job (other than to and from work)?
☐	☐	2	Did you work out of town for part of the year?
☐	☐	3	Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
☐	☐	4	Did you incur any travel and entertainment expenses for business purposes?
☐	☐	5	Did you pay expenses for the care of your child or other dependent so you could work?
☐	☐	6	Did you purchase a 'clean fuel' or electric hybrid vehicle in 2025?
☐	☐	7	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2025?
☐	☐	8	Did you contribute less than an entire interest in any property to charity?
☐	☐	9	Did you refinance a mortgage or take out a home equity loan during 2025?
☐	☐	10	Did you incur moving expenses during the year due to a military order and incident to a permanent change in station?
☐	☐	11	Did you or your spouse pay any educational expenses for yourselves?
☐	☐	12	Did you pay any student loan interest?
☐	☐	13	Did you make any federal or state estimated payments?
☐	☐	14	Did you pay alimony?
☐	☐	15	Did you donate non-cash donations or a vehicle?
☐	☐	16	Did you incur medical or dental expenses?

Yes	No		Miscellaneous
☐	☐	1	Did you make gifts of more than $19,000 to any one person?
☐	☐	2	Did you engage the service of any household employees?
☐	☐	3	Did your bank account information change within the last twelve months?
☐	☐	4	Do you want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	5	Does your spouse want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	6	Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2025?

Name _____ SSN _____

Dependent Information

First Name	Last Name	No. of Months in Home in 2025	Relationship	Date of Birth	SSN	Amount Paid for Dependent Care Expenses	Enter "X" if applicable: US Citizen	Full- time Student or Disabled	Paid Education Expenses	Not a Dependent this Year

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
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					
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	34					
	35					
	36					
	37					
	38					
	39					
	40					
	41					
	42					
	43					

Name _____ SSN _____

Retirement Income

1099-R Information

		"X" if spouse	Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 16 State Distribution	Box 14 State Income Tax Withheld
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						
	21						
	22						
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	30						
	31						
	32						
	33						
	34						
	35						
	36						
	37						
	38						
	39						
	40						
	41						
	42						
	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.		Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
*F/S/J	Payer	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						
	15						
	16						
	17						
	18						
	19						
	20						

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.		Ordinary Dividends		Qualified Dividends		Capital Gains	
*F/S/J	Payer	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						
	15						
	16						
	17						
	18						
	19						
	20						

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

			Current Year Amount	Prior Year Amount
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		

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

			Current Year Amount	Prior Year Amount
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		

Assets Placed in Service This Year

Description:

			Date Placed In Service	Purchase Amount
A		A		
B		B		
C		C		
D		D		
E		E		
F		F		
G		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		
	Other business property rental or lease			
45		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	☐	☐
56	Meals subject to the Standard meal allowance that are 100% deductible after the federal M&IE rate is applied	56		
	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 _____

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)	1a		
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	1b		
2	Enter "X" If you actively participated?	2		
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?	3		
	3a If entered ("X"), enter the number of days of personal use?	3a		
	3b If entered ("X"), enter the number of days rented?	3b		

Income

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

Property Expense

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

Assets Placed in Service This Year

Description:

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

Name _____ SSN _____

Farm Income and Expenses

Enter "X" in one box: ☐ Filer ☐ Spouse

General Information

1	Federal Employer Identification Number (do not enter Social Security Number)			
2	Principal crop or activity			
3	Accounting Method	Enter "X" in the appropriate box	☐ Cash	☐ Accrual
4	Did you "materially participate" in this business?	Enter "X" in the appropriate box	☐ Yes	☐ No

Farm Income - Cash Method (Use only if cash method of accounting)

			Current Year Amount	Prior Year Amount
6	Sales of livestock and other items purchased for resale	6		
7	Cost or other basis of livestock and other items reported on line 6 above	7		
8	Sales of livestock, produce, grains, and other products you raised	8		
9	Total cooperative distributions	9		
10	Agricultural program payments	10		
11	Commodity Credit Corporation loans reported under election	11		
12	Total Commodity Credit Corporation loans forfeited	12		
13	Crop insurance proceeds and certain disaster payments received in 2025	13		
14	If election to defer, "X" the box	14	☐	☐
15	Amount deferred from 2024	15		
16	Custom hire (machine work)	16		
17	Other income, including Federal and state gasoline or fuel tax credit or refund	17		

Farm Income - Accrual Method (Use only if accrual method of accounting)

			Current Year Amount	Prior Year Amount
18	Sales of livestock and other items purchased for resale	18		
19	Total cooperative distributions	19		
20	Agricultural program payments	20		
21	CCC loans reported under election	21		
22	Total CCC loans forfeited	22		
23	Crop insurance proceeds	23		
24	Custom hire income	24		
25	Other income, including Federal and state gasoline or fuel tax credit or refund	25		
26	Inventory of livestock, produce, grains, and other products at beginning of the year	26		
27	Cost of livestock, produce, grains, and other products purchased during the year	27		
28	Inventory of livestock, produce, grains, and other products at end of year	28		

Assets Placed in Service This Year

	(Description):		Date Placed In Service	Purchase Amount
A		A		
B		B		
C		C		
D		D		
E		E		
F		F		
G		G		
H		H		

Name _____ SSN _____

Principal crop or activity _____

Farm Expenses Cont.

Expenses			Current Year Amount	Prior Year Amount
29	Chemicals	29		
30	Conservation expenses	30		
31	Custom hire (machine work)	31		
32	Employee benefit programs (other than on line 41)	32		
33	Feed purchased	33		
34	Fertilizers and lime	34		
35	Freight and trucking	35		
36	Gasoline, fuel, and oil	36		
37	Insurance (other than health)	37		
	Interest:			
38	Mortgage (paid to banks, etc.)	38		
39	Other	39		
40	Labor hired (less employment credits)	40		
41	Pension and profit-sharing plans	41		
	Rent or lease:			
42	Machinery rental or lease	42		
43	Equipment rental or lease	43		
44		44		
45		45		
46		46		
47		47		
48		48		
49		49		
	Other (land, animals, etc.)			
50		50		
51		51		
52		52		
53		53		
54		54		
55		55		
56		56		
57		57		
58		58		
59	Repairs and maintenance	59		
60	Seeds and plants purchased	60		
61	Storage and warehousing	61		
62	Supplies purchased	62		
63	Taxes	63		
64	Utilities	64		
65	Veterinary, breeding, and medicine	65		
	Other Expenses:			
66	Meals	66		
67		67		
68		68		
69		69		
70		70		
71		71		
72		72		

Name _____ SSN _____

Social Security and Railroad Retirement

			Current Year Amount	Prior Year Amount
Filer				
1	Enter the total amount from box 5 of all your Forms SSA-1099	**1**		
2	Enter the total taxes withheld from box 6 of all your Forms SSA-1099	**2**		
3	Enter the total amount from box 5 of all your Forms RRB-1099	**3**		
4	Enter the total taxes withheld from box 10 of all your Forms RRB-1099	**4**		
5	Enter the total amount of Medicare B Premiums withheld.	**5**		
6	Enter the total amount of Medicare D Premiums withheld.	**6**		
Spouse				
7	Enter the total amount from box 5 of all your Forms SSA-1099	**7**		
8	Enter the total taxes withheld from box 6 of all your Forms SSA-1099	**8**		
9	Enter the total amount from box 5 of all your Forms RRB-1099	**9**		
10	Enter the total taxes withheld from box 10 of all your Forms RRB-1099	**10**		
11	Enter the total amount of Medicare B Premiums withheld.	**11**		
12	Enter the total amount of Medicare D Premiums withheld.	**12**		

Name _____ SSN _____

Medical and Dental - Itemized Deductions

			Current Year Amount	Prior Year Amount
1	Prescription medications	1		
2	Fees for doctors, dentists, etc.	2		
3	Fees for hospitals, clinics, etc.	3		
4	Lab and X-ray fees	4		
5	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc.	5		
6	Medical equipment and supplies	6		
7	Medical mileage (number of miles driven)	7		
8	Medical parking, tolls and local transportation	8		
9	Lodging for medical purposes	9		
10	Health/Dental/Other ins. premiums (do not include self-employed plans)	10		
11	Long Term Care insurance premiums (taxpayer)	11		
12	Long Term Care insurance premiums (spouse)	12		
13	Expenses to stop smoking	13		
14	Health insurance premiums - coverage established under your business (1)	14		
15	Health insurance premiums - coverage established under your business (2)	15		
16	Long Term Care insurance premiums - coverage est. under your business (1)	16		
17	Long Term Care insurance premiums - coverage est. under your business (2)	17		
18	_____	18		
19	_____	19		
20	_____	20		
21	_____	21		
22	Insurance reimbursement for any medical and dental expense listed above	22		

Name _____ SSN _____

Taxes - Itemized Deductions

			Current Year Amount	Prior Year Amount
	Real Estate Taxes			
23	Principal residence	23		
24	Real estate taxes from Schedule E properties	24		
	Real Estate Not Held For Investment			
25		25		
26		26		
27		27		
28		28		
29		29		
	Real Estate Held For Investment			
30		30		
31		31		
32		32		
33		33		
34		34		
	Personal property taxes			
35	Non-business portion of vehicle personal property taxes	35		
36		36		
37		37		
38		38		
39		39		
40		40		
	Non-Personal Property Taxes			
41	K1 (1065) - Other deductions/taxes	41		
42	K1 (1120S) - Other deductions/taxes	42		
43	K1 (1041) - Other deductions/taxes	43		
44	Foreign Taxes	44		
45	From Schedule E properties	45		
46		46		
47		47		
48		48		

Name _____ SSN _____

Interest - Itemized Deductions

			Current Year Amount	Prior Year Amount
	Home Mortgage Interest and Points Reported on Form 1098			
49	Lender _____	**49**		
50	Lender _____	**50**		
51	Lender _____	**51**		
52	Lender _____	**52**		
	Home Mortgage Interest Not Reported on Form 1098			
53	Name: _____ Address: _____ SSN: _____	**53**		
54	Mortgage insurance premiums paid on 2025 acquisition indebtedness for principal residence	**54**		
	Refinancing Points			
55	Description	**55**		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2025			
56	Description	**56**		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2025			
57	Description	**57**		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2025			
58	Description	**58**		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2025			
59	Investment interest paid	**59**		

Name _____ SSN _____

Charity - Itemized Deductions

			Current Year Amount	Prior Year Amount
	* Total contributions $500 or less. See Non-Cash Charity if over $500.			
1	Gifts To Charity Other Than By Cash or Check*	1		
2	Total Miles driven for charitable activities	2		
3	Parking fees, tolls and local transportation for charitable activities	3		
	Gifts To Charity By Cash or Check			
1		1		
2		2		
3		3		
4		4		
5		5		
6		6		
7		7		
8		8		
9		9		
10		10		
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40		40		
41		41		

Name _____ SSN _____

Employee Business Expenses

Enter "X" in one box: ☐ Filer ☐ Spouse

Occupation in which you incurred the expenses _____

Enter "X" if expenses incurred while working as a reservist, performing artist or fee-based gov't official ☐

IMPORTANT: Per TCJA updates only reservists, qualified performing artists, fee-basis gov't officials, and employees with impairment-related work expenses can deduct the following business expenses on the federal return. All others, enter information below for certain applicable states that allow the deduction(s).

			Current Year Amount	Prior Year Amount
Meals				
1	Meals	1		
2	Enter "X" in the box if subject to DOT hours of service limits	2	☐	☐
Travel Expenses				
3	Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work.	3		
4	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals	4		
Other Employment Related Expenses				
5	Business gifts	5		
6	Employment related education expenses	6		
7	Trade publications	7		
8		8		
9		9		
10		10		
11		11		
12		12		
Employer Reimbursements				
13	Enter employer reimbursements reported under code "L" in box 12 of Form W-2	13		
14	Enter other employer reimbursements not reported to you in box 1 of Form W-2	14		
15	Enter the total expense for meals and entertainment for the period covered by the reimbursements	15		

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's earned income for each month	Spouse's earned income for each month
Filer	Spouse		Filer	Spouse
☐	☐	January		
☐	☐	February		
☐	☐	March		
☐	☐	April		
☐	☐	May		
☐	☐	June		
☐	☐	July		
☐	☐	August		
☐	☐	September		
☐	☐	October		
☐	☐	November		
☐	☐	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					☐	
2					☐	
3					☐	
4					☐	

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: _____	