

# Famiglio & Associates

A Professional Accountancy & Financial Group

George V. Famiglio, Jr. CPA, PFS, CFP, CFS, CGMA  
Masters Degree in Taxation

Admitted to Practice, U.S. Tax Court

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<http://www.famiglio.com>  
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main office: 1634 Main Street  
Sarasota, FL  
34236

**Dear Client,**

Enclosed is your personalized tax organizer for this year's return. Please complete the relevant sections, paying close attention to pages with prior-year information. This helps reduce the cost of your tax preparation and ensures we gather the necessary details for an accurate return, maximizing the deductions and credits you are entitled to.

**PLEASE DO NOT SEND PERSONAL TAX INFORMATION IN THE SAME PACKAGE  
AS ANY PARTNERSHIP, LLC, OR CORPORATE INFORMATION.**

If you are not able to send in information early, and your income has changed from the prior year, *please go to our website and complete the extension worksheet*. If your return is not ready by April 15<sup>th</sup>, we will file for an extension. While this may involve small additional fees, extending to October 15<sup>th</sup> is often necessary and can be a strategic decision. Remember that this is *an extension to file, not an extension to pay*.

**2026** As we enter 2026, the biggest driver for 2025 returns is the One, Big, Beautiful Bill Act (OBBBA), signed July 4, 2025. OBBBA added several new above-the-line deductions and reworked key limitations that affect whether itemizing makes sense, how wages are treated, and what information we need to prepare an accurate return.

IRS forms and third-party reporting have not fully caught up, so we are adding short worksheets to your organizer to capture the information we need without back-and-forth.

**Tips & Overtime:** There are new deductions for *qualified* tips and *qualified* overtime compensation. These items are not always clearly separated on year-end payroll forms. *If this applies to you*, please complete the “**Additional Deduction Worksheet**” carefully and retain your support.

**Vehicle Loan Interest Deduction:** This applies to loan interest from a 2025 purchase of a *new, personal-use vehicle*

with *final assembly in the U.S.* (Leases and used vehicles do not qualify). If you want us to claim it, complete the “**Additional Deduction Worksheet**” (including the VIN and interest paid) and retain your loan/interest records.

**IRS Not Issuing Refund Checks:** The IRS was directed to no longer issue refunds via check. What this means functionally is still not clear, but please make sure that your *accurate banking information* is included in the organizer.

**Form 1099-DA:** Many crypto platforms will begin issuing Form 1099-DA for 2025 digital asset transactions, generally reporting proceeds while basis reporting is phased in. If you had crypto activity, we would need your 1099-DA(s) and transaction detail to compute gains/losses correctly.

Keeping up to date and impeccable **record-keeping** is more critical than ever. Maintain *detailed records* for all transactions, with particular attention to disasters, real estate activities, vehicle and home office expenses.

As always, we are here to assist with any tax-related inquiries and provide tailored advice for your unique situation. Your proactive engagement with these changes can lead to substantial tax savings and a stronger financial future. If you are unsure of the tax or financial ramifications of a transaction, contact us first.

While we remain optimistic about the future, our goal is to guide you through opportunities and challenges alike. Please accept my personal thanks, and from all our staff.

Sincerely,



George V. Famiglio, Jr., CPA/PFS, CFP, CFS, MT

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## 2025 TAX ORGANIZER

# Famiglio & Associates

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O

A Professional Accountancy & Financial Group

1634 Main Street  
Sarasota, Fl 34236

**I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.**

Taxpayer Signature 	Date
Spouse Signature 	Date

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Sarasota, FL  
34236

Dear Client,

We appreciate the opportunity to work with you and advise you on your taxes. The Internal Revenue Service imposes penalties upon taxpayers, and upon us as preparers, for failure to observe due care in reporting income tax returns. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom we prepare tax returns to **confirm the following arrangements by signing this engagement letter.**

*By signing, you agree to our Firm Terms & Policies Addendum at [famiglio.com/terms](http://famiglio.com/terms), which is incorporated into this engagement, and that you have read and agree with our privacy policy at [famiglio.com/privacy-policy](http://famiglio.com/privacy-policy). These terms apply to this engagement and are not waived by any preliminary discussions or work.*

We will prepare your Federal and requested State income tax returns, from information that you will provide to us with your client organizer. We will make no audit or other verification of the data you submit, although we may need to ask you for clarification of some of the information. We will provide you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of such forms will assist us in keeping our fee to a minimum.

*It is your responsibility to provide us with all the information required for the preparation of complete and accurate returns. You represent to us that your records, as required by law, support your expenses for meals, entertainment, travel, gifts, and vehicle use. You should retain all the documents, canceled checks, and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns, and therefore, you must review them carefully before you sign them.*

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist.

*We will use our judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will apply a position we believe is supportable under applicable professional standards.*

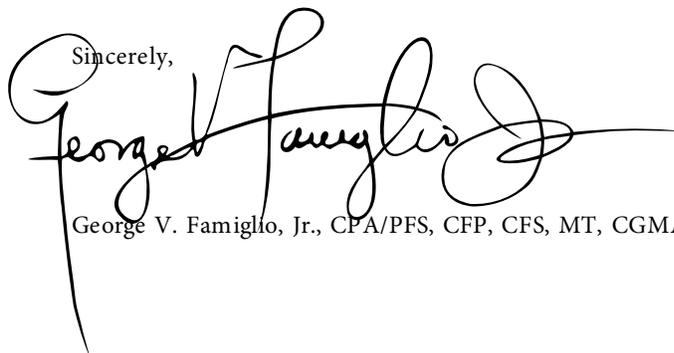
The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required, the nature and scope of the services requested, plus out-of-pocket expenses. **All invoices are due at time of tax return completion.** Failure to pay may result in termination of this agreement.

We want to express our appreciation for this opportunity to work with you.

Sincerely,



George V. Famiglio, Jr., CPA/PFS, CFP, CFS, MT, CGMA

## We Will Prepare:

✓ **Federal Income Tax Returns**

We electronically-file only after you review the return and sign the required authorization. If a return must be paper-filed, you are responsible for timely filing it. An extension, if needed, extends filing—not payment.

✓ **State Income Tax Returns**

If applicable.

**Local Income Tax Returns**

Please Note: You must enclose any forms needed.

\_\_\_\_\_ Personal Property/Intangible

\_\_\_\_\_ City/Township

## ✓ Check if Yes:

**Have you made quarterly federal, or state estimated tax payments** for the tax year being prepared? Please confirm amounts and dates on form 20 of your organizer. Note: This does not apply to all taxpayers.

Will you be contributing to an IRA, SEP, Keogh, Pension, or Profit-Sharing Plan before April 15<sup>th</sup>, 2026? If you will be contributing to an IRA, please send a schedule of all IRA investments to date showing the name of the investment and value as of December 31<sup>st</sup>. Each spouse must provide a separate schedule.

Do you have **virtual currency transactions** or **any foreign financial account or asset**? Please Note: Failure to timely file and disclose can subject you to penalties well in excess of \$10,000.00 — All types of accounts, investments, and other assets, must be disclosed. Expect virtual currencies to have additional requirements soon.

**New:**

Did you or your spouse receive income for **Overtime** or **Tips**? Or Did you or your spouse pay **interest** on a new passenger vehicle purchased in 2025 that was assembled in the United States?

If you indicate 'Yes' to this question, you must also fill out the "Additional Deduction Worksheet"

## Do You Need Assistance in Any of the Following Areas?

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Disaster Losses</b>                             | <input type="checkbox"/> <b>'O-Zone' Investments – Defer &amp; Eliminate Gains Tax</b> |
| <input type="checkbox"/> Estate Planning & Review                           | <input type="checkbox"/> Reducing Taxes on Social Security Benefits                    |
| <input type="checkbox"/> Tax Liability Reduction Strategies                 | <input type="checkbox"/> Analyzing The Return on Your Investments                      |
| <input type="checkbox"/> Remote Work Tax Strategies & Planning              | <input type="checkbox"/> Establishing/Funding An IRA, SEP, Keogh, Or Roth IRA          |
| <input type="checkbox"/> Business Start-Up, Restructuring, Or Sale Planning | <input type="checkbox"/> Establishing A Systematic Savings Program For _____           |
| <input type="checkbox"/> Obtaining Financial Independence by Age _____      | e.g., home, vacation, retirement, children's education                                 |

By signing below, you agree to this engagement letter, our Terms ([famiglio.com/terms](http://famiglio.com/terms)), and Privacy Policy ([famiglio.com/privacy-policy](http://famiglio.com/privacy-policy)):

**Taxpayer:** \_\_\_\_\_ Please Sign & Print

**Date:** \_\_\_\_\_

Contact Email \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Spouse:** \_\_\_\_\_ Please Sign & Print

**Date:** \_\_\_\_\_

Contact Email \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

**THIS AGREEMENT MUST BE SIGNED & RETURNED WITH CLIENT ORGANIZER**

# Additional Deduction Worksheet

Multiple Forms Used:  
Page \_\_\_ of \_\_\_

**Please Note:**

If you have multiple jobs or vehicles where these deductions apply, use multiple forms or attach a breakdown and check the box above.

## Qualified Tips Deduction

This deduction applies to tips received for work in an occupation where tipping is customary and regular.

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Job Description

\_\_\_\_\_  
Notes

Total tips received from job:

\$ \_\_\_\_\_

Was this tip income listed on form W2?

Yes  No  Partially

If 'Partially', what amount was not included?

\$ \_\_\_\_\_

## Overtime Deduction

This is a deduction for the overtime premium portion—the pay above your regular rate (for time-and-a-half, think “the extra half”), generally tied to FLSA-required overtime. It is not your total overtime wages; it’s the premium component.

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Job Description

\_\_\_\_\_  
Total Overtime Hours

**Total Overtime Pay:**

\$ \_\_\_\_\_

## US-Assembled Vehicle Interest Deduction

This deduction is for interest paid on a loan to buy a new, personal-use, vehicle with its final assembly in the US. Purchases must be made in 2025. Leases do not qualify. Confirm the car’s assembly location using: <https://vpic.nhtsa.dot.gov/decoder/>

\_\_\_\_\_  
Date Purchased, Vehicle Year, Make, and Model

\_\_\_\_\_  
Vehicle VIN Number Required

Total Amount of Interest Paid on loan during year:

\$ \_\_\_\_\_

The figures above are accurate, and I have retained backup records.

PLEASE SIGN HERE

**Taxpayer:**

\_\_\_\_\_  
Please Sign & Print

**Date:** \_\_\_\_\_

PLEASE SIGN HERE

**Spouse:**

\_\_\_\_\_  
Please Sign & Print

**Date:** \_\_\_\_\_

<u>Form</u>	<u>Form</u>
Alimony Paid or Received .....	13
Annuity Payments Received .....	9A
Application of Refund .....	20
Business Income and Expenses .....	6, 6A
Business Use of Home:	
Business .....	6D
Employee Business Expenses .....	17B
Farm .....	12E
Itemized Deductions .....	16A
Passthrough .....	11B
Rental .....	10E
Calendar .....	33
Casualty or Theft Losses .....	16
Child and Dependent Care Expenses .....	18
Consolidated Brokerage Statements:	
Interest Income & Foreign Information .....	5E
Dividend Income & Foreign Information .....	5F
Sales of Stocks, Securities, Capital Assets & Misc. Income	5G
Contributions .....	15
Dependent Information .....	3A
Depreciable Property and Equipment:	
Business .....	6A
Employee Business Expenses .....	17A
Farm .....	12B
Rental and Royalty .....	10B
Direct Deposit Information .....	4A
Dividend Income .....	5B
Education Expenses .....	18
Educator (Teacher) Expenses .....	13A
Electronic Filing .....	4
Employee Business Expenses .....	17, 17A
Estate Income .....	11
Farm Income and Expenses .....	12, 12A, 12B
<b>Federal, State and City Estimated Taxes</b> .....	<b>20, 20A</b>
<b>Foreign Assets</b> .....	<b>5C, 5D</b>
Foreign Employment Information .....	30, 30A, 30B
Foreign Housing Expenses .....	30C
<b>Foreign Taxes</b> .....	<b>32</b>
Foreign Travel and Workdays .....	30D
Foreign Wages and Other Income .....	31, 31A, 31B
Gambling Winnings .....	21
Gifts .....	34, 35
Health Savings Accounts .....	13A
Household Employment Taxes .....	19
Installment Sale Receipts .....	7
Interest Income .....	5A
Interest Paid .....	14A
Investment Interest Expense .....	14A
IRA Contributions .....	9
IRA Distributions .....	9
Keogh Plan Contributions .....	9A
Medical and Dental Expenses .....	14
Ministerial Income .....	13B
Miscellaneous Income and Adjustments .....	13
Miscellaneous Itemized Deductions .....	16
Mortgage Interest Paid .....	14A
Moving Expenses .....	8
Partnership Income .....	11
Pension Income .....	9A
Personal Information .....	3
Railroad Retirement Benefits .....	13
Real Estate Mortgage Investment Conduit Income (REMIC) ...	11
Rental and Royalty Income and Expenses .....	10, 10A
Roth IRA Contributions/Conversions .....	9
S Corporation Income .....	11
Sale of Stock, Securities and Other Capital Assets .....	7
Sale of Your Home .....	8
SEP/SIMPLE Plan Contributions .....	9A
Social Security Benefits .....	13
State and Local Tax Refunds .....	13
Student Loan Interest .....	13A
Taxes Paid .....	14
Trust Income .....	11
Unemployment Compensation .....	13
Vehicle/Other Listed Property Information:	
Business .....	6B, 6C
Employee Business Expenses .....	17A
Farm .....	12C, 12D
Rental and Royalty .....	10C, 10D
Partnership/S Corporation .....	11A
Wages and Salaries .....	3A



The following questions pertain to the 2025 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

	Yes	No
Did your marital status change? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are you married? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, do you and your spouse want to file separate returns? .....	<input type="checkbox"/>	<input type="checkbox"/>
If No, are you in a domestic partnership, civil union, or other state-defined relationship? .....	<input type="checkbox"/>	<input type="checkbox"/>
Can you or your spouse be claimed as a dependent by another taxpayer? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse serve in the military or were you or your spouse on active duty? .....	<input type="checkbox"/>	<input type="checkbox"/>

Dependents:

Were there any changes in dependents from the prior year? .....	<input type="checkbox"/>	<input type="checkbox"/>
Note: Include non-child dependents for whom you provided more than half the support.		
Did you or your spouse pay for child care while you or your spouse worked or looked for work? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 18 with unearned income more than \$1,350? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,350? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you adopt a child or begin adoption proceedings? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your dependents non-U.S. citizens or non-U.S. residents? .....	<input type="checkbox"/>	<input type="checkbox"/>

Healthcare:

<b>Did you obtain healthcare coverage through the Marketplace?</b> .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Yes, include all Forms 1095-A.</b>		
If you received advance premium tax credit, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1095-A for someone claimed as a dependent on another taxpayer's return or who is filing their own return and is not claimed as a dependent on another taxpayer's return? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your dependents required to file a tax return? .....	<input type="checkbox"/>	<input type="checkbox"/>
Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you eligible for employer-sponsored healthcare coverage? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have any transactions pertaining to a health savings account (HSA)?		
If you received a distribution from an HSA, include all Forms 1099-SA. ....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have any transactions pertaining to a medical savings account (MSA)?		
If you received a distribution from an MSA, include all Forms 1099-SA. ....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive any distributions from long-term care insurance contracts?		
If Yes, include all Forms 1099-LTC. ....	<input type="checkbox"/>	<input type="checkbox"/>



Healthcare (continued):

If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job?  Yes  No  
 If Yes, how many months were you covered? \_\_\_\_\_

If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job?    
 If Yes, how many months were you covered? \_\_\_\_\_

Education:

Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?

Did you or your spouse pay any student loan interest?

Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?

Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)?    
 If Yes, include all Forms 1099-Q.  
 If Yes, were the amounts withdrawn used for qualified tuition expenses?

Deductions and Credits:

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?    
 If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities. \_\_\_\_\_

Did you or your spouse incur any casualty or theft losses?

Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?

Did you or your spouse make any large purchases, such as motor vehicles and boats?

**Did you or your spouse pay interest on a new passenger vehicle purchased in 2025 that was assembled in the U.S.?**    
 if so, provide the vehicle identification number (VIN) of the vehicle. \_\_\_\_\_

Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?

Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?    
 If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes:  
 \_\_\_\_\_ Gallons \_\_\_\_\_ Type

Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?

Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?

\* **Did you or your spouse receive income for overtime?**

\* **Did you or your spouse receive income for tips?**    
 If Yes, was it reported on a W-2, 1099-K, 1099-NEC, or Form 4317?    
 If unreported, was it \$20 or more in any month?

\* You Must Fill Out "Additional Deduction Worksheet" on Page 5



Investments:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Did you or your spouse have any debts canceled, forgiven or refinanced? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell, exchange, or purchase any real estate? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include closing statements.  |                          |                          |
| Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse engage in any put or call transactions? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the transaction details.   |                          |                          |
| Did you or your spouse close any open short sales? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell or exchange any digital assets? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1099-DA.   |                          |                          |
| Did you or your spouse sell any securities not reported on Form 1099-B? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

Retirement or Severance:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse turn age 73 and have money in an IRA or other retirement account without taking any distribution? .....                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make a qualified charitable distribution directly from an IRA? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse retire or change jobs? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive deferred, retirement or severance compensation? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enter the date received (Mo/Da/Yr). _____   |                          |                          |

Personal Residence:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did your address change? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the new address.  |                          |                          |
| If Yes, did you move to a different home because of a change in the location of your job? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse claim a homebuyer credit for a home purchased in 2008? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Are your total mortgages on your first and/or second residence greater than \$750,000? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____   |                          |                          |
| Did you or your spouse take out a home equity loan? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse have an outstanding home equity loan at the end of the year? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____   |                          |                          |
| Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? .....             | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your mortgagee receive mortgage assistance payments? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1098-MA.  |                          |                          |



**Sale of Your Home:**

	Yes	No
Did you sell your home? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1099-S? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include Form 1099-S.		
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever rent out the property? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever use any portion of the home for business purposes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years? .....	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

**Gifts:**

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$19,000 to any individual? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts to a trust for any amount? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have a life insurance trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse forgive any indebtedness to any individual, trust or entity? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Foreign Matters:**

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse create or transfer money or property to a foreign trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own any foreign financial assets? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did the corporation cease to be an S corporation? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you or your spouse transfer any share of stock in the corporation? .....	<input type="checkbox"/>	<input type="checkbox"/>



**Miscellaneous:**

Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,800 during the year for domestic services performed in or around your home to individuals who could be considered household employees?  Yes  No

Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness?

Did you or your spouse engage in any bartering transactions?

Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?

For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?

In 2025, did you or your spouse: (a) receive (as a reward, award, or compensation); (b) sell, exchange, gift or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

In 2025, did you or your spouse receive Payroll Protection Program loan forgiveness or are you or your spouse seeking forgiveness?

If No, enter the date loan forgiveness was denied or that you or your spouse decided not to seek forgiveness.

Date (Mo/Da/Yr) \_\_\_\_\_

If No, enter the amount of the loan for which forgiveness was denied or the amount of the loan for which you or your spouse decided not to seek forgiveness.

Amount \_\_\_\_\_

Do you own an interest in an LLC or similar entity that has a reporting obligation under the Corporate Transparency Act?

**Additional state pages have been included at the back of the organizer and should be reviewed.**



2025

# Personal Information

**Taxpayer:**

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_  Does not expire

**Driver's License or State-Issued ID Number** \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_

Driver's License  State-Issued ID  No Identification

**Spouse:**

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_  Does not expire

**Driver's License or State-Issued ID Number** \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_

Driver's License  State-Issued ID  No Identification

**Contact Information:**

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP or Postal Code \_\_\_\_\_

Foreign Province or County \_\_\_\_\_

Foreign Country \_\_\_\_\_

Taxpayer Daytime/Work Phone \_\_\_\_\_ Taxpayer Evening/Home Phone \_\_\_\_\_ Taxpayer Foreign Phone \_\_\_\_\_

Taxpayer Cell Phone \_\_\_\_\_ Taxpayer Fax Number \_\_\_\_\_

Spouse Daytime/Work Phone \_\_\_\_\_ Spouse Evening/Home Phone \_\_\_\_\_ Spouse Foreign Phone \_\_\_\_\_

Spouse Cell Phone \_\_\_\_\_ Spouse Fax Number \_\_\_\_\_

Taxpayer Email Address \_\_\_\_\_

Spouse Email Address \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

May the IRS or other taxing authority discuss the return with the preparer?  Yes  No

Is the taxpayer claimed as a dependent on someone else's tax return?  Yes  No

Are you considered legally blind per IRS regulations?  Yes  No

Do you want to contribute to the Presidential Election Campaign Fund?  Yes  No

Are you a U.S. citizen or Green Card holder?  Yes  No

**Personal Identification Numbers:** Code - 1 - Issued by IRS 2 - Issued by State or City

The IRS has recommended that taxpayers have an Identity Protection (IP) PIN to increase filing security. If you would like an IP PIN for yourself, your spouse, or your dependents or have one but do not know the IP PIN assigned, visit IRS.gov to retrieve it or apply.

TS	State	City	Code	PIN	Prior Year PIN



**Dependent Information:**

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

**Did dependent have income over \$5,200?**



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN	Prior Year IP PIN
A					
B					
C					
D					
E					
F					
G					
H					

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

**Wages and Salaries:** **Include all copies of your current year Forms W-2**

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local



**Electronic Filing:**

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do **not** electronically file the federal return .....

Do **not** electronically file the state return(s) .....

**Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.**

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Taxpayer .....

Spouse .....

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_



# Direct Deposit and Withdrawal

## Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. Additional space has been provided for the use of multiple accounts. If you selected direct deposit or electronic withdrawal in 2024, your account information is already included below.

Would you like any refunds owed to you directly deposited? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No		
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____			
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)			
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____			
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)			
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.			
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No		
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No		

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:

<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings	<input type="checkbox"/> IRA Savings
<input type="checkbox"/> Archer MSA Savings	<input type="checkbox"/> Coverdell Ed. Savings	<input type="checkbox"/> HSA Savings

Is this a business account?  Yes  No

Account owner  Taxpayer  Spouse  Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

Would you like any refunds owed to you directly deposited? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No		
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____			
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)			
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____			
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)			
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.			
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No		
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No		

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:

<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings	<input type="checkbox"/> IRA Savings
<input type="checkbox"/> Archer MSA Savings	<input type="checkbox"/> Coverdell Ed. Savings	<input type="checkbox"/> HSA Savings

Is this a business account?  Yes  No

Account owner  Taxpayer  Spouse  Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.



2025

# Interest Income

5A

## Interest Information:

**Include copies of all Forms 1099-INT or other documents for interest received**

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

TSJ	Name of Payer	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	2024 Interest Amount
<b>Total</b>						

## Seller-Financed Mortgage Interest Information:

Name of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2025 Interest Amount	2024 Interest Amount

Address of Individual from Whom Mortgage Interest Was Received

## Enter Any Additional Information:


Note: List all items sold during the year on Form 7.



2025

# Dividend Income

5B

## Dividend Information:

**Include copies of all Forms 1099-DIV or other documents for dividends received**

T SJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
<b>Total</b>					

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

Code	Tax-Exempt Interest	2024 Gross Dividends Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
<b>Total</b>		

## Enter Any Additional Information:


**Note: List all items sold during the year on Form 7.**



# Dividend Income and Foreign Information

5B

2025

**Dividend Income:** **Include all Forms 1099-DIV or other documents for dividends received**  
(List all items sold during the year on Form 7.)

TSSJ	Source	Form 1099-DIV				
		Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a	Code	Tax-Exempt Interest
A						
B						
C						
D						
E						

Form 1099-DIV						Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both
Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nondividend Distributions	2024 Gross Dividends Amount	
A						
B						
C						
D						
E						

Form 1099-DIV			
Box 4 Federal Withholding	Box 5 Section 199A Dividends	Box 6 Investment Expenses	State Withholding
A			
B			
C			
D			
E			

### Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

### Additional State Information:

Payer ID	New Hampshire Reason Dividend is Nontaxable
A	
B	
C	
D	
E	

### Foreign Bank Accounts and Trusts:

At any time during 2025, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?  Yes  No

If Yes, enter name of foreign country \_\_\_\_\_

Were you the grantor of, or transferor to, a foreign trust that existed during 2025, whether or not you had any beneficial interest in it?



2025

# Foreign Assets

5C

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

## General Information:

TSJ \_\_\_\_\_  
 Title of filer \_\_\_\_\_  
 Enter all countries where you have foreign bank accounts \_\_\_\_\_

## Foreign Identification:

	Yes	No
Passport		
Foreign TIN		

If not passport or TIN, enter description \_\_\_\_\_  
 Number \_\_\_\_\_  
 Country of issue \_\_\_\_\_

## Information on Foreign Financial Accounts:

1 - Bank Account    2 - Securities Account    3 - Other

Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name
A				
B				

Street Address	City
A	
B	

State	ZIP/Postal Code	Country	GIIN
A			
B			

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Type of TIN Code: A - Employer Identification No. (EIN)    B - SSN or ITIN    C - Foreign

Last Name or Organization Name	First Name	Middle Initial	Suffix	Taxpayer ID Number
A				
B				

# of Joint Owners	Street Address	City
A		
B		

1 - No financial interest    1B - No financial interest - US person, officer or employee, residing outside US    2A - Joint - spouse is joint owner    2B - Joint - other joint owner    3 - Consolidated

State	ZIP/Postal Code	Country	Ownership Code	Filer's Title
A				
B				

1 - Deposit    2 - Custodial

Type	Foreign Currency	Exchange Rate	Source of Exchange	Acct Open	Acct Closed	Joint	No Tax Items Reported
A							
B							



2025

# Business Income and Cost of Goods Sold

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

TSJ \_\_\_\_\_  
 Employer ID number \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, state, ZIP or postal code, and country \_\_\_\_\_  
 Method of inventory \_\_\_\_\_  
 Method of accounting \_\_\_\_\_

### Business Questions for 2025:

	Yes	No
Did you dispose of this business? _____	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the disposition date? _____ (Mo/Da/Yr)		
Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in the operations of this business on a regular, continuous and substantial basis? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you prepared or will you prepare all required Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>

2025 Amount	2024 Amount

Health insurance premiums paid for yourself and your dependents \_\_\_\_\_

### Income:

Payment card and third party transactions: Include all Forms 1099-K

Description	2025 Amount	2024 Amount

Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC

Description	2025 Amount	2024 Amount

Other Income:

Description	2025 Amount	2024 Amount

Other gross receipts or sales \_\_\_\_\_  
 Less returns and allowances \_\_\_\_\_

2025 Amount	2024 Amount

### Cost of Goods Sold:

Beginning inventory \_\_\_\_\_  
 Purchases less cost of items withdrawn for personal use \_\_\_\_\_  
 Cost of labor (do not include amounts paid to yourself) \_\_\_\_\_  
 Materials and supplies \_\_\_\_\_  
 Other costs of goods sold: \_\_\_\_\_

Description	2025 Amount	2024 Amount

Ending inventory \_\_\_\_\_





2025

# Business Expenses - Vehicle and Other Listed Property

6B

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Listed Property Questions for 2025:

	Yes	No
Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

### If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Vehicle:

Description of vehicle .....

Date placed in service ..... (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for your personal use?  Yes  No

Was your vehicle available for use during off-duty hours? .....

Vehicle 1	
Description of vehicle .....	
Date placed in service ..... (Mo/Da/Yr) _____	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? .....	
2025 Miles	2024 Miles
2025 Amount	2024 Amount

Vehicle 2	
Description of vehicle .....	
Date placed in service ..... (Mo/Da/Yr) _____	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? .....	
2025 Miles	2024 Miles
2025 Amount	2024 Amount

### Mileage:

Total miles .....

Total business miles .....

Total commuting miles for the year .....

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....



2025

# Business Expenses

6C

Name of Business: \_\_\_\_\_  
 Principal Business or Profession: \_\_\_\_\_

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, please enter the percentage to apply to this business \_\_\_\_\_ %

	2025 Amount	2024 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals		
Entertainment (deductible only on some state returns)		

Other Business Expenses:

Description	2025 Amount	2024 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses \_\_\_\_\_  
 Amount received for meals \_\_\_\_\_  
 Amount received for entertainment \_\_\_\_\_

2025 Amount	2024 Amount

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?  Yes  No

Vehicle: If not 100%, please enter the percentage to apply to this business \_\_\_\_\_ %

Description of vehicle \_\_\_\_\_  
 Date vehicle was placed in service \_\_\_\_\_ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No  
 Was your vehicle available for personal use during off-duty hours?  Yes  No

	2025	2024
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2025 Amount	2024 Amount



2025

# Business Use of Home

6D

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2025	2024

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No

### Expenses: **Enter all expenses at 100 percent**

**Direct expenses** benefit the business part of your home.  
Example: Cost of painting or repairs made to the specific area or room used for business.

**Indirect expenses** are required for keeping up and running your entire home.  
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2025 Amount	2024 Amount	2025 Amount	2024 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2025 Amount	2024 Amount	2025 Amount	2024 Amount

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



2025

# Sales of Stocks, Securities, Capital Assets & Installment Sales

## Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

**Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year**

Did you have any of the following during the year?

- Mutual fund transactions .....
- Exchange of any securities or investments for something other than cash .....
- Sales of inherited property .....
- Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale .....
- Commodity sales, short sales or straddles .....
- Reinvestment of the proceeds of gains in a qualified opportunity fund .....
- Sale of any investments in qualified opportunity funds .....
- Debts that became uncollectible .....
- Securities that became worthless .....
- Sale of any property where you will receive payments in future years .....

Yes	No

TSJ	Kind of Property and Description	Quantity	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)
A				
B				
C				
D				
E				
F				
G				
H				

	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A				
B				
C				
D				
E				
F				
G				
H				

**Installment Sales:** **Do not include interest received in principal amount**

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2025 Principal Received	2024 Principal Received



## Sale or Exchange of Your Home:

**Include the closing statements from the purchase and sale of your former and new homes**

### Former Home Information:

TSJ .....

Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_

Date sold ..... (Mo/Da/Yr) \_\_\_\_\_

Selling price .....

### Original Cost and Cost of Improvements:

Description	Amount

### Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale?  Yes  No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale?  Yes  No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated \_\_\_\_\_

## Moving Expenses:

TSJ .....

Were the moving expenses reimbursed by your employer?  Yes  No

Enter reimbursements not included in wages on your Form W-2

Was the move due to a permanent change of station pursuant to a military order?  Yes  No

### Mileage:

Number of miles from old home to new workplace (applicable only on some state returns) .....

Number of miles from old home to old workplace (applicable only on some state returns) .....

Number of automobile miles .....

Miles

### Transportation Expenses:

Costs of transportation of household goods and personal effects .....

Costs of travel and lodging (do not include meals or automobile expenses) .....

Automobile expenses (gasoline, oil, etc.) .....

Meals (Pennsylvania only) .....

Amount





2025

# Pension, Annuity and Retirement Plan Information

9A

**Pensions and Annuities:** Include all Forms 1099-R and any nontaxable distribution details

TSJ	Name of Payer	2025 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2024 Gross Distributions

**Self-Employed Retirement Plan:** Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? .....

Do you want to contribute the maximum amount allowed? .....

Taxpayer	
Yes	No

Spouse	
Yes	No

**Contributions to:**

Simplified employee pension plan .....

Defined benefit plan .....

Defined contribution plan .....

SIMPLE plan .....

2025 Amount

2025 Amount



2025

# Rental and Royalty Income

**Location of Property:** \_\_\_\_\_

TSJ .....  
Type of property .....

Yes	No

Have you prepared or will you prepare all required Forms 1099? .....

Ownership percentage if not 100% .....  
How many days was this property rented at fair market value? .....  
How many days was this property used personally (including use by family members)? .....

2025	2024

**Income:**

Rents received .....  
Royalties received .....

2025 Amount	2024 Amount

Payment card and third party transactions: Include all Forms 1099-K

Description	2025 Amount	2024 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2025 Amount	2024 Amount

Other income:

Description	2025 Amount	2024 Amount





2025

# Rental and Royalty Property and Equipment & Depletion

10B

Location of Property: \_\_\_\_\_

Property and Equipment: Include a list if more space is needed

**Acquisitions:**

X if not new	Description	Date Acquired (Mo/Da/Yr)	Cost

**Dispositions:**

Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

**Percentage Depletion Information:**

Production Type	Royalty Income	
	2025 Amount	2024 Amount



# Rental and Royalty Vehicle and Other Listed Property

Location of Property: \_\_\_\_\_

### Listed Property Questions for 2025:

Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

### If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Vehicle:

Description of vehicle .....

Date placed in service . . . . . (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for your personal use? .....

Was your vehicle available for use during off-duty hours? .....

Vehicle 1	
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
2025 Miles	2024 Miles
2025 Amount	2024 Amount

Vehicle 2	
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
2025 Miles	2024 Miles
2025 Amount	2024 Amount

### Mileage:

Total miles .....

Total business miles .....

Total commuting miles for the year .....

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....



# Rental and Royalty Business Expenses

2025

Location of Property: \_\_\_\_\_

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, enter the percentage to apply to this business \_\_\_\_\_ %

	2025 Amount	2024 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals .....		
Entertainment (deductible only on some state returns) .....		

Other Business Expenses:

Description	2025 Amount	2024 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses .....

Amount received for meals .....

Amount received for entertainment .....

2025 Amount	2024 Amount

### Vehicle:

If not 100%, enter the percentage to apply to this business \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service (Mo/Da/Yr) .....

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No

Was your vehicle available for personal use during off-duty hours?  Yes  No

	2025	2024
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Interest .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		

Other Vehicle Expenses:

Description	2025 Amount	2024 Amount



2025

# Rental - Business Use of Home

10E

Location of Property: \_\_\_\_\_

### Partial Use of Your Home for Business:

2025

Square footage of home used exclusively for business .....

Total square footage of home .....

Were improvements made to the home and/or home office since the time you began using the home for business? . . .  Yes  No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2025 Amount	2024 Amount	2025 Amount	2024 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2025 Amount	2024 Amount	2025 Amount	2024 Amount

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid





Include Forms: W-2G, 1099-MISC, 1099-NEC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-QA, and 1099-G

Miscellaneous Income and Adjustments:

Table with columns for TSJ (2025 Amount, 2024 Amount) and rows for Unemployment compensation received, Social security benefits received, Medicare premiums withheld, etc.

State and Local Income Tax Refunds:

Table with columns for TSJ, State, City, Tax Year, and Income Tax Refund (State, Local).

Other Income:

Table with columns for TSJ, Nature and Source, 2025 Amount, and 2024 Amount.

Alimony Paid or Received:

Table with columns for TSJ, Recipient's Name, Recipient's Social Security Number, Date of Original Divorce or Separation, Date Divorce or Separation Agreement Modified, Alimony Received?, 2025 Amount, and 2024 Amount.



2025

# Miscellaneous Adjustments

13A

**Educator Expenses:** Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2025 Amount	2024 Amount

**Health Savings Accounts (HSAs)** Include all Forms 1099-SA

TS	Description	2025 Amount	2024 Amount
	Contributions made for 2025		
	Distributions received from all HSAs in 2025		

What type of coverage applies to your high deductible health plan?  Self only  Family

Were any HSA contributions listed above also shown on your Form W-2? .....

Were all distributions from your HSA for unreimbursed medical expenses? .....

Did you or your spouse enroll in Medicare? .....

If Yes, what month did you enroll? .....

What month did your spouse enroll? .....

Yes	No

**Other Adjustments to Income:** Include all Forms 1098-E for Student Loan Interest Paid

T SJ	Nature and Source	2025 Amount	2024 Amount



Medical and Dental Expenses:

Prescription medicines and drugs . . . . .

Total medical insurance premiums paid \* . . . . .

Long-term care expenses . . . . .

Total insurance reimbursement . . . . .

Number of miles traveled for medical care . . . . .

Personal protective equipment . . . . .

Lodging . . . . .

Doctors, dentists, etc. . . . .

Hospitals . . . . .

Lab fees . . . . .

Eyeglasses and contacts . . . . .

TSJ	2025 Amount	2024 Amount

2025 Amount	2024 Amount

Taxpayer long-term care insurance premiums paid . . . . .

Spouse long-term care insurance premiums paid . . . . .

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

TSJ	Description	2025 Amount	2024 Amount

Taxes Paid: Include copies of your tax bills

Personal property taxes paid (include vehicle taxes) . . . . .

General sales taxes paid on specified items . . . . .

TSJ	2025 Amount	2024 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2025 Amount	2024 Amount

Other Taxes Paid:

TSJ	Description	2025 Amount	2024 Amount

If you purchased or sold your home in 2025, did you include any taxes from your closing statement in the amounts above?  Yes  No



2025

# Itemized Deductions - Mortgage Interest and Points

14A

## Mortgage Questions for 2025:

	<b>Yes</b>	<b>No</b>
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? . . . . . _____		
Did you purchase a new home or sell your former home during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

## Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2025 Amount	2024 Amount
		Yes	No		

## Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2025 Amount	2024 Amount
	Name	Address			

## Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2025 Amount	2024 Amount
		Yes	No		

## Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2025 Amount	2024 Amount



Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

Table with 4 columns: TSJ, Organization or Description of Contribution, 2025 Amount, 2024 Amount

Table with 4 columns: TSJ, Conservation Real Property, 2025 Amount, 2024 Amount. Includes rows for 100% limit and 50% limit.

Table with 4 columns: TSJ, Description, 2025 Miles, 2024 Miles. Includes row for Number of miles traveled performing volunteer work for qualified charitable organizations.

Noncash Contributions Totaling \$500 or Less: Include all documentation.

Table with 4 columns: TSJ, Description of Donated Property, 2025 Amount, 2024 Amount

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

Table with 5 columns: TSJ, Property Description, Date Acquired, Date of Donation, Cost or Basis. Includes rows A, B, C.

Table with 4 columns: Fair Market Value (FMV), Method Used to Determine FMV, Other Method Description, Method of Acquisition. Includes rows A, B, C.

1 - Appraisal 3 - Comparable Sale 5 - Thrift Shop Value
2 - Catalog 4 - Other (Describe)

1 - Gift 3 - Exchange
2 - Inheritance 4 - Purchase

Table with 2 columns: Donee Organization Name, Donee Organization Address. Includes rows A, B, C.





# Child/Dependent Care Expenses & Education Expenses

## Child/Dependent Care Expenses:

### General Information:

TSJ .....

Were you or your spouse a full time student or disabled?  Yes  No  
 Did you pay an individual for services performed in your home?  Yes  No

Expenses incurred in 2024 but paid in 2025 .....  
 Employer-provided dependent care benefits that were forfeited in 2025 .....  
 2024 carryover used in grace period .....

### Child/Dependent Care Providers:

**Provider 1:**

Name .....  
 Street address .....  
 City, state, ZIP or postal code, and country .....  
 Social security number OR .....  
 Employer identification number .....  
 Telephone number (California only) .....  
 Provider was a household employee  Yes  No

	2025 Amount	2024 Amount
Expenses incurred and paid in 2025 .....		
Expenses incurred and not paid in 2025 .....		

**Provider 2:**

Name .....  
 Street address .....  
 City, state, ZIP or postal code, and country .....  
 Social security number OR .....  
 Employer identification number .....  
 Telephone number (California only) .....  
 Provider was a household employee  Yes  No

	2025 Amount	2024 Amount
Expenses incurred and paid in 2025 .....		
Expenses incurred and not paid in 2025 .....		

### Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	Dis-abled	2025 Expenses Incurred	2024 Expenses Incurred

### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

**Include copies of all Forms 1098-T**

First Name and Initial	Last Name	Social Security Number	2025 Qualified Expenses



2025

# Federal Tax Payments

## Refund Application:

If you have an overpayment of 2025 taxes, do you want the excess:

Refunded .....  Yes  No  
 Applied to your 2026 estimated tax liability .....  Yes  No

## Federal Estimated Tax Payments:

2025 1st Quarter Estimate ..... (Due 04-15-2025)  
 2025 2nd Quarter Estimate ..... (Due 06-15-2025)  
 2025 3rd Quarter Estimate ..... (Due 09-15-2025)  
 2025 4th Quarter Estimate ..... (Due 01-15-2026)



Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2024 overpayment applied to 2025 estimate .....

## Tax Planning Information for Tax Year 2026:

Do you expect any of the following to occur in 2026?

	Yes	No
A change in your marital status .....	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions .....	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, provide details.




**NOTE: Only complete Forms 34 and/or 35 if in 2025:**

- You made gifts of cash or marketable securities to an individual that exceeded \$19,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift tax return was not prepared by us, include a copy.

For gifts other than cash, include a copy of any appraisal(s) of assets.

If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

**Gift 1:**

Person giving the gift .....	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift .....	_____		
Address of person .....	_____		
Your relationship to the person (e.g., son, granddaughter or friend) .....	_____		
Age of the person .....	_____		
Date(s) of gift(s) .....	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$19,000 in cash or 500 shares of ABC stock) .....	_____		
Cost basis of assets gifted if other than cash .....	<input style="width:100%;" type="text"/>		
Value of assets gifted if other than cash .....	<input style="width:100%;" type="text"/>		

**Gift 2:**

Person giving the gift .....	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift .....	_____		
Address of person .....	_____		
Your relationship to the person (e.g., son, granddaughter or friend) .....	_____		
Age of the person .....	_____		
Date(s) of gift(s) .....	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$19,000 in cash or 500 shares of ABC stock) .....	_____		
Cost basis of assets gifted if other than cash .....	<input style="width:100%;" type="text"/>		
Value of assets gifted if other than cash .....	<input style="width:100%;" type="text"/>		





2025

# 2025 Tax Return Checklist

Client Name: \_\_\_\_\_

	Prior Year	Current Year
<b>Income:</b>		
Wages (IRS W-2) .....	_____	_____
Interest Income (IRS 1099-INT) .....	_____	_____
Dividend Income (IRS 1099-DIV) .....	_____	_____
Brokerage Statements (Form 1099-A,B,S) .....	_____	_____
IRA/Pension/Annuity Income (IRS 1099R) .....	_____	_____
Schedule K-1s (IRS K-1) .....	_____	_____
Miscellaneous Income and Adjustments (IRS-1099-MISC, NEC, G) .....	_____	_____
Rent and Royalty Income .....	_____	_____
Digital Asset Proceeds From Broker Transactions (IRS 1099-DA) .....	_____	_____
<b>Itemized Deductions:</b>		
Medical/Dental Expenses .....	_____	_____
Real Estate Taxes .....	_____	_____
Property Taxes .....	_____	_____
Mortgage Interest (Form 1098) .....	_____	_____
Charitable Contributions .....	_____	_____
<b>Other:</b>		
Estimated Tax Payments .....	_____	_____

\* Provide any tax related information not listed above, e.g. new brokerage statements, K-1 investments, etc.

## Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.