

2025

Asset Listing for 2025

Name:

SSN:

Assets for:[illegible]

Form 4835 - Farm Rental Income and Expenses

Name:

SSN:

General Information

TSJ Employer ID number

Description

☐ This farm was disposed of during 2025

Income

	2025	2024		2025	2024
Income from production of livestock, produce, grains, and other crops . . .			Crop insurance proceeds:		
Total cooperative distributions			Amount received in 2025		
Total agricultural payments			<input type="checkbox"/> You elect to defer to 2026		
Commodity Credit Corporation (CCC) loans:			Amount deferred from 2024 . . .		
CCC loans reported			Other income		
CCC loans forfeited					

Expenses

	2025	2024		2025	2024
Car & truck expenses			Seeds & plants purchased		
Chemicals			Storage & warehousing		
Conservation expenses			Supplies purchased		
Custom hire (machine work)			Taxes		
Employee benefit programs			Utilities		
Feed purchased			Veterinary, breeding, & medicine . .		
Fertilizers & lime			Other expenses (list)		
Freight & trucking					
Gasoline, fuel, & oil					
Insurance (other than health)					
Interest - mortgage (paid to banks, etc.)					
Interest - other					
Labor hired (less jobs credit)					
Pension & profit-sharing plans					
Rent - vehicles, machinery & equipment					
Rent - other (land, animals, etc.) . . .					
Repairs & maintenance					

Healthcare Coverage Questionnaire

Name:

SSN:

Healthcare Information

Member of Household for Healthcare Purposes	Covered the Entire Year	Covered Less than 12 Months	No Healthcare Coverage at All

YES

NO

☐

☐

Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?

☐

☐

Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

☐ Employer

☐ Medicare

☐ Medicaid

☐ Marketplace (Exchange)

☐ Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

☐

☐

Was your previous insurance policy canceled in 2025?

☐

☐

Was coverage offered by your employer or your spouse's employer?

☐

☐

Are you a member of a federally recognized Indian tribe?

☐

☐

Are you eligible for services through an Indian healthcare provider?

☐

☐

Are you a member of a healthcare sharing ministry?

☐

☐

Did you live in the United States the entire year?

☐

☐

Are you enrolled in TRICARE?

☐

☐

Did you apply for CHIP coverage?

☐

☐

Do any of the following apply to you? Do NOT indicate which one.

Became homeless

Evicted in the past six months, or facing eviction or foreclosure

Received a shut-off notice from a utility company

Recently experienced domestic violence

Recently experienced the death of a close family member

Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property

Filed for bankruptcy in the last six months

Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt

Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

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Schedule C - Profit or Loss from Business

Name: SSN:

General Business Information

TS Professional product or service Employer ID number

Business name

Business address, city, state, ZIP

Accounting Method: Cash Accrual Other (specify)

This business started or was acquired during 2025. This business was disposed of during 2025.

Select if this business is for: Professional gambler Newspaper delivery and you are under 18 years of age Exempt Notary income A clergy

Yes No Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business. If "Yes," did you file Forms 1099 for the individuals? Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021? If "Yes," was any portion of the loan forgiven in 2025?

Income

	2025	2024		2025	2024
Gross receipts or sales			Other income		
Returns & allowances					

Expenses

	2025	2024		2025	2024
Advertising			Repairs & maintenance		
Car & truck expenses			Supplies		
Commissions & fees			Taxes & licenses		
Contract labor			Travel		
Depletion			Total meals		
Employee benefit programs			Utilities		
Insurance (other than health)			Wages		
Interest - mortgage			Family health coverage payments for taxpayer, spouse or dependents		
Interest - other			Other expenses (list)		
Legal & professional services					
Office expenses					
Pension & profit-sharing plans					
Rent or lease (vehicles, machinery, & equipment)					
Rent (other business property)					

Cost of Goods Sold

	2025		2025	
Inventory at beginning of year			Materials & supplies	
Purchases			Other costs	
Cost of personal use items			Inventory at end of year	
Cost of labor				

There was a change in inventory method.

2025

Detail Worksheet

Name: _____

SSN:

[illegible]

[illegible]

2025

Income or Loss from Investments in Partnerships, S Corporations, and Fiduciaries

Name:

SSN:

Schedule K-1 from Partnerships, S Corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

[illegible]

Expenses Related to Business

Name:

SSN:

Auto Expense

Name of business vehicle is used for

Description of vehicle

Date vehicle was placed in service

Yes

No

Was this vehicle available for use during off-duty hours?

Was another vehicle available for personal use?

Yes

No

Do you have evidence to support your deduction?

If "Yes," is the evidence written?

Number of miles the vehicle was driven during 2025

2025

2024

Business

Commuting

Other

Total number of miles the vehicle was driven in prior years

2025

2024

Business

Total

Expenses

2025

2024

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Rental fees

Interest

Property tax

2025

2024

Repairs

Tires

Tolls

Lease addback

Other expenses

Business Use of Home

Name of business home is used for

What is the total square footage of your home that was used regularly and exclusively for business?

What is the total square footage of your home?

For daycare facilities not used exclusively for business, complete the following questions:

How many days during the year was the area used?

How many hours per day was the area used?

The daycare facility was in operation for the entire year.

Expenses

Office Expenses

2025

2024

Home Expenses

2025

2024

Mortgage interest

Real estate taxes

Excess mortgage interest

Excess real estate taxes

Insurance

Rent

Repairs & maintenance

Utilities

Other expenses

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

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Schedule F - Profit or Loss from Farming

Name: SSN:

General Information

TS Principal product Employer ID number

Accounting method, if not cash: Accrual

This farm was disposed of during 2025.

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this farm.

If "Yes," did you file Forms 1099 for the individuals?

Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2022?

If "Yes," was any portion of the loan forgiven in 2025?

Income

	2025	2024		2025	2024
Sale of livestock / other items			Custom hire income		
Cost of items bought for resale			Beginning inventory for accrual		
Sale of products you raised			Ending inventory for accrual		
Total cooperative distributions			<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method.		
(Provide 1099-PATR)					
Total agricultural payments			Other income		
Commodity Credit Corporation (CCC) loans:					
CCC loans reported					
CCC loans forfeited					
Crop insurance proceeds:					
Amount received in 2025					
<input type="checkbox"/> You elect to defer to 2026					
Amount deferred from 2024					

Expenses

	2025	2024		2025	2024
Car & truck expenses			Rent - other (land, animals, etc.)		
Chemicals			Repairs & maintenance		
Conservation expenses			Seeds & plants purchased		
Custom hire (machine work)			Storage & warehousing		
Employee benefit programs			Supplies purchased		
Feed purchased			Taxes		
Fertilizers & lime			Utilities		
Freight & trucking			Veterinary, breeding, & medicine		
Gasoline, fuel, & oil			Family health coverage payments for taxpayer, spouse or dependents		
Insurance (other than health)			Other expenses (list)		
Interest - mortgage (paid to banks, etc.)					
Interest - other					
Non-W-2 labor hired					
W-2 wages paid					
Pension & profit-sharing plans					
Rent - vehicles, machinery & equipment					

Household Employment

Name:

SSN:

TSJ

Employer Identification Number

Yes

No

Did you pay any one household employee cash wages of \$2,700 or more in 2025?

Did you withhold federal income tax during 2025 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2024 or 2025 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2025 by April 15, 2026?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2025

2024

Total cash wages subject to Social Security tax

Total cash wages subject to Medicare tax

Total cash wages subject to Additional Medicare tax withholding

Federal income tax withheld

Qualified sick leave wages

Qualified family leave wages

Qualified health plan expenses

TSJ

Employer Identification Number

Yes

No

Did you pay any one household employee cash wages of \$2,700 or more in 2025?

Did you withhold federal income tax during 2025 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2024 or 2025 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2025 by April 15, 2026?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2025

2024

Total cash wages subject to Social Security tax

Total cash wages subject to Medicare tax

Total cash wages subject to Additional Medicare tax withholding

Federal income tax withheld

Qualified sick leave wages

Qualified family leave wages

Qualified health plan expenses

Income

Name:SSN:

Wages & Salaries

Provide all copies of Form W-2

TS	Employer Name	2025 Federal Wages	2024 Federal Wages

Retirement

Provide all copies of Form 1099-R

TS	Payer Name	2025 Distribution	2024 Distribution

☐ Yes

☐ No

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?

☐ Yes

☐ No

Did you use any of the distributions for disaster relief?

Income

Name:

SSN:

Dividend Income

Provide all copies of Form 1099-DIV and other statements that report dividend income.

[illegible]

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income.

[illegible]

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Sale of Capital Assets

Name:

SSN:

Sale of Capital Assets (including items not reported on Form 1099-B)

Provide all brokerage statements

[illegible]

Installment Sale Income

TSJ _____ Description of property: _____

Date acquired	Date sold	2025	Prior Years
---------------	-----------	------	-------------

Selling price _____

Mortgages assumed	
-----------------------------	--

Cost of property sold	
---------------------------------	--

Depreciation allowed

Commissions and expense of sale	
---	--

Gross profit percentage

Interest received

Principal payments received

Property was sold to a related party ☐

Other Income and Adjustments

Name:

SSN:

Other Income

	2025 Taxpayer	2024 Taxpayer	2025 Spouse	2024 Spouse
Social Security Benefits (attach Forms 1099-SSA)				
Railroad Retirement Benefits (attach Forms 1099-RRB)				
State income tax refund (attach Forms 1099-G)				
Alimony received				
Divorce or separation date _____ Amount _____				
Unemployment compensation (attach Forms 1099-G)				
Unemployment compensation repaid in 2025				
Gambling winnings (attach Forms W2-G)				
Alaska Permanent Fund				
Jury duty pay				
ABLE distributions				
Scholarships or grants not reported on Form W-2				
Other income: _____				

Adjustments

	2025 Taxpayer	2024 Taxpayer	2025 Spouse	2024 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)				
Contributions made to a Health Savings Account (HSA)				
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents				
Alimony paid				
Name _____				
SSN _____ Divorce or separation date _____				
Name _____				
SSN _____ Divorce or separation date _____				
Contributions made to a Self-Employed Pension plan (SEP) SIMPLE or Solo 401K				
Contributions made to an Individual Retirement Account (IRA)				
Contributions made to a Roth IRA				
Interest paid on a student loan				
Other adjustments: _____				

Additional Deductions

Name:

SSN:

Additional Deductions

	2025 Taxpayer	2024 Taxpayer	2025 Spouse	2024 Spouse
Enter any income from Puerto Rico that you excluded				
Enter the amount from Form 4563, Line 15				
If Form W-2, Box 5, is \$176,100 or less, enter qualified tips included in				
Form W-2, Box 7.				
Qualified Tips included on Form 4137, line 1(c)				
If you received qualified tips from one employer				
Qualified tips received in the course of a trade or business				
Qualified overtime compensation included on Form W-2, Box 1				
Qualified overtime compensation included on Form 1099-NEC, Box 1 or				
Form 1099-MISC, Box 3				

Passenger Vehicle Loan Interest

TS ____

Loan origination date

Outstanding principal

Year

Make _____

Model _____

Vehicle identification number (VIN)

Business interest

Personal Interest

TS ____

Loan origination date

Outstanding principal

Year

Make _____

Model _____

Vehicle identification number (VIN)

Business interest

Personal Interest

TS ____

Loan orination date

Outstanding principal

Year

Make _____

Model _____

Vehicle identification number (VIN)

Business interest

Personal Interest

TS ____

Loan origination date

Outstanding principal

Year

Make _____

Model _____

Vehicle identification number (VIN)

Business interest

Personal Interest

Income

Name:SSN:

Form 1099-Misc Income

Provide all copies of Form 1099-MISC

TS	Payer Name	2025 Amount	2024 Amount

Form 1099-NEC Income

Provide all copies of Form 1099-NEC

TS	Payer Name	2025 Amount	2024 Amount

Other Information

Name:

SSN:

Mortgage Interest

Provide all copies of Form 1098

Lender's Name	2025 Mortgage Interest Received	2024 Mortgage Interest Received	2025 Mortgage Insurance Premiums	2024 Mortgage Insurance Premiums	2025 Real Estate Taxes Paid	2024 Real Estate Taxes Paid

Employee Business Expenses

TS

Select if you are:

☐ A qualified performing artist

☐ A fee-based state or local government official

☐ A disabled employee with impairment-related work expenses

☐ An Armed Forces reservist

☐ A member of the clergy

Select if you:

☐ Used your personal vehicle for your job during 2025

	NOT reimbursed by your employer		Reimbursed by your employer not included in box 1 of your W-2
	2025	2024	2025 2024
Parking fees, tolls, local transportation			
Meals			
Overnight business travel expenses (Do not include meals & entertainment)			
Other business expenses			

Casualties and Thefts

TSJ FEMA code

TSJ FEMA code

Property description	Property description
Property location	Property location
Date property was acquired	Date property was acquired
Date property was damaged or stolen	Date property was damaged or stolen
Cost of property damaged or stolen	Cost of property damaged or stolen
Fair market value before incident	Fair market value before incident
Fair market value after incident	Fair market value after incident
Insurance reimbursement	Insurance reimbursement

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Other Information

Name:

SSN:

Health Savings Account

TS _____

The taxpayer's coverage is under a high-deductible health plan for:
☐ Taxpayer only ☐ Family

HSA contributions made for 2025

2025

2024

Total distributions from all HSAs during 2025

Distributions included above that were rolled over into another account

Qualified medical expenses paid using HSA distributions

Education Expenses

Provide all copies of Form 1098-T

Student name _____

Student name _____

Type of Expense

Amount

Type of Expense

Amount

Student name _____

Student name _____

Type of Expense

Amount

Type of Expense

Amount

Job-related Moving Expenses

TSJ _____

☐ Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

Number of miles from old home to old workplace

2025

2024

Number of miles from old home to new workplace

Expenses to transport and store household goods and personal effects

Travel and lodging expense while traveling to your new home

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2025 Tax Organizer

Personal Information

Personal Information

Name		SSN	Has IP PIN	Date of Birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
Occupation		Daytime Phone	Evening Phone	Cell Phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Filing status at the end of 2025

☐ Single ☐ Married ☐ Widowed - If widowed and your spouse died after December 31, 2023, enter the date of death _____

☐ Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2025? _____

Yes No

☐ ☐ Are you or your spouse blind?

☐ ☐ Are you or your spouse disabled?

☐ ☐ Are you or your spouse a full-time student?

☐ ☐ Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?

☐ ☐ At any time during 2025 did you:

(a) receive (as a reward, award, or payment for property or services) a digital asset?

(b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

Identification Information

Taxpayer's type of photo ID

☐ Driver's license ☐ State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Spouse's type of photo ID

☐ Driver's license ☐ State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use this Account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2025 appointment is scheduled for _____

Dependent and Other Information

Name:

SSN:

Dependent Information

First and Last Name SSN	Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses

List dependents required to file a return

Child and Other Dependent Care Expenses

Name of Care Provider	Address	SSN or EIN	Amount Paid

Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2024						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						