

Asset Listing for 2025

Name:

SSN:

Assets for:

2025

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	_____	_____		_____

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

2025 2024

Health insurance premiums
(paid by you, not through work)Amount above that is
for Medicare premiums

Long-term care premiums (you)

Long-term care premiums (your spouse)

Long-term care premiums (dependents)

Mileage driven for medical purposes

Out of pocket medical and
dental expenses (list)

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Charitable Contributions

2025 2024

Donations to charity (cash)

Miles driven for charitable purposes

Donations to charity (noncash)

If noncash donations are greater than \$500, list below.

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Interest Paid

Home mortgage interest paid
(attach Form 1098) Some of your home mortgage loan was not
used to buy, build, or improve your home.Home mortgage interest
paid to an individual

Paid to:

Name

Address

City, State, ZIP

SSN or EIN

Points not reported on Form 1098

Investment interest

For state purposes ONLY
Job Expenses & Certain Miscellaneous DeductionsNecessary job expenses you paid that were not reimbursed by your
employer (list)

Union dues

Tax preparation fees

Other nonpersonal expenses related to taxable income (list)

Investment expenses not
entered elsewhere

Home equity interest

Healthcare Coverage Questionnaire

Name: _____

SSN:

Healthcare Information

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?

□ □ A. *What is the relationship between the two groups?* C.

Are you eligible for services through an Indian health

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

2025

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:

<input type="checkbox"/> Professional gambler	<input type="checkbox"/> Newspaper delivery and you are under 18 years of age
<input type="checkbox"/> Exempt Notary income	<input type="checkbox"/> A clergy

Yes _____

 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

Gross receipts or sales _____ Other income _____

Returns & allowances _____

Expenses

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:

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

2025

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

Total number of miles the vehicle
was driven in prior years

2025

2024

Business _____

Business _____

Commuting _____

Commuting _____

Other _____

Other _____

Expenses

2025

2024

Garage rent _____

Garage rent _____

Gas _____

Gas _____

Insurance _____

Insurance _____

Licenses _____

Licenses _____

Oil _____

Oil _____

Parking fees _____

Parking fees _____

Rental fees _____

Rental fees _____

Interest _____

Interest _____

Property tax _____

Property tax _____

2025

2024

Repairs _____

Repairs _____

Tires _____

Tires _____

Tolls _____

Tolls _____

Lease addback _____

Lease addback _____

Other expenses _____

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 _____

Mortgage interest _____

Mortgage interest _____

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.

Real estate taxes _____

Real estate taxes _____

Real estate taxes _____

Excess mortgage interest _____

Excess mortgage interest _____

Excess mortgage interest _____

Excess real estate taxes _____

Excess real estate taxes _____

Excess real estate taxes _____

Insurance _____

Insurance _____

Insurance _____

Rent _____

Rent _____

Rent _____

Repairs & maintenance _____

Repairs & maintenance _____

Repairs & maintenance _____

Utilities _____

Utilities _____

Utilities _____

Other expenses _____

Other expenses _____

Other expenses _____

2025

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 (Provide 1099-PATR)		<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method.	
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			

2025**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

Retirement

Provide all copies of Form 1099-R

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.

Interest Income

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

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

Installment Sale Income

TSJ	Description of property:	2025	Prior Years
Date acquired	_____	Date sold	_____
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	<input type="checkbox"/>		

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 orinination 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

Form 1099-NEC Income

Provide all copies of Form 1099-NEC

Other Information

Name:

SSN:

Health Savings Account

TS _____

The taxpayer's coverage is under a high-deductible health plan for:

 Taxpayer only Family

	2025	2024
HSA contributions made for 2025	_____	_____
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.

	2025	2024
Number of miles from old home to old workplace	_____	_____
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	_____	_____

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 <input type="checkbox"/> Driver's license <input type="checkbox"/> 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 <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued photo ID Photo ID number _____ State photo ID was issued _____ Date photo ID was issued _____ Date photo ID expires _____
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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	_____	_____	_____	_____	_____	_____