

2025	1040	US	Client Information	1
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**Taxman Associates**  
300 East Pine St  
Seattle WA 98122  
Telephone number: 2063231066  
Fax number:  
E-mail address:

**Tax Return Appointment**

Date:  
Time:  
Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2025 tax return. Please add, change, or delete information as appropriate.

**CLIENT INFORMATION**

Filing Status	Filing status (table) .....	
	1=married filing separate and lived with spouse .....	
	Year spouse died, if qualifying surviving spouse (2023 or 2024) ...	
Taxpayer	First name and initial .....	
	Last name .....	
	Title/suffix .....	
	Social security number .....	
	Occupation .....	
	Date of birth (m/d/y) .....	
	Date of death (m/d/y) .....	
	1=blind .....	
Spouse	First name and initial .....	
	Last name .....	
	Title/suffix .....	
	Social security number .....	
	Occupation .....	
	Date of birth (m/d/y) .....	
	Date of death (m/d/y) .....	
	1=blind .....	
Address	In care of .....	
	Street address .....	
	Apartment number .....	
	City .....	
	State .....	
	ZIP code .....	
Foreign Address	Region .....	
	Postal code .....	
	Country .....	

**Filing Status**

- 1 = Single
- 2 = Married filing joint
- 3 = Married filing separate
- 4 = Head of household
- 5 = Qualifying surviving spouse (QSS)

2025	1040	US	Client Information (continued)	1 p2
Please add, change or delete information for 2025.				
CLIENT INFORMATION				
Taxpayer Contact Information	Home phone.....		<b>Daytime Phone</b>  1 = Work 2 = Home 3 = Mobile	
	Work phone.....			
	Work extension.....			
	Daytime phone (table).....			
	Mobile phone.....			
	Fax number.....			
	E-mail address.....			
Spouse Contact Information	Home phone.....			
	Work phone.....			
	Work extension.....			
	Daytime phone (table).....			
	Mobile phone.....			
	Fax number.....			
	E-mail address.....			
Taxpayer Authentication	Driver's license no.....			
	Driver's license state.....			
	Issue date (m/d/y).....			
	Expiration date (m/d/y).....			
	Theft protection PIN.....			
Spouse Authentication	Driver's license no.....			
	Driver's license state.....			
	Issue date (m/d/y).....			
	Expiration date (m/d/y).....			
	Theft protection PIN.....			

<b>2025</b>	<b>1040</b>	<b>US</b>	<b>Dependents</b>	<b>2</b>																																																																																																																												
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School records or statement            2. Landlord or property management statement            3. Health care provider statement            4. Medical records            5. Child care provider records            6. Placement agency statement            7. Social service records or statement            8. Place of worship statement            9. Indian tribe office statement            10. Employer statement              NOTE: If your child is disabled, please provide one of the following forms of proof of disability:            1. Doctor statement            2. Other health care provider statement            3. 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2025

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US

Direct Deposit &amp; Estimates (Form 1040 ES)

3, 6

Please enter all pertinent 2025 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

1=direct deposit of federal tax refund into bank account .....

1=electronic payment of balance due .....

1=electronic payment of estimated tax .....

**BANK INFORMATION**

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

**2025 ESTIMATED TAX / 1040-ES (6)****Federal**

	Amount Paid	Date Paid	TS	2025 Voucher Amount
Overpayment applied from 2024 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				
Former spouse SSN if joint estimates .....				

**State**

	Amount Paid	Date Paid	TS	2025 Voucher Amount
Overpayment applied from 2024 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				

**1****Type of Account**

- 1 = Savings  
2 = Checking

**2****Type of Investment**

- 1 = Checking or savings (default)  
2 = Taxpayer's IRA (next year limits)  
3 = Spouse's IRA (next year limits)  
4 = Health savings account (HSA)  
5 = Archer MSA  
6 = Coverdell savings account (ESA)  
7 = Other  
8 = Taxpayer's IRA (current year limits)  
9 = Spouse's IRA (current year limits)

3, 6

2025	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1
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Please enter all pertinent 2025 information.

APPLICATION OF 2025 OVERPAYMENT (7.1)

If you have an overpayment of 2025 taxes, do you want the excess refunded? ☐ or applied to 2026 estimate? ☐  
Other (please explain):

2026 ESTIMATED TAX INFORMATION

Do you expect your 2026 taxable income to be different from 2025? ..... Yes ☐ No ☐  
If "yes" explain any differences in income, deductions, dependents, etc.:

Do you expect your 2026 withholding to be different from 2025? ..... Yes ☐ No ☐  
If "yes" explain any differences:

				7.1
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2025	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2025 amounts & attach all W-2, W-2G and 1099-R forms.  
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2024 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2				Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/25	2024 Distribution
		Distribution code #1						Federal (Box 4)	State (Box 14)		
		1=IRA/SEP/SIMPLE									
		1=spouse									

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2024 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

Total gambling losses.....	2025 Amount	TS	2024 Amount
Winnings not reported on Form W-2G.....			

	10, 13.1, 13.2
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2025	1040	US	Interest & Dividend Income	11, 12
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Please enter all pertinent 2025 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.  
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2024 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

DIVIDEND INCOME (12)

No.	Name of Payer	1=taxpayer 2=spouse	Dividend Income					Tax-Exempt Interest		Foreign Tax Paid (Box 7)	2024 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	SubSection 199A (Box 5)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		

2025	1040	US	Miscellaneous Income	14.1
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Please enter all pertinent 2025 amounts and attach all 1099-MISC, 1099-NEC, 1099-K, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2025 Amount		2024 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5) .....				
Medicare premiums paid (SSA-1099) .....				
1=treat Medicare premiums paid as SE health ins. ....				
Tier 1 RR retirement benefits (RRB-1099, box 5) ...				
1=lump-sum election for SS benefits .....				
Alimony received.....				
Taxable scholarships and fellowships .....				
Jury duty pay.....				
Household employee income not on W-2 .....				
Excess minister's allowance .....				
Alaska permanent fund dividends .....				
Income from rental of personal property .....				
Activity not engaged in for profit income .....				
Olympic & Paralympic medals & USOC prize money .....				
Prizes and awards .....				
Stock Options .....				
Strike or lockout benefits (other than bona fide gifts)				
Non-tuition fellowship and stipend payments entered above to include as taxable compensation for IRA purposes .....				
Wages earned while incarcerated not on W-2 .....				
Income subject to S/E tax: (1099-NEC, box 1)				
_____				
_____				
_____				
_____				
_____				
Other income (1099-MISC, box 3, 8)				
_____				
_____				
_____				
_____				
_____				
Digital assets not reported elsewhere.....				

Form 1099-K

Amount of sale proceeds from Form 1099-K for personal item(s) sold at a loss .....				
Amount from Form 1099-K that was incorrectly reported .....				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld.....				
State income tax withheld.....				
Local income tax withheld.....				

2025

1040

US

State &amp; Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2025 information as appropriate.  
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /  
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2025 1099-G Amount

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2025 Overpayment repaid .....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2) .		
	1=city or local income tax refund .....		
	Tax year for box 2 if not 2024 (Box 3) .....		
	Federal income tax withheld (Box 4) .....		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different .....		
	Farm amounts:		
	Agriculture payments (Box 7) .....		
	1=agriculture payments are from conservation reserve program .....		
Market gain (Box 9).....			
Number of farm.....			
1=box 2 is trade or business income (Box 8) .....			
State income tax withheld (Box 11).....			

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2025 Overpayment repaid .....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2) .		
	1=city or local income tax refund .....		
	Tax year for box 2 if not 2024 (Box 3) .....		
	Federal income tax withheld (Box 4) .....		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different .....		
	Farm amounts:		
	Agriculture payments (Box 7) .....		
	1=agriculture payments are from conservation reserve program .....		
Market gain (Box 9).....			
Number of farm.....			
1=box 2 is trade or business income (Box 8) .....			
State income tax withheld (Box 11).....			

14.2

2025	1040	US	Education Distributions (ESA's and QTP's)	14.3
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Please enter all pertinent 2025 amounts and attach all 1099-Q forms.  
Enter qualified education expenses below that are not entered elsewhere.  
Last year's amounts are provided for your reference.

### ESA'S AND QTP'S (Form 1099-Q)

		2025 Amount	2024 Amount
No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits) .....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4) .....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ...		
	ESA's only:		
2025 contributions to this ESA .....			
Value of this account at 12/31/25 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/24 .....			
No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits) .....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4) .....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ...		
	ESA's only:		
2025 contributions to this ESA .....			
Value of this account at 12/31/25 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/24 .....			
No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits) .....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4) .....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ...		
	ESA's only:		
2025 contributions to this ESA .....			
Value of this account at 12/31/25 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/24 .....			

2025	1040	US	Business Income (Schedule C)	No. <div></div>	16
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Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession	
Principal business code	
Business name, if different from Form 1040	
Business address, if different from Form 1040	
City, if different from Form 1040	
State, if different from Form 1040	
ZIP code, if different from Form 1040	
Foreign region	
Foreign postal code	
Foreign country	
Employer identification number	
Other accounting method	

Accounting method: 1=cash, 2=accrual		
Inventory method: 1=cost, 2=lower cost/market, 3=other		
1=change of inventory method		
1=spouse, 2=joint		
1=first Schedule C filed for this business		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no		
1=not subject to self-employment tax		
1=did not "materially participate"		
1=personal services is not a material income producing factor		
1=investment		
1=minister's Schedule C		
1=single member limited liability company		
1=trader in financial instruments or commodities		

INCOME

	2025 Amount	2024 Amount
Gross receipts or sales (Form 1099-NEC)		
Returns and allowances		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year		
Purchases		
Cost of items for personal use		
Cost of labor		
Materials and supplies		
Other costs:		
Inventory at end of the year		

2025	1040	US	Business Income (Schedule C) (cont.)	No. <div></div>	16 p2
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Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2025 Amount	2024 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Meals in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:


NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Series: 52 Capital Gains & Losses (Schedule D)

Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference.

PRIOR YEAR INSTALLMENT SALE

		2025 Amount	2024 Amount
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

2025

1040

US

Sale of Home &amp; Moving Expenses

17, 27

If you sold your home or moved in 2025, please complete the information below.  
For the sale of home, please provide Form 1099-S and closing statements from  
the purchase and sale of your home.

**SALE OF HOME (17)**

Description of property (Box 3) .....	
Date acquired (m/d/y) .....	
Date sold (m/d/y) (Box 1) .....	
Sales price (Box 2) .....	
1=sale of home .....	
1=owned and used property as main home for at least 2 of 5 years before sale .....	
1=business use in year of sale .....	
Number of days after December 31, 2008 that home was not used as principal residence .....	

**Adjusted Basis**

Original cost .....	
Improvements:	
.....	
.....	
.....	
Adjusted basis .....	

**Expenses of Sale** (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

.....	
.....	
.....	
Total expenses of sale .....	

**Reduced Exclusion**

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:  
**a)** Did not meet the ownership and use tests \*, or **b)** Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) ..	
1=sale due to change in health, employment or unforeseen circumstances .....	
Days used as main home - taxpayer .....	
Days used as main home - spouse .....	
Days property owned - taxpayer .....	
Days property owned - spouse .....	

**MOVING EXPENSES (27)** (If you are a member of the Armed Forces and moved due to a permanent change in station)

1=spouse, 2=joint .....	
1=armed forces move due to permanent change of station .....	
Miles from old home to new work place .....	
Miles from old home to old work place .....	
Expenses for transportation and storage of household goods and personal effects .....	
Lodging and travel (excluding meals):	
Lodging and travel (excluding automobile) .....	
Parking fees and tolls .....	
Gas and oil .....	
Miles driven to new home .....	

(\* owned and used property as main home for at least 2 of 5 years before sale)

17, 27

2025	1040	US	Rental & Royalty Income (Schedule E)	No. <div></div>	18
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Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2025 Amount	2024 Amount
Description of property.....		Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address.....		
City.....		
State.....		
ZIP code.....		
Type of property (see table).....		
Other type of property.....		
Number of days rented.....	34	

Percentage of ownership if not 100% (.xxxx).....		1=did not actively participate...	
Percentage of tenant occupancy if not 100% (.xxxx).....		1=real estate professional.....	
1=spouse, 2=joint.....		1=rental other than real estate..	
1=qualified joint venture.....		1=investment.....	
1=nonpassive activity, 2=passive royalty.....		1=single member limited liability company.....	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no .....			

INCOME

	2025 Amount	2024 Amount
Rents or royalties received .....		

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....		
Association dues.....		
Auto and travel (not entered elsewhere) .....		
Cleaning and maintenance .....		
Commissions.....		
Gardening.....		
Insurance.....		
Legal and professional fees.....		
Licenses and permits.....		
Management fees.....		
Miscellaneous.....		
Mortgage interest (paid to banks, etc.) .....		
Excess mortgage interest.....		
Other interest (not entered elsewhere) .....		
Painting and decorating.....		
Pest control.....		
Plumbing and electrical .....		
Repairs.....		
Supplies.....		
Taxes - real estate.....		
Taxes - other (not entered elsewhere) .....		
Telephone.....		
Utilities.....		
Wages and salaries.....		
Other:		
.....		
.....		
.....		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2025	1040	US	Rental & Royalty Income (Sch. E) (cont.)	No. <div></div>	18 p2
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Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region.....	
Foreign postal code.....	
Foreign country.....	

OIL AND GAS

	2025 Amount	2024 Amount
Production type (preparer use only) .....		
Cost depletion.....		
Percentage depletion rate or amount.....		
State cost depletion, if different (-1 if none) .....		
State % depletion rate or amount, if different (-1 if none) .....		

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

Number of days personal use.....	
Number of days owned (if optional method elected) .....	

INDIRECT EXPENSES

NOTE:Indirect expenses are related to operating or maintaining the dwelling unit.  
These include repairs, insurance, and utilities.

Advertising.....	
Association dues.....	
Auto and travel (not entered elsewhere) .....	
Cleaning and maintenance.....	
Commissions.....	
Gardening.....	
Insurance.....	
Legal and professional fees.....	
Licenses and permits.....	
Management fees.....	
Miscellaneous.....	
Mortgage interest (paid to banks, etc.) .....	
Excess mortgage interest.....	
Other interest (not entered elsewhere) .....	
Painting and decorating.....	
Pest control.....	
Plumbing and electrical.....	
Repairs.....	
Supplies.....	
Taxes - real estate.....	
Taxes - other (not entered elsewhere) .....	
Telephone.....	
Utilities.....	
Wages and salaries.....	

Other:


2025	1040	US	Partnership and S corporation Information	20.1,20.2
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Please add, change or delete 2025 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

	20.1,20.2
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2025	1040	US	Estate or Trust and REMIC Information	20.3,20.4
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Please add, change or delete 2025 information as appropriate.  
Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

	20.3,20.4
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Series: 61

Asset Disposition List

Series: 61 Asset Acquisition List

2025	1040	US	Vehicle Expenses	No. <div></div>	22 p3
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Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2025 Amount	2024 Amount
Description of vehicle .....		
1=no evidence to support your deduction .....		
1=no written evidence to support your deduction .....		
1=vehicle is available for off-duty personal use .....		
1=no other vehicle is available for personal use .....		
1=vehicle used primarily by more than 5% owner .....		
Number of months of business use if changed from 100% personal use .....		

AUTOMOBILE MILEAGE

Total mileage (for the tax year) .....		
Business mileage .....		
Commuting mileage (for the tax year) .....		
Average daily round-trip commute .....		

ACTUAL EXPENSES

Parking fees and tolls (business portion only) .....		
Gasoline, lube, oil .....		
Repairs .....		
Tires .....		
Insurance .....		
Miscellaneous .....		
Auto license (other than personal property taxes) .....		
Personal property taxes (based on car's value) .....		
Interest (car loan) (for Schedule C, E & F) .....		
Vehicle rent or lease payments .....		
Inclusion amount (enter as positive) .....		
Value of employer-provided vehicle on Form W-2 (2106) .....		

Please enter all pertinent 2025 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2025 Amount		2024 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$7,000/\$8,000 if 50 or older) .....				
Contributions made to date .....				
1=covered by plan, 2=not covered .....				
2025 payments from 1/1/26 to 4/15/26 .....				

ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to make (1=maximum) (\$7,000/\$8,000 if 50 or older) ..				
Contributions made to date .....				

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Defined benefit contributions you expect to make ..				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Plan contribution rate if not .25 (.xxxx) .....				
Individual 401k: SE elective deferrals (except Roth) (1=max.) ....				
Individual 401k: SE designated Roth contributions (1=max.) ....				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum) .....				
Employer matching rate if not .03 (.xxxx) .....				
1=nonelective contributions (2%) .....				
Contributions made to date .....				

ADJUSTMENTS TO INCOME

Self-employed health insurance:				
Total premiums (excluding long-term care) .....				
Long-term care premiums .....				
Student loan interest paid (1098-E, box 1) .....				
Educator expenses (kindergarten thru grade 12) ....				
Jury duty pay given to employer .....				
Expenses from rental of personal property .....				

Alimony paid:

	Taxpayer	Spouse
Date of divorce or sep. agreement		
Recipient's first name ....		
Recipient's last name ....		
Recipient's SSN .....		
Amount paid .....	2024 amt:	2024 amt:

2025	1040	US	Itemized Deductions	25
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Please enter all pertinent 2025 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE:Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2025 Amount	TS	2024 Amount
Prescription medicines and drugs .....			
Doctors, dentists and nurses .....			
Hospitals and nursing homes .....			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer .....			
Long-term care premiums - spouse .....			
Insurance reimbursement (enter as a positive number) .....			
Lodging and transportation:			
Out-of-pocket expenses .....			
Medical miles driven .....			
Other medical and dental expenses:			
_____			
_____			
_____			

TAXES PAID (State and local withholding and 2025 estimates are automatic.)

State income taxes - 1/25 payment on 2024 state estimate .....			
State income taxes - paid with 2024 state return extension .....			
State income taxes - paid with 2024 state return .....			
State income taxes - paid for prior years and/or to other state .....			
City/local income taxes - 1/25 payment on 2024 city/local estimate .....			
City/local income taxes - paid with 2024 city/local extension .....			
City/local income taxes - paid with 2024 city/local return .....			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items) .....			
Use taxes paid on 2025 purchases .....			
Use taxes paid with 2024 state return .....			
Sales tax on autos not included above .....			
Sales tax on boats, aircraft, other special items .....			

OTHER TAXES PAID

Real estate taxes - principal residence:			
_____			
_____			
Real estate taxes - held for investment :			
_____			
_____			
_____			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ...			
Foreign income taxes .....			
Other taxes:			
_____			

Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 5) reported on Form 1098:

	2025 Amount	TS	2024 Amount

Home mortgage interest not reported on Form 1098:

Payee's name.....	
Payee's SSN or FEIN....	
Payee's street address..	
Payee's city.....	
Payee's state.....	
Payee's ZIP code.....	
Payee's region.....	
Payee's postal code....	
Payee's country.....	
Amount paid.....	

Points not reported on Form 1098:


Investment interest (interest on margin accounts):


Passive interest.....

--	--	--

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket) .....		
Number of charitable miles.....		

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket) .....		
Number of charitable miles.....		

Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):	2025 Amount	TS	2024 Amount
30% limitation (see above):			
30% capital gain property (gifts of capital gain property to 50% limit orgs.):			
20% capital gain property (gifts of capital gain property to non-50% limit orgs.):			

STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT (subject to 2% AGI limit)

Union and professional dues.....			
Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):			
Investment expense:			
Tax return preparation fee.....			
Safe deposit box rental.....			
Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):			

Series: 400 (T=taxpayer, S=spouse, Blank=joint) Itemized Deductions (continued)

2025

1040

US

Itemized Deductions (continued)

25 p5

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded \$100,000 at any time during 2025 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
2. Total home acquisition debt exceeded \$750,000 at any time during 2025 (\$375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

**Please enter all pertinent 2025 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.**

	2025 Amount	TS	2024 Amount
Fair market value of the property on the date that the last debt was secured .			
Home acquisition and grandfather debt on the date that the last debt was secured . . . . .			

## LOAN INFORMATION

### Loan #1

Lender's name . . . . .  
Form (see table) . . . . .  
Number of form . . . . .  
1=taxpayer, 2=spouse, blank=joint . . . . .  
Interest paid . . . . .  
Points paid . . . . .  
Total principal paid . . . . .  
Lump sum principal payment (if paid off) . . . . .  
Months outstanding (if not 12) . . . . .  
1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17) . . . . .  
Home acquisition debt balance - beginning of year . . . . .  
Home acquisition debt borrowed in 2025 . . . . .  
Home equity debt balance - beginning of year . . . . .  
Home equity debt borrowed in 2025 . . . . .  
Grandfather debt balance - beginning of year . . . . .


### Loan #2

Lender's name . . . . .  
Form (see table) . . . . .  
Number of form . . . . .  
1=taxpayer, 2=spouse, blank=joint . . . . .  
Interest paid . . . . .  
Points paid . . . . .  
Total principal paid . . . . .  
Lump sum principal payment (if paid off) . . . . .  
Months outstanding (if not 12) . . . . .  
1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17) . . . . .  
Home acquisition debt balance - beginning of year . . . . .  
Home acquisition debt borrowed in 2025 . . . . .  
Home equity debt balance - beginning of year . . . . .  
Home equity debt borrowed in 2025 . . . . .  
Grandfather debt balance - beginning of year . . . . .


#### Form

- 1 = Schedule A (default)  
2 = Business use of home  
3 = Schedule E

25 p5

Please enter all pertinent 2025 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

LOAN INFORMATION (continued)

Loan #3

2025 Amount

TS

2024 Amount

Lender's name.....

Form (see table).....

Number of form.....

1=taxpayer, 2=spouse, blank=joint.....

Interest paid.....

Points paid.....

Total principal paid.....

Lump sum principal payment (if paid off).....

Months outstanding (if not 12).....

1=home acquisition debt incurred after 12/15/17.....

Home acquisition debt balance - beginning of year.....

Home acquisition debt borrowed in 2025.....

Home equity debt balance - beginning of year.....

Home equity debt borrowed in 2025.....

Grandfather debt balance - beginning of year.....

Loan #4

2025 Amount

TS

2024 Amount

Lender's name.....

Form (see table).....

Number of form.....

1=taxpayer, 2=spouse, blank=joint.....

Interest paid.....

Points paid.....

Total principal paid.....

Lump sum principal payment (if paid off).....

Months outstanding (if not 12).....

1=home acquisition debt incurred after 12/15/17.....

Home acquisition debt balance - beginning of year.....

Home acquisition debt borrowed in 2025.....

Home equity debt balance - beginning of year.....

Home equity debt borrowed in 2025.....

Grandfather debt balance - beginning of year.....

Form

1 = Schedule A (default)

2 = Business use of home

3 = Schedule E

2025

1040

US

Noncash Contributions (Form 8283)

26.1,26.2

**If your total noncash contributions are in excess of \$500 in 2025, please complete the information below for each donee using the following guidelines:**

\* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.

\* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

### DONATED PROPERTY INFORMATION

No. <input type="text"/>	Name of charitable organization (donee) .....		
	Street address .....		
	City .....		
	State .....		
	ZIP code .....		
	1=spouse, 2=joint .....		
	Property description (other than vehicle) .....		
	Vehicle	Identification number (VIN) .....	
		Year (yyyy) .....	
		Make .....	
		Model .....	
		Odometer mileage .....	
	Date of contribution (m/d/y) .....		
	Date acquired by donor (m/y) .....		
How acquired by donor (Table 1 or describe) .....			
Donor's cost or basis .....			
Fair market value .....			
Method used to determine FMV (Table 2 or describe) .....			

No. <input type="text"/>	Name of charitable organization (donee) .....		
	Street address .....		
	City .....		
	State .....		
	ZIP code .....		
	1=spouse, 2=joint .....		
	Property description (other than vehicle) .....		
	Vehicle	Identification number (VIN) .....	
		Year (yyyy) .....	
		Make .....	
		Model .....	
		Odometer mileage .....	
	Date of contribution (m/d/y) .....		
	Date acquired by donor (m/y) .....		
How acquired by donor (Table 1 or describe) .....			
Donor's cost or basis .....			
Fair market value .....			
Method used to determine FMV (Table 2 or describe) .....			

<p><b>1</b></p> <p style="text-align: center;"><b>How Property was Acquired</b></p> <div style="display: flex; justify-content: space-between;"> <div> <p>1 = Purchase</p> <p>2 = Gift</p> </div> <div> <p>3 = Inheritance</p> <p>4 = Exchange</p> </div> </div>	<p><b>2</b></p> <p style="text-align: center;"><b>Method Used to Determine FMV</b></p> <div style="display: flex; justify-content: space-between;"> <div> <p>1 = Appraisal</p> <p>2 = Thrift shop value</p> </div> <div> <p>3 = Catalog</p> <p>4 = Comparable sales</p> </div> </div> <p style="text-align: center;">For other methods, see IRS Pub. 561.</p>
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26.1,26.2

<b>2025</b>	<b>1040</b>	<b>US</b>	<b>Business Use of Home (Form 8829)</b>	No. <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	<b>29</b>
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**Please enter 2025 indirect expenses in full. Nonbusiness portion will carry to Schedule A.  
Business percentage will be applied to indirect expenses only.**

## BUSINESS USE OF HOME

	2025 Amount	2024 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2) .....		
Business use area (square footage) .....		
Total area of home (square footage) .....		
Total hours facility used (for daycare facilities only) .....		
Total hours available (if not 8,760, 8,784 if a leap year) .....		
Area of home included above used exclusively for daycare business, if any (sq ft) .....		
% (.xx) or amount of gross income from home if not 100% (-1 if none) .....		
% (.xx) or amount of expenses from home if not 100% (-1 if none) .....		

## INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home.  
They benefit both the business and personal parts of your home.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess real estate taxes.....		
Other indirect expenses:		
_____		
_____		
_____		
_____		

## DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include  
painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess real estate taxes.....		
Excess casualty losses.....		
Allowable casualty losses.....		
Other direct expenses:		
_____		
_____		
_____		
_____		

2025	1040	US	Health Savings Accounts (8889)	32.1
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Please enter all pertinent 2025 amounts & attach all 1099-SA forms.  
Last year's amounts are provided for your reference.

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2025, a high deductible health plan is one with an annual deductible that is not less than \$1,650 for self-only coverage or \$3,300 for family coverage and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$8,300 for self-only coverage or \$16,600 for family coverage.

	2025 Amount		2024 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage .....				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum) .....				
Contributions included above that were made after you became eligible for Medicare .....				
Contributions made to date .....				

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1) ...				
Distributions included above that were rolled over to another HSA.....				
Total unreimbursed qualified medical expenses ....				

				32.1
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Please enter all pertinent 2025 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)	2025 Amount		2024 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2025				
Employer-provided benefits forfeited in 2025				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input type="text"/>	First name.....		
	Last name.....		
	Title or suffix.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Qualified dependent care expenses incurred and paid in 2025.....		2024 amt:
	1=over age 12 & disabled at the time care was provided.....		
	1=spouse, 2=joint.....		

No. <input type="text"/>	First name.....		
	Last name.....		
	Title or suffix.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Qualified dependent care expenses incurred and paid in 2025.....		2024 amt:
	1=over age 12 & disabled at the time care was provided.....		
	1=spouse, 2=joint.....		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input type="text"/>	Name of provider.....		
	Street address.....		
	City.....		
	State.....		
	ZIP code.....		
	Foreign region.....		
	Foreign postal code.....		
	Foreign country.....		
	Identification number (SSN or EIN).....		
	Amount paid to care provider in 2025.....		2024 amt:
	1=spouse, 2=joint.....		
	1=care provided ind. above was a household employee....		
	1=employer furnished dependent care.....		

2025	1040	US	Education Credits	No. <div></div>	38
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Please complete the information below if you paid qualified education expenses in 2025 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution.  
Last year's amounts are provided for your reference.

STUDENT INFORMATION

1=taxpayer, 2=spouse.....  
First name.....  
Last name.....  
Social security number.....  
Number of prior years AOC claimed.....  
  
1=student was NOT enrolled at least half-time for at least one academic period that began in 2025 (or the first 3 months of 2026 if the qualified expenses were made in 2025) at an eligible institution in a qualified program.....  
  
1=student completed first four years of post-secondary education before 2025.....  
1=student was convicted, before the end of 2025, of a felony for possession or distribution of a controlled substance.....


EDUCATIONAL INSTITUTION ATTENDED (#1)

Name.....  
Street address.....  
City.....  
State.....  
ZIP code.....  
1=2025 Form 1098-T was NOT received.....  
1=2025 Form 1098-T received with Box 7 completed.....  
1=2024 Form 1098-T received with Box 7 completed.....  
Federal ID number from Form 1098-T.....


EDUCATIONAL INSTITUTION ATTENDED (#2)

Name.....  
Street address.....  
City.....  
State.....  
ZIP code.....  
1=2025 Form 1098-T was NOT received.....  
1=2025 Form 1098-T received with Box 7 completed.....  
1=2024 Form 1098-T received with Box 7 completed.....  
Federal ID number from Form 1098-T.....


QUALIFIED EDUCATION EXPENSES

Qualified tuition & fees paid in 2025 (net of refund or assistance, & not entered elsewhere).....  
Books & supplies required to be purchased from institution.....  
Books & supplies not entered above.....  
Amount of prior year refund or assistance \*.....

2025 Amount	2024 Amount

\* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

Please enter all pertinent 2025 information. Last year's amounts are provided for your reference.

HOUSEHOLD EMPLOYMENT TAXES

NOTE:If you paid any one household employee cash wages of \$2,800 or more in 2025; withheld federal income tax during 2025 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2024 or 2025 to household employees please complete the following:

Employer identification number

1=spouse, 2=joint

Social security, Medicare and income taxes:	2025 Amount	2024 Amount
1=paid any one employee cash wages of \$2,800 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Taxes withheld from state disability payments		

Federal unemployment tax:		
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2024 or 2025		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/15/26		
1=all wages taxable for FUTA were also taxable for state unemployment		
Name of state		
Contributions paid to state unemployment fund		

2025	1040	US	Report of Foreign Bank and Financial Accounts	82.1
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Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2025 Amount	2024 Amount
Canadian province or Mexican state .....		
Other type of filer .....		
Foreign identification:		
Taxpayer:		
1=passport, 2=foreign TIN .....		
Other type of identification .....		
Number .....		
Country of issue .....		
Spouse:		
1=passport, 2=foreign TIN .....		
Other type of identification .....		
Number .....		
Country of issue .....		
Taxpayer:		
Title .....		
Spouse:		
Title .....		

2025

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US

Report of Foreign Bank &amp; Fin. Accts.

No. 

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Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference.

**INFORMATION ON FINANCIAL ACCOUNTS**

1=spouse.....

Type of account: 1=bank account, 2=securities account, or specify .....

Maximum value of account (-1 if unknown) .....

Financial institution:

Name of institution (Line 1) (mandatory) .....

Name of institution (Line 2) .....

Mailing address.....

Account number .....

City.....

State.....

ZIP/postal code.....

Country (if not US).....

Accounts owned jointly:

Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer) .....

Principal joint owner:

Taxpayer identification number, if not joint filer .....

TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign , 4=unknown.....

Last name.....

First name.....

Middle initial.....

Address.....

City.....

State.....

ZIP/postal code.....

Country (if not US).....

Accounts where filer has no financial interest:

Last name or org. name (mandatory) .....

First name.....

Middle initial.....

Taxpayer identification number .....

TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign , 4=unknown.....

Address.....

City.....

State.....

ZIP/postal code.....

Country (if not US).....

Filer's title.....

2025 Amount

2024 Amount

**2025 1040 US Foreign Reporting (8938)**No. **82.2** p2

Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference.

**FOREIGN DEPOSIT AND CUSTODIAL ACCOUNTS (Part I)**

	2025 Amount	2024 Amount
Description of asset .....		
Type of account: 1=deposit, 2=custodial .....		
Use financial institution information from Form 114 .....		
Financial institution information (if not filing Form 114):		
Maximum value of account during year .....		
Name of institution .....		
Account number (mandatory for part I) .....		
Mailing address of institution .....		
City of institution .....		
State/province of institution .....		
Postal code of institution .....		
Country of institution .....		
1=account opened during year .....		
1=account closed during year .....		
1=account jointly owned with spouse .....		
1=no tax item in Part III with respect to this account .....		
1=used foreign currency exchange rate to convert value to US dollars .....		
Foreign currency in which account is maintained .....		
Foreign currency exchange rate (xxxx.xxxx) .....		
Source of exchange rate .....		

**OTHER FOREIGN ASSETS (Part II)**

Identifying number or other designation (mandatory for part II) .....	
Date asset acquired during year (m/d/y) .....	
Date asset disposed of during year (m/d/y) .....	
1=jointly owned with spouse .....	
1=no tax item in Part III with respect to this asset .....	
Maximum value of asset during year .....	
1=used foreign currency exchange rate to convert value to US dollars .....	
Foreign currency in which asset is denominated .....	
Foreign currency exchange rate (xxxx.xxxx) .....	
Source of exchange rate .....	
Foreign entity information (complete if stock or interest):	
Name of entity .....	
Type of entity .....	
Mailing address of entity .....	
City of entity .....	
State/province of entity .....	
Postal code of entity .....	
Country of entity .....	

**1****Type of Entity**

- 1 = Partnership  
 2 = Corporation  
 3 = Trust  
 4 = Estate

**82.2** p2

**2025****1040****US****Foreign Reporting (8938) (continued)**No. **82.2** p2

Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference.

**OTHER FOREIGN ASSETS (Part II) (continued)**

Issuer or counterparty (#1):

Name .....

1=issuer, 2=counterparty .....

Type of issuer or counterparty (see table 2) .....

Issuer or counterparty: 1=US person, 2=foreign person .....

Mailing address .....

City .....

State/province .....

Postal code .....

Country .....


Issuer or counterparty (#2):

Name .....

1=issuer, 2=counterparty .....

Type of issuer or counterparty (see table 2) .....

Issuer or counterparty: 1=US person, 2=foreign person .....

Mailing address .....

City .....

State/province .....

Postal code .....

Country .....


Issuer or counterparty (#3):

Name .....

1=issuer, 2=counterparty .....

Type of issuer or counterparty (see table 2) .....

Issuer or counterparty: 1=US person, 2=foreign person .....

Mailing address .....

City .....

State/province .....

Postal code .....

Country .....


Issuer or counterparty (#4):

Name .....

1=issuer, 2=counterparty .....

Type of issuer or counterparty (see table 2) .....

Issuer or counterparty: 1=US person, 2=foreign person .....

Mailing address .....

City .....

State/province .....

Postal code .....

Country .....


**2****Type of Issuer or Counterparty**

1 = Individual  
 2 = Partnership  
 3 = Corporation  
 4 = Trust  
 5 = Estate

**82.2** p2

Series: Additional Information