

Taxpayer Information	Spouse Information
Last name	Last name.....
First name	First name
Middle Initial.....	Middle Initial.....
Suffix.....	Suffix.....
Social security number	Social security number
Occupation	Occupation.....
Work phone	Work phone.....
Ext ...	Ext ...
Cell phone	Cell phone
E-mail address.....	E-mail address.....
Date of birth	Date of birth
Address	Apartment number.....
City	State.....
	ZIP Code.....
Home phone.....	Fax number

Dependent Information

First name	MI	Social Security Number	Date	Months Lived	Child Care
Last name	Suffix	Relationship	of Birth	with Taxpayer	Expense

Child and Dependent Care Provider Expenses

Name	Address	ID Number	Amount Paid

Education Tuition and Fees

Attach all Form 1098-Ts and a list of your qualified education expenses.

Student Loan Interest Paid

Enter total 2025 qualified student loan interest.....

Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation

Employer Name

2024 Amount

_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc

1099-R Payer Name

2024 Amount

PENSION _____	_____
_____	_____
_____	_____

Attach Form(s) SSA-1099 – Social Security/Railroad Benefits

Taxpayer

Spouse

Social Security Benefits from Form SSA-1099	_____	_____
Railroad Retirement Benefits from Form RRB-1099	_____	_____
Medicare B premiums withheld.....	_____	_____
Medicare C premiums withheld.....	_____	_____
Medicare D premiums withheld.....	_____	_____

Attach Form(s) 1099-MISC – Miscellaneous Income, 1099-NEC, and 1099-K

1099-MISC, 1099-NEC, and 1099-K Payer Name

Attach Form(s) 1099-INT – Interest Income

1099-INT Payer Name

2024 Amount

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-DIV – Dividend Income

1099-DIV Payer Name

2024 Amount

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc

Attach all stock sale transaction information, including initial cost information.

Other Government Forms to attach:

Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

Other Income:

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

Retirement Plan Contributions

Taxpayer

Spouse

Traditional IRA contributions made for 2025	_____	_____
Roth IRA contributions made for 2025	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions	_____	_____

2025 Deductions

Medical and Dental Expenses	2025 Amount	2024 Amount
Prescription medications.....		
Health insurance premiums		
Doctors, dentists, etc		
Hospitals, clinics, etc		
Eyeglasses and contact lenses		
Miles driven for medical purposes.....		
Other medical and dental expenses: _____		

Taxes	2025 Amount	2024 Amount
Real estate taxes paid on principal residence		
Real estate taxes paid on additional homes or land		
Auto license registration fees based on the value of the vehicle		
Other personal property taxes		

Interest Expenses		
Home mortgage interest paid — Attach Form(s) 1098.		
Lender's Name	2025 Amount	2024 Amount
Points paid on loan to buy, build or improve main home		
Lender's Name	2025 Amount	

Cash/Check/Credit Contributions	2025 Amount	2024 Amount

Noncash Charitable Contributions
Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.

Miscellaneous Deductions	2025 Amount	2024 Amount
Union and professional dues		
Professional subscriptions, books, supplies		
Uniforms and protective clothing (including cleaning)		
Job search costs		
Taxpayer educator expenses.....		
Spouse educator expenses.....		
Tax return preparation fees		
Safe deposit box rental		
Gambling losses (to the extent of gambling income)		
Other expenses (list): _____		

	Yes	No
1 Did a lender cancel any of your debt in 2025? (Attach any Forms 1099-A or 1099-C).....	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2025? If yes , please attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you purchase a motor vehicle or boat during 2025? If yes , attach documentation showing sales tax paid.	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you purchase a hybrid or electric vehicle in 2025? If yes , enter year, make, model, and date purchased: _____	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you pay qualified passenger vehicle loan interest in 2025? If yes , attach documentation showing interest paid.	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you donate a vehicle in 2025? If yes , attach Form 1098C.....	<input type="checkbox"/>	<input type="checkbox"/>
7 What was the sales tax rate in your locality in 2025? % State ID		
8 Did your marital status change during 2025? If yes , explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
9 Were you or your spouse permanently and totally disabled in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you have dependents who must file?	<input type="checkbox"/>	<input type="checkbox"/>
11 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,700?...	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you provide over half the support for any other person during 2025?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you incur adoption expenses during 2025?	<input type="checkbox"/>	<input type="checkbox"/>
14 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you receive any disability payments in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
16 Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
17 a Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2025? If yes , attach closing or escrow statements, 1099-C or 1099-A forms.....	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you incur any casualty or theft losses during 2025?	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you pay any individual for domestic services in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did you take a retirement account distribution related to a natural disaster?	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you buy or sell any stocks or bonds in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
23 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? ..	<input type="checkbox"/>	<input type="checkbox"/>
24 Did you incur any moving expenses? If yes , attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
25 Did you receive any income not included in this Tax Organizer?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please attach information.		
26 Do you expect your income and deductions in 2026 to be the same as 2025?	<input type="checkbox"/>	<input type="checkbox"/>
If no , attach explanation of changes expected.		
27 Did you receive Form 1095-A (Health Insurance Marketplace Statement)? If so, please attach	<input type="checkbox"/>	<input type="checkbox"/>
28 At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?	<input type="checkbox"/>	<input type="checkbox"/>
29 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____		
30 Enter your state of residence..... Taxpayer _____ Spouse _____		
31 a Do you want to change the language with which the IRS communicates with you?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes, which language?		

Electronic Filing and Direct Deposit of Refund

	Yes	No
If your tax return is eligible for Electronic Filing, would you like to file electronically?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.		
If you receive a refund, would you like direct deposit?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please provide a voided check (not a deposit slip) if your bank account information has changed.		
What type of account is this?	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

Estimated Tax Paid

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

Additional Information (Enter any additional information here and attach any documents.)

Health Insurance Coverage

ORG3A

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

Part 1 Coverage

Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:

Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2020, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

ORG3A

Business Income and Expenses

ORG19

GENERAL INFORMATION

Is this activity a qualified trade or business under Section 199A? ☐ Yes ☐ No

1 Check ownership ☒ Taxpayer ☐ Spouse ☐ Joint

2 Business name

3 a Business street address.....

b 1 City, State and Zip Code, or

2 Foreign country..... (not applicable)

4 Principal business/profession

5 Employer ID number.....

6 Business code (Preparer Use Only)

Yes No

7 Was this business fully disposed of in a fully taxable transaction during 2025 ?..... ☐ ☐

8 Accounting method:

Cash ☐ Accrual ☐ Other (specify) ☐

9 Method used to value closing inventory:

Cost ☐ Lower of cost or market ☐ Other (explain) ☐

Yes No

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory?

(If yes, attach explanation)

11 Did you materially participate in the operation of this business during 2025 ?

12 Did you start or acquire this business during 2025 ?

13 a Did you make any payments in 2025 that require you to file Forms 1099?

b If yes, did you or will you file all the required Forms 1099?

14 At-risk determination:

a Is all of the investment in this activity at risk?

b Is some of the investment in this activity not at risk?

15 Did you have unallowed passive losses in 2024 ?

16 a Treat all MACRS assets for this activity as qualified Indian reservation property?

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property?..... Regular ☐ Extension ☐ No ☒

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?

d Was this business located in a Qualified Disaster Area?

SUSPENDED LOSSES — CARRYOVER FROM 2024

REGULAR

AMT

a Section 179 limited by Form 4562

At-risk Losses Carryover

b Schedule C

c Schedule D Short-term

d Schedule D Long-term.....

e Form 4797 Ordinary.....

f Form 4797 Long-term.....

Passive Losses Carryover

g Schedule C

h Schedule D Short-term

i Schedule D Long-term.....

j Form 4797 Ordinary.....

k Form 4797 Long-term.....

INCOME

2025

2024

17 Gross receipts or sales.....

18 Returns and allowances plus other adjustments.....

19 Other income (include federal/state gas tax credit/refund)

Business Income and Expenses (continued)

ORG19

COST OF GOODS SOLD – IF APPLICABLE		2025	2024
20	Inventory at beginning of year		
21	Purchases		
22	Items withdrawn for personal use		
23	Cost of labor (do not include your salary)		
24	Materials and supplies		
25	Other costs		
26	Inventory at end of year.....		
EXPENSES		2025	2024
Business name _____			
27	Advertising		
28	Car and truck expenses (complete ORG18).....		
29	Commissions and fees		
30	Contract labor		
31	Depletion		
32	Depreciation and Section 179 deduction (Preparer Use Only)		
33	Employee benefit programs:		
a	Employee health insurance premiums		
b	Other employee benefit programs		
34	Insurance (other than health)		
35	Self-employed health insurance attributable to this business		
36	Interest:		
a	Mortgage paid to banks not reported to you on Form 1098.....		
b	Other		
37	Legal and professional services		
38	Office expenses		
39	Pension and profit-sharing plans		
40	Rent or lease:		
a	Machinery and equipment (enter vehicle lease on ORG18)		
b	Other business property.....		
41	Repairs and maintenance		
42	Supplies (not included in cost of goods sold)		
43	Taxes and licenses not reported to you on Form 1098		
44	Travel and meals		
a	Travel.....		
b	Meals subject to 50% limit.....		
c	Meals subject to 80% limit.....		
d	Meals not subject to limit		
45	Utilities		
46	Gross wages		
47	Other expenses:		

48	Expenses for business use of your home (Preparer Use Only)		
	Complete ORG20 for Business Use of Home.		
49	Qualified pension plan start-up costs		
50	DPAD (line 6) from cooperative(s) with tax year beginning before Jan. 1, 2018.....		
51	DPAD (line 6) from cooperative(s) with tax year beginning after Dec. 31, 2017		