

Dear :

We have prepared the enclosed Tax Organizer, which is designed to help you gather tax information needed to prepare your 2025 personal income tax return. We have preprinted certain information from your 2024 personal income tax return to help you complete the Tax Organizer with minimal time and effort. The prior year amounts are for comparison purposes only; you do not need to change these amounts.

In your Tax Organizer, social security numbers and bank account numbers have been replaced with asterisks to protect your privacy and personal information. Please notify us if any of this information has changed. Then, when you receive your completed tax return(s), please review all social security numbers and bank account information for accuracy and report any discrepancies to our office immediately.

Enter 2025 information on the Tax Organizer sheets provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections. The Tax Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for other information not provided in the Tax Organizer.

Whether you choose to complete this organizer or not, please sign and date the engagement letter on the front of the organizer and return it with your tax documents. We will also need the following:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, non-employee compensation, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, virtual currencies, etc.
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions.
- Information on any cancellation or modification of debt.
- Copies of closing statements regarding the refinance, sale, or purchase of real property.
- Copies of invoices and sales tax receipts for any vehicle purchases.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Six-digit Identity Protection PIN if sent to you by the IRS.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax returns from the last three years, if not prepared by this office.

Include all other information that we may need to prepare your returns or to evaluate your tax situation.

Please be aware that the IRS does not initiate contact by phone, email, text messages, or social media. Such contact is typically a phishing scam and should be reported to the IRS by email to phishing@irs.gov. Please contact our office regarding any correspondence that you receive from a taxing authority.

Submit complete information well before March 21, 2026 to allow us to prepare your returns prior to the April 15, 2026 deadline. We do not automatically file tax extensions for clients, you must notify us in writing or e-mail if you need us to file an extension. An extension does not relieve you from paying any tax due by the due date; you may be subject to penalties and interest.

Thank you for the opportunity to serve you.

Kongs & Seib, PA

2025 TAX ENGAGEMENT FOR

We appreciate the opportunity to work with you. This letter is required to specify and confirm the terms of our engagement with you and to clarify our mutual responsibilities in the preparation of your tax returns. The law provides various penalties that may be imposed on taxpayers, and potentially on us as return preparers, for failure to observe due care in reporting for income tax returns or when there is an understatement of tax liability. Therefore, we require you to confirm the following arrangements concerning the nature and limitations of the services we will provide by reading, signing and returning this engagement letter to our firm.

Kongs & Seib, P.A. will prepare your 2025 federal Form 1040, resident state, and the following requested (_____) state/local income tax return(s) and related forms and schedules from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although we may ask you for clarification of some of the information. It is your responsibility to provide all the information required for the preparation of complete and accurate returns. If you have taxable activity in a state/locality other than those that you specifically requested returns for, you are responsible for providing our firm with all information necessary to prepare any additional applicable state/local income tax returns as well as informing us of the applicable states/localities. Our services are not intended to determine whether you have filing requirements in state(s)/localities other than those you request.

US citizens and resident aliens are required to report worldwide income on their US tax return. You are responsible to provide to us any and all information regarding income derived from or in a foreign country or investments or accounts in a foreign country. If you do not provide our firm with information regarding any interest you may have in a foreign account, we will not be able to prepare any of the required United States federal tax related forms, and penalties may be due, for which we have no responsibility. In the absence of such information being provided we will presume you do not have any foreign assets or financial interests and we will not prepare or file any applicable disclosure forms. We will not prepare returns for any other countries. You are responsible for any foreign country tax or reporting requirements.

In addition, the Internal Revenue Service requires information reporting if you are an officer, director or shareholder with respect to certain foreign corporations, a foreign-owned US corporation or a foreign corporation engaged in a U.S. trade or business or a U.S. transferor of property to a foreign corporation. You are responsible for informing us if you fall into one of the above reporting categories and you agree to provide us with the information necessary.

When a self-employed taxpayer reduces taxable income through tax deductions there is also a reduction in earned income reported to the Social Security Administration, which could reduce current and future benefits for the taxpayer and their dependents. You acknowledge and agree to the current tax reduction and also acknowledge and agree to the potential negative effects on future social security benefits for you, your spouse and any dependents.

You are responsible to provide to us information on all income you received from all activities including barter, cryptocurrency, cryptocurrency mining, consumer-to-consumer activity, cash-based revenues and all other income whether received in-person, in-kind, or electronically. Cryptocurrency activity may require reporting on tax returns filed with other countries. We have not determined if such returns are due nor have we been hired to determine filing requirements or file any tax returns for foreign countries.

You confirm that you have or will timely file any applicable required Forms W-2 and W-3 with the Social Security Administration and IRS for business employees or home-workers.

State sales tax laws regarding the collection and remittance of sales tax by both in state and out of state business and individual sellers of goods and in some case services require separate registration, collection, filing and payment with many states. We are not engaged to, nor will we, determine whether individual state sales tax rules apply to your business, if any. Determination of whether an individual state's sales tax rules apply to your activities are your responsibility. Failure to register and file with an appropriate state may expose you to severe penalties.

Assisting you with your compliance with the Corporate Transparency Act ("CTA"), including beneficial ownership information ("BOI") reporting, is not within the scope of this engagement. You have sole responsibility for your compliance with the CTA, including its BOI reporting requirements and the collection of relevant ownership information. We shall have no liability resulting from your failure to comply with CTA. Information regarding the BOI reporting requirements can be found at <https://www.fincen.gov/boi>. Consider consulting with legal counsel if you have questions regarding the applicability of the CTA's reporting requirements and issues surrounding the collection of relevant ownership information.

We do not keep original client records, so we will return those to you at the completion of the services rendered. It is also your responsibility to maintain, in your records, the documentation necessary to support the data used in preparing your tax returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. It is our firm's policy to retain copies of your tax returns for seven years, after which they may be destroyed. Your signature on Form 8879 acknowledges your receipt of the original documents provided to us.

We do not automatically file tax extensions for clients. You must notify us in writing, email or fax if you wish us to file an extension, and the notification should include your estimate of any balance due with the extension. Failure to file an extension may make you subject to various penalties and interest. Additionally, if your return is extended it does not relieve you from paying any tax due on the due date or making quarterly estimated tax payments for the current year. Failure to pay any tax due with the extension or failure to pay quarterly estimated tax payments may make you subject to various penalties and interest.

From time to time during our relationship, you may seek our advice with regard to potential investments. We are not investment advisors. Accordingly, we suggest that you seek the advice of qualified investment advisors appropriate to each investment being considered. We do not and will not advise you regarding the economic viability or consequences of an investment or whether you should or should not make a particular investment.

Your returns may be selected for review by the taxing authorities. It is your responsibility to maintain, in your records, the documentation necessary to support the data used in preparing your tax returns, and the required documents to support charitable contributions for three years from the filing date. It is also your responsibility to carefully examine and approve your completed tax returns before signing them and the filing with the tax authorities or signing and returning the electronic filing authorization forms. We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties and interest. We will rely, without further verification, upon information you provide to us from 3rd parties including, but not limited to, K1's, 1099's, 1098's, and receipts and similar items. Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist.

Fees for our services will be at our standard rates plus expenses. Our fees do not include responding to inquires or examination by taxing authorities or third parties, for which you will be separately billed for time and expenses involved. However, we are available to represent you and our fees for such services would be covered under a separate engagement letter. You agree to immediately notify us upon the receipt of any correspondence from any agency covered by this letter. All invoices are due and payable upon presentation, and past due invoices will be subject to a finance charge of 18% per annum.

To the fullest extent permitted by law, you agree to limit our liability to you for any and all claims, losses, costs, and damages of any nature whatsoever, so that our total aggregate liability to you shall not exceed our total fee for services rendered under this agreement. The parties intend and agree that this limitation apply to any and all liability or cause of action against us, unless otherwise prohibited by law. Both parties agree that there is a one-year limitation period, beginning upon the date of the tax professional's signature on the tax returns covered by this engagement letter, to bring claim against us for errors and omissions.

In connection with this engagement, we may communicate with you or others via email transmission. As emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that emails from us will be properly delivered and read only by the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure of emails transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect, or special damages, such as loss of revenues or anticipated profits, or disclosure or communication of confidential or proprietary information.

If you utilize our secure web portals, your use of this portal must comply with our standards of use, and as owners of the portal we retain the right to limit and deny use of the portal for inappropriate purposes. Your access to files maintained on the portal may be terminated no later than 30 days after the earlier of your or our termination of services under this agreement or upon completion of your tax return. While we will use our best efforts to keep such communications secure in accordance with our obligations under applicable laws and professional standards, you recognize and accept that we have no control over the unauthorized interception of these communications once they have been sent and consent to our use of these devices.

This engagement letter represents the entire agreement regarding the services described herein and supersedes all prior negotiations, proposals, representations or agreements, written or oral, regarding these services. It shall be binding on the heirs, successors and assigns of you and us.

If any dispute arises among the parties, they agree to try in good faith to settle the dispute by mediation administered by the American Arbitration Association (AAA) under its Rules for Professional Accounting and Related Services Disputes. All unresolved disputes shall then be decided by final and binding arbitration in accordance with the Rules for Professional Accounting and Related Services Disputes of the AAA. Fees charged by any mediators, arbitrators, or the AAA shall be shared equally by all parties. In agreeing to arbitration, we both acknowledge that in the event of a dispute, each of us is giving up the right to have the dispute decided in a court of law before a judge or jury and instead we are accepting the use of arbitration for resolution.

Please sign and date this letter to acknowledge your agreement with and acceptance of your responsibilities and the terms of this engagement. We are pleased to have you as a client and appreciate this opportunity to be of service.

Accepted by: _____ Date: _____ Date: _____
(Taxpayer) (Spouse, if applicable)

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you live separately from your spouse during the last six months of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bank account or other type of account with a routing transit number (RTN) and account number that can be used to direct deposit (or direct debit) funds?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account numbers change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS notice for filing returns in 2026.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires and other disaster situations.	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did the children who live with you spend more than half the year with you in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,700?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other person(s) who lived with you more than half the year in the United States but not claimed by you last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS notice for use during the 2026 filing season.	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an eligible child under age 18 and want to open a new tax-deferred investment account called a "Trump Account" that will be available in July 2026?	<input type="checkbox"/>	<input type="checkbox"/>
If you initiate a Trump Account for any eligible child born in 2025, a contribution pilot program provides a \$1,000 contribution. Do you wish to receive the contribution?	<input type="checkbox"/>	<input type="checkbox"/>

Purchases, Sales and Debt Information

- | | | |
|--|--------------------------|--------------------------|
| Did you start a new business or purchase rental property during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have ownership interest in any type of business? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell, exchange, or purchase any assets used in your trade or business? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you acquire a new or additional interest in a partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell, exchange, or purchase any real estate during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase or sell a principal residence during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you foreclose or abandon a principal residence or real property during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you acquire or dispose of any stock during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you take out a home equity loan this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance a principal residence or second home this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell an existing business, rental, or other property this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you lend money with the understanding of repayment and this year it became totally uncollectable? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase a new or previously owned clean vehicle this year that is eligible for the new clean vehicle credit? If yes, attach the vehicle statement from the dealer even if you received the credit when purchased at the dealer. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a Form 1099-K for the sale of personal property for a gain or loss? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase a new U.S. assembled vehicle in 2025 for personal use and financed with an auto loan? If yes, attach the vehicle statement from the dealer. | <input type="checkbox"/> | <input type="checkbox"/> |

Income Information

- | | | |
|---|--------------------------|--------------------------|
| Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any income from property sold prior to this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any unemployment benefits during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any disability income during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any Medicaid waiver payments as difficulty of care during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive tip income not reported to your employer this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did any of your life insurance policies mature, or did you surrender any policies? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any awards, prizes, hobby income, gambling or lottery winnings? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any income considered to be nonemployee compensation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for work done in what is commonly referred to as the "gig" economy? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a Form 1099-K for a distribution payment from an online crowdfunding solicitation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a Form 1099-K that you believe is in error? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you expect a large fluctuation in income, deductions, or withholding next year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any sales or other exchanges of digital assets (including from an airdrop or a hard fork) or use digital assets to pay for goods or services? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a Form 1099-DA for the sale of a digital asset? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive tips in 2025 in a job where tips are customary? For example, food service, hospitality, salons, or transportation. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive overtime pay required under federal overtime rules for working more than 40 hours in a work week? | <input type="checkbox"/> | <input type="checkbox"/> |

Retirement Information

- | | | |
|---|--------------------------|--------------------------|
| Are you an active participant in a pension or retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any Social Security benefits during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, were any withdrawals due to a Federally declared disaster? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2025? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any lump-sum payments from a pension, profit sharing or | | |

- 401(k) plan?
- Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- Did you receive any qualified birth or adoption distributions, emergency personal expense distributions, domestic abuse distributions, or terminal illness distributions in 2025?
- If yes, did you repay any of the distributions in 2025?
- Did you make any qualified charitable distributions (QCD) from your retirement account this year?

Education Information

- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?
- Did anyone in your family receive a scholarship of any kind during the year?
- If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?
- Did you make any withdrawals from an education savings or 529 Plan account?
- If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?

Health Care Information

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLE (Achieving a Better Life Experience) account?
- Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account?
- If you are a business owner, did you pay health insurance premiums for your employees this year?

Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- If yes, did the loss occur in a Federally declared disaster area?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Did you make any cash or other monetary charitable contributions?
- Did you make any noncash charitable contributions (clothes, furniture, etc.)?
- If yes to either of the above charitable contribution questions, please provide evidence such as a receipt from the donee organization, canceled check, or record of

payment, to substantiate all contributions made.

- | | | |
|---|--------------------------|--------------------------|
| Did you donate a vehicle or boat during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay real estate taxes for your primary home and/or second home? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any state income tax, including withholdings and estimated payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any city or local income taxes, including withholdings and estimated payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any personal property tax, such as vehicle, boat, or RV? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any mortgage interest on an existing home loan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur interest expenses associated with any investment accounts you held? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any major purchases during the year (cars, boats, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax? | <input type="checkbox"/> | <input type="checkbox"/> |

Miscellaneous Information

- | | | |
|--|--------------------------|--------------------------|
| Did you make federal estimated tax payments for 2025? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make gifts of more than \$19,000 to any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you utilize an area of your home for business purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive goods or services in exchange for your goods or services (barter)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you retire or change jobs this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any individual as a household employee during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make energy efficient improvements to your main home this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a distribution from, or were you a grantor or transferor for a foreign trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you a foreign owner or do you control 25% of a foreign company's ownership interest for a foreign company registered with a secretary of state or similar office? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, did you file its initial Beneficial Ownership Information Report (BOIR)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you were required to file a Beneficial Ownership Information Report (BOIR) with the Financial Crimes Enforcement Network (FinCEN), has any of the previously reported information changed (for either the foreign reporting company or any of the beneficial owners)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive correspondence from the State or the IRS? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____ | | |
| Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund. | <input type="checkbox"/> | <input type="checkbox"/> |

General: 1040

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) _____

Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____

Taxpayer **Spouse**

Social security number _____

First name _____

Last name _____

Occupation _____

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) _____

Mark if legally blind _____

Mark if dependent of another taxpayer _____

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

Do you authorize us to discuss your return with the IRS (Y, N) _____

General: 1040, Contact

Present Mailing Address

Address _____

Apartment number _____

City/State postal code/Zip code _____

Foreign country name _____

Foreign phone number _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040

Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441

Child and Dependent Care Expenses

Provider information:

Business name _____

First and Last name _____

Street address _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____

Amount paid to care provider in 2025 _____

Taxpayer **Spouse**

Employer-provided dependent care benefits that were forfeited _____

NOTES/QUESTIONS:

Income: W2

Salary and Wages

Please provide all copies of Form W-2 that you receive.

Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
---	_____	_____	---
---	_____	_____	---
---	_____	_____	---
---	_____	_____	---
---	_____	_____	---

Retirement: 1099R

Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.

Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
---	_____	_____	---
---	_____	_____	---
---	_____	_____	---
---	_____	_____	---

Income: K1, K1T

Schedules K-1

Please provide all copies of Schedule K-1 that you receive.

Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
---	_____	_____	---
---	_____	_____	---
---	_____	_____	---
---	_____	_____	---

Income: W2G

Gambling Income

Please provide all copies of Form W-2G that you receive.

Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
---	_____	_____	---
---	_____	_____	---

Educate: 1099Q

Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.

Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
---	_____	_____	---
---	_____	_____	---

NOTES/QUESTIONS:

Income: B1

Interest Income

Please provide all copies of Form 1099-INT or other statements reporting interest income.

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3

Seller Financed Mortgage Interest

T, S, J _____ Payer's name _____ Payer's social security number _____
 Payer's address, city, state, zip code _____
 Amount received in 2025 _____ Amount received in 2024 _____

Income: B2

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income

Other Income

Please provide copies of all supporting documentation.

State and local income tax refunds			2025 Information	Prior Year Information
			_____	_____
Alimony received	T/S	Agreement Date	2025 Information	Prior Year Information
	_____	_____	_____	_____
Unemployment compensation		Taxpayer	Spouse	Prior Year Information
Unemployment compensation repaid		_____	_____	_____
Social security benefits		_____	_____	_____
Medicare premiums to be reported on Schedule A		_____	_____	_____
Railroad retirement benefits		_____	_____	_____
T/S/J			2025 Information	Prior Year Information
Other Income:			_____	_____
_____			_____	_____
_____			_____	_____

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Traditional IRA Contributions for 2025 -

If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2025

Roth IRA Contributions for 2025 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2025

	Taxpayer	Spouse
Code	___	___
Total Traditional IRA Contributions	_____	_____
Mark if you want to contribute the maximum Roth IRA contribution	___	___
Total Roth IRA Contributions	_____	_____

Educate: Educate2

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2025 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2025 Information	Prior Year Information
___	_____	_____	_____
___	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2025. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____

*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home due to service in the armed forces.

Description of move	_____
Taxpayer/Spouse/Joint (T, S, J)	___
Mark if the move was due to service in the armed forces	___
Number of miles from old home to new workplace	_____
Number of miles from old home to old workplace	_____
Mark if move is outside United States or its possessions	___
Transportation and storage expenses	_____
Travel and lodging (not including meals)	_____
Total amount reimbursed for moving expenses	_____

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2025 Information	Prior Year Information
___	_____	_____	_____	_____	_____

Street address

City, State and Zip code

*Enter the divorce/separation agreement date

Taxpayer	Spouse	Prior Year Information
----------	--------	------------------------

Educator expenses:

_____	_____	_____	_____
_____	_____	_____	_____

Other adjustments:

_____	_____	_____	_____
_____	_____	_____	_____

Itemized: A1

Medical and Dental Expenses

T/S/J		2025 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid***	_____	_____
—	Long-term care premiums you paid***	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items (21 cents)	_____	_____

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1

Tax Expenses

T/S/J		2025 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2024 state and local income taxes paid in 2025	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2

Interest Expenses

T/S/J		2025 Information	Prior Year Information
—	Home mortgage interest From Form 1098	_____	_____
T/S/J	Other home mortgage interest paid to individuals:		
	Payee's Name	SSN or EIN	2025 Information
—	_____	_____	_____
	Address	City	State Zip Code
	_____	_____	_____
T/S/J		2025 Information	Prior Year Information
—	Investment interest expense, other than on Sch K-1s:	_____	_____
	Refinancing Information: Refinance #1	Refinance #2	
T/S/J			
—	Recipient/Lender name	_____	_____
—	Total points paid at time of refinance	_____	_____
—	Date of refinance	_____	_____
—	Term of new loan (in months)	_____	_____
—	Reported on Form 1098 in 2025	_____	_____

Itemized: A3

Charitable Contributions

T/S/J		2025 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3, A-St

Miscellaneous Deductions

T/S/J		2025 Information	Prior Year Information
—	Other expenses	_____	_____
—	Gambling losses (enter only if you have gambling income)	_____	_____
	***STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA		
T/S/J		2025 Information	Prior Year Information
—	Unreimbursed expenses***	_____	_____
—	Union dues, other than amounts reported on Form W-2***	_____	_____
—	Tax preparation fees***	_____	_____
—	Other expenses, subject to 2% AGI limitation***:	_____	_____
—	_____	_____	_____
—	Safe deposit box rental***	_____	_____
—	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***	_____	_____

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below. In accordance with Executive Order 14247, the IRS has phased out paper checks for refunds and payments as of September 30, 2025. Failure to provide bank information will delay IRS processing of refunds.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _____

Primary account:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund
 Dollar _____ or Percent (xxx.xx) _____

Secondary account #1:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund
 Dollar _____ or Percent (xxx.xx) _____

Secondary account #2:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund
 Dollar _____ or Percent (xxx.xx) _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____

Identification number _____

Issue date _____

Expiration date _____

Location of issuance _____

Document number (New York only) _____

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____

Identification number _____

Issue date _____

Expiration date _____

Location of issuance _____

Document number (New York only) _____

NOTES/QUESTIONS:

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) _____[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes. This is not the same as an IRS assigned six-digit Identity Protection PIN (IP PIN).

Taxpayer self-selected Personal Identification Number (PIN) (Not an IRS assigned six-digit IP PIN) _____[7]

Spouse self-selected Personal Identification Number (PIN) (Not an IRS assigned six-digit IP PIN) _____[8]

NOTES/QUESTIONS:

1 Preparer use only

	2025 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Business name	_____ [5]	
Principal business/profession	_____ [6]	
Business code	_____ [12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	_____ [15]	
City/State/Zip	_____ [16] _____ [17] _____ [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [19]	_____
If other:	_____ [21]	_____
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [22]	_____
If other enter explanation:	_____ [24]	

Enter an explanation if there was a change in determining your inventory:	_____ [25]	

Did you "materially participate" in this business? (Y, N)	_____ [26]	_____
If not, number of hours you did significantly participate	_____ [28]	_____
Mark if you began or acquired this business in 2025	_____ [30]	
Did you make any payments in 2025 that require you to file Form(s) 1099? (Y, N)	_____ [31]	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [33]	_____
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [35]	_____
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [37]	_____
Medical insurance premiums paid by this activity	+ _____ [41]	_____
Long-term care premiums paid by this activity	+ _____ [45]	_____
Amount of wages received as a statutory employee	+ _____ [48]	_____

Business Income

	2025 Information	Prior Year Information
Gross receipts and sales		
_____	+ _____ [53]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Returns and allowances	+ _____ [56]	_____
Other income:		
_____	+ _____ [58]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

Cost of Goods Sold

	2025 Information	Prior Year Information
Beginning inventory	+ _____ [60]	_____
Purchases	+ _____ [62]	_____
Labor:		
_____	+ _____ [64]	_____
_____	+ _____	_____
Materials	+ _____ [66]	_____
Other costs:		
_____	+ _____ [68]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Ending inventory	+ _____ [70]	_____

Control Totals +

BUSINESS

1 Preparer use only

		2025 Information	Prior Year Information
Description		[2]	
Taxpayer/Spouse/Joint (T, S, J)	[3]	State postal code	[5]
Physical address: Street		[6]	
City, state, zip code	[7] [8]	[9]	
Foreign country		[11]	
Foreign province/county		[12]	
Foreign postal code		[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty)		[14]	
Description of other type (Type code #8)		[15]	
Did you make any payments in 2025 that require you to file Form(s) 1099? (Y,N)		[16]	—
If "Yes", did you or will you file all required Forms 1099? (Y, N)		[18]	—
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)		[20]	
Percentage of ownership if not 100%		[22]	
Business use percentage, if not 100% (Not vacation home percentage)		[24]	

Rent and Royalty Income

Rents and royalties	2025 Information	Prior Year Information
	+ [33]	

Rent and Royalty Expenses

	2025 Information	Percent if not 100%	Prior Year Information
Advertising	+ [35]	[36]	
Auto	+ [38]	[39]	
Travel	+ [41]	[42]	
Cleaning and maintenance	+ [44]	[45]	
Commissions:			
	+ [47]	[49]	
Insurance:			
	+ [50]	[52]	
Legal and professional fees	+ [54]	[55]	
Management fees:			
	+ [57]	[59]	
Mortgage interest paid to banks, etc (Form 1098)			
	+ [60]	[62]	
Other mortgage interest	+ [63]	[65]	
Qualified mortgage insurance premiums	+ [66]	[67]	
Other interest:			
	+ [69]	[71]	
Repairs	+ [72]	[73]	
Supplies	+ [75]	[76]	
Taxes:			
	+ [78]	[80]	
Utilities	+ [81]	[82]	
Depreciation	+ [84]	[85]	
Depletion	+ [87]	[88]	
Other expenses:			
	+ [90]		

C 1 Preparer use only

Principal business or profession [3]
Taxpayer/Spouse/Joint (T, S, J) [4]
State postal code [5]

Business Use of Home

Table with 3 columns: Description, 2025 Information, Prior Year Information. Rows include Total area of home, Area used exclusively for business, Information for day-care facilities only, and Special computation for certain day-care facilities.

List as direct expenses any expenses which are attributable only to the business part of your home.
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

Table with 4 columns: Description, 2025 Information (Direct Expenses), 2025 Information (Indirect Expenses), Prior Year Information. Rows include Mortgage interest, Real estate taxes, Excess mortgage interest, Insurance, Rent, Repairs & maintenance, Utilities, Other expenses, Excess casualty losses, Carryovers, and Business expenses not from business use of home.

NOTES/QUESTIONS:

C 1 Preparer use only

Activity name

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

		Description of Asset Acquired	Date Acquired	Cost or Basis
EXAMPLE		2025 Model T - (EXAMPLE ASSET)	03/09/25	25,750
	Comments:	22,500 job-related miles, 25,000 total miles		
1	Comments:			
2	Comments:			
3	Comments:			
4	Comments:			
5	Comments:			
6	Comments:			
7	Comments:			
8	Comments:			
9	Comments:			
10	Comments:			
11	Comments:			
12	Comments:			
13	Comments:			
14	Comments:			
15	Comments:			
16	Comments:			
17	Comments:			
18	Comments:			
19	Comments:			
20	Comments:			
21	Comments:			
22	Comments:			
23	Comments:			
24	Comments:			
25	Comments:			

Notes to Preparer

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s) _____

Social security number _____