

Wesley and Shannon Hartman  
20555 Devonshire St. #442  
Chatsworth, CA 91311

November 24, 2025

Jung Novikoff & Stevens, LLP  
3205 Ocean Park Blvd. Ste 200  
Santa Monica, CA 90405

Wesley and Shannon Hartman  
20555 Devonshire St. #442  
Chatsworth, CA 91311

Dear Wesley and Shannon:

The 2025 Tax Organizer will assist you in collecting and reporting information necessary for us to properly prepare your 2025 income tax return. Please complete the organizer sections as appropriate and provide supporting documentation where necessary. Prior year data is included on the organizer sections for your reference.

Please provide us with the following additional information:

- A copy of your 2024 tax return, if not prepared by this office
- Form(s) W-2 (wages, etc.)
- Form(s) 1099 (interest, dividends, miscellaneous income, digital assets etc.)
- Schedule(s) K-1 (income/loss from partnerships, S corporations, etc.)
- Form(s) 1098 (mortgage interest) and property tax statements
- Brokerage statements from stock, bond or other investment transactions
- Closing statements pertaining to real estate transactions
- All other supporting documents (schedules, checkbooks, etc.)
- Any tax notices received from the IRS or other taxing authorities

Thank you for your help in the completion of the Tax Organizer. Please contact us if you need further assistance.

Sincerely,

|             |             |           |                      |
|-------------|-------------|-----------|----------------------|
| <b>2025</b> | <b>1040</b> | <b>US</b> | <b>Topical Index</b> |
|-------------|-------------|-----------|----------------------|

**TOPIC****FORM**

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**TOPIC****FORM**

|                                           |                |
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US

Client Information

1

**Jung Novikoff & Stevens, LLP**  
3205 Ocean Park Blvd. Ste 200  
Santa Monica, CA 90405  
Telephone number:  
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) .....                                         | 2                    |
|                 | 1=married filing separate and lived with spouse .....               |                      |
|                 | Year spouse died, if qualifying surviving spouse (2023 or 2024) ... |                      |
| Taxpayer        | First name and initial .....                                        | Wesley               |
|                 | Last name .....                                                     | Hartman              |
|                 | Title/suffix .....                                                  |                      |
|                 | Social security number .....                                        | 999-99-9999          |
|                 | Occupation .....                                                    | Director of IT       |
|                 | Date of birth (m/d/y) .....                                         | 1/01/1983            |
|                 | Date of death (m/d/y) .....                                         |                      |
|                 | 1=blind .....                                                       |                      |
| Spouse          | First name and initial .....                                        | Shannon              |
|                 | Last name .....                                                     | Hartman              |
|                 | Title/suffix .....                                                  |                      |
|                 | Social security number .....                                        | 999-99-9998          |
|                 | Occupation .....                                                    | Administrator        |
|                 | Date of birth (m/d/y) .....                                         | 1/01/1985            |
|                 | Date of death (m/d/y) .....                                         |                      |
|                 | 1=blind .....                                                       |                      |
| Address         | In care of .....                                                    |                      |
|                 | Street address .....                                                | 20555 Devonshire St. |
|                 | Apartment number .....                                              | 442                  |
|                 | City .....                                                          | Chatsworth           |
|                 | State .....                                                         | CA                   |
|                 | ZIP code .....                                                      | 91311                |
| 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)

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US/CA

## Client Information (continued)

1 p2

Please add, change or delete information for 2025.

## CLIENT INFORMATION

|                                                                                                                                                                                                           |                                                                |                              |                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Taxpayer<br>Contact<br>Information                                                                                                                                                                        | Home phone .....                                               | 818-123-4567                 | <b>Daytime Phone</b><br><br>1 = Work<br>2 = Home<br>3 = Mobile<br><br><b>RDP Filing Status</b><br><br>1 = Not applicable<br>2 = Joint<br>3 = Separate |
|                                                                                                                                                                                                           | Work phone .....                                               | 747-316-1025                 |                                                                                                                                                       |
|                                                                                                                                                                                                           | Work extension .....                                           | 456                          |                                                                                                                                                       |
|                                                                                                                                                                                                           | Daytime phone (table) .....                                    | 1                            |                                                                                                                                                       |
|                                                                                                                                                                                                           | Mobile phone .....                                             | 818-307-3644                 |                                                                                                                                                       |
|                                                                                                                                                                                                           | Fax number .....                                               | 818-789-4567                 |                                                                                                                                                       |
|                                                                                                                                                                                                           | E-mail address .....                                           | whartman@automatapracdev.com |                                                                                                                                                       |
| Spouse<br>Contact<br>Information                                                                                                                                                                          | Home phone .....                                               | 818-123-4567                 |                                                                                                                                                       |
|                                                                                                                                                                                                           | Work phone .....                                               | 818-321-6547                 |                                                                                                                                                       |
|                                                                                                                                                                                                           | Work extension .....                                           | 123                          |                                                                                                                                                       |
|                                                                                                                                                                                                           | Daytime phone (table) .....                                    | 1                            |                                                                                                                                                       |
|                                                                                                                                                                                                           | Mobile phone .....                                             | 747-316-1026                 |                                                                                                                                                       |
|                                                                                                                                                                                                           | Fax number .....                                               | 818-789-1476                 |                                                                                                                                                       |
|                                                                                                                                                                                                           | E-mail address .....                                           | whartman@automatapracdev.com |                                                                                                                                                       |
| Taxpayer<br>Authentication                                                                                                                                                                                | Driver's license no. ....                                      |                              |                                                                                                                                                       |
|                                                                                                                                                                                                           | Driver's license state .....                                   |                              |                                                                                                                                                       |
|                                                                                                                                                                                                           | Issue date (m/d/y) .....                                       |                              |                                                                                                                                                       |
|                                                                                                                                                                                                           | Expiration date (m/d/y) .....                                  |                              |                                                                                                                                                       |
|                                                                                                                                                                                                           | Theft protection PIN .....                                     |                              |                                                                                                                                                       |
| Spouse<br>Authentication                                                                                                                                                                                  | Driver's license no. ....                                      |                              |                                                                                                                                                       |
|                                                                                                                                                                                                           | Driver's license state .....                                   |                              |                                                                                                                                                       |
|                                                                                                                                                                                                           | Issue date (m/d/y) .....                                       |                              |                                                                                                                                                       |
|                                                                                                                                                                                                           | Expiration date (m/d/y) .....                                  |                              |                                                                                                                                                       |
|                                                                                                                                                                                                           | Theft protection PIN .....                                     |                              |                                                                                                                                                       |
| CA State<br>Information                                                                                                                                                                                   | Registered domestic partner<br>filing status (see table) ..... |                              |                                                                                                                                                       |
|                                                                                                                                                                                                           | 1=PMB no. in address .....                                     |                              |                                                                                                                                                       |
| NOTE: If the taxpayer's mailing address includes a private mail box number (PMB), indicate this below and enter the PMB number in the "Apartment Number" field in the Address area of Client Information. |                                                                |                              |                                                                                                                                                       |

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| <b>2025</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1040</b> | <b>US</b> | <b>Dependents</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>2</b> |  |           |           |  |                 |  |  |                                                                                                                                                                                                                                                                                                                                                                                         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                                      |  |  |                               |  |  |
| Please add, change or delete information for 2025.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                                      |  |  |                               |  |  |
| <b>DEPENDENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                                      |  |  |                               |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 35%; text-align: center;">Dependent</td> <td style="width: 35%; text-align: center;">Dependent</td> <td style="width: 10%;"></td> </tr> <tr><td>First name.....</td><td></td><td></td><td rowspan="14" style="vertical-align: top; padding: 5px;"> <b>Type of Dependent</b><br/>           1 = Child living w/taxpayer<br/>           2 = Child not living w/taxpayer<br/>           3 = Dependent other than child<br/>           4 = Head of household or qualifying surviving spouse (QSS) only, not a dependent<br/>           5 = Earned income credit only, not a dependent<br/><br/> <b>Earned Income Credit</b><br/>           1 = When applicable (default)<br/>           2 = Student age 19 to 23<br/>           3 = Disabled<br/>           4 = Force<br/>           5 = Suppress<br/><br/>           NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:<br/>           1. School records or statement<br/>           2. Landlord or property management statement<br/>           3. Health care provider statement<br/>           4. Medical records<br/>           5. Child care provider records<br/>           6. Placement agency statement<br/>           7. Social service records or statement<br/>           8. Place of worship statement<br/>           9. Indian tribe office statement<br/>           10. Employer statement<br/><br/>           NOTE: If your child is disabled, please provide one of the following forms of proof of disability:<br/>           1. Doctor statement<br/>           2. Other health care provider statement<br/>           3. Social services agency or program statement         </td> </tr> <tr><td>Last name.....</td><td></td><td></td></tr> <tr><td>Title/suffix.....</td><td></td><td></td></tr> <tr><td>Date of birth (m/d/y).....</td><td></td><td></td></tr> <tr><td>Date of death.....</td><td></td><td></td></tr> <tr><td>Date of adoption.....</td><td></td><td></td></tr> <tr><td>Social security number.....</td><td></td><td></td></tr> <tr><td>Relationship.....</td><td></td><td></td></tr> <tr><td>Months lived at home.....</td><td></td><td></td></tr> <tr><td>Type of dependent (see table).....</td><td></td><td></td></tr> <tr><td>Earned income credit (see table).....</td><td></td><td></td></tr> <tr><td>Claimed by: 1=taxpayer, 2=spouse.....</td><td></td><td></td></tr> <tr><td>IRS theft protection PIN.....</td><td></td><td></td></tr> <tr> <td></td> <td style="text-align: center;">Dependent</td> <td style="text-align: center;">Dependent</td> <td></td> </tr> <tr><td>First name.....</td><td></td><td></td></tr> <tr><td>Last name.....</td><td></td><td></td></tr> <tr><td>Title/suffix.....</td><td></td><td></td></tr> <tr><td>Date of birth (m/d/y).....</td><td></td><td></td></tr> <tr><td>Date of death.....</td><td></td><td></td></tr> <tr><td>Date of adoption.....</td><td></td><td></td></tr> <tr><td>Social security number.....</td><td></td><td></td></tr> <tr><td>Relationship.....</td><td></td><td></td></tr> <tr><td>Months lived at home.....</td><td></td><td></td></tr> <tr><td>Type of dependent (see table).....</td><td></td><td></td></tr> <tr><td>Earned income credit (see table).....</td><td></td><td></td></tr> <tr><td>Claimed by: 1=taxpayer, 2=spouse.....</td><td></td><td></td></tr> <tr><td>IRS theft protection PIN.....</td><td></td><td></td></tr> <tr> <td></td> <td style="text-align: center;">Dependent</td> <td style="text-align: center;">Dependent</td> <td></td> </tr> <tr><td>First name.....</td><td></td><td></td></tr> <tr><td>Last name.....</td><td></td><td></td></tr> <tr><td>Title/suffix.....</td><td></td><td></td></tr> <tr><td>Date of birth (m/d/y).....</td><td></td><td></td></tr> <tr><td>Date of death.....</td><td></td><td></td></tr> <tr><td>Date of adoption.....</td><td></td><td></td></tr> <tr><td>Social security number.....</td><td></td><td></td></tr> <tr><td>Relationship.....</td><td></td><td></td></tr> <tr><td>Months lived at home.....</td><td></td><td></td></tr> <tr><td>Type of dependent (see table).....</td><td></td><td></td></tr> <tr><td>Earned income credit (see table).....</td><td></td><td></td></tr> <tr><td>Claimed by: 1=taxpayer, 2=spouse.....</td><td></td><td></td></tr> <tr><td>IRS theft protection PIN.....</td><td></td><td></td></tr> </table> |             |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |  | Dependent | Dependent |  | First name..... |  |  | <b>Type of Dependent</b><br>1 = Child living w/taxpayer<br>2 = Child not living w/taxpayer<br>3 = Dependent other than child<br>4 = Head of household or qualifying surviving spouse (QSS) only, not a dependent<br>5 = Earned income credit only, not a dependent<br><br><b>Earned Income Credit</b><br>1 = When applicable (default)<br>2 = Student age 19 to 23<br>3 = Disabled<br>4 = Force<br>5 = Suppress<br><br>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:<br>1. 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| Type of dependent (see table).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Claimed by: 1=taxpayer, 2=spouse.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                                      |  |  |                               |  |  |
| Type of dependent (see table).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                                      |  |  |                               |  |  |
| Earned income credit (see table).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                                      |  |  |                               |  |  |
| Claimed by: 1=taxpayer, 2=spouse.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                                      |  |  |                               |  |  |
| IRS theft protection PIN.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                                      |  |  |                               |  |  |

|             |             |           |                                |
|-------------|-------------|-----------|--------------------------------|
| <b>2025</b> | <b>1040</b> | <b>US</b> | <b>Miscellaneous Questions</b> |
|-------------|-------------|-----------|--------------------------------|

If any of the following items pertain to you or your spouse for 2025, please check the appropriate box and provide additional information if necessary.

**PERSONAL INFORMATION**

| Yes                      | No                       |                                                                              |
|--------------------------|--------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2025? |

**DEPENDENTS**

- |                          |                          |                                                                                                                                                                                                        |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents?                                                                                                                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2025?                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or full-time students under age 24 at the end of 2025, with interest and dividend income in excess of \$1,350, or total investment income in excess of \$2,700? |

**HEALTH CARE COVERAGE**

- |                          |                          |                                                                                                          |
|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), if so, please attach. |
|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------|

**INCOME**

- |                          |                          |                                                                                                                                                            |
|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month?                                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any overtime pay in 2025?                                                                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income?                                                                                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any foreign income or pay any foreign taxes?                                                                                                  |

**PURCHASES, SALES AND DEBT**

| 2025 | 1040 | US | Miscellaneous Questions |
|------|------|----|-------------------------|
|------|------|----|-------------------------|

- |                          |                          |                                                                                                                                                         |
|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?         |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property in 2025?                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase a home in 2025 and you were overseas on official extended duty?                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts cancelled or forgiven?                                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Does anyone owe you money which has become uncollectible?                                                                                               |

**RETIREMENT PLANS**

- |                          |                          |                                                                                                         |
|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?      |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan?            |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2025?              |

**EDUCATION**

- |                          |                          |                                                                                                                                          |
|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |

**ITEMIZED DEDUCTIONS**



| 2025 | 1040 | US | Miscellaneous Questions |
|------|------|----|-------------------------|
|------|------|----|-------------------------|

☐ ☐ Did you incur a loss because of damaged or stolen property?

☐ ☐ Did you work out of town for part of the year?

☐ ☐ Did you purchase a new or used vehicle in 2025?

**ESTIMATED TAXES**

☐ ☐ Did you apply an overpayment of 2024 taxes to your 2025 estimated tax (instead of being refunded)?

☐ ☐ If you have an overpayment of 2025 taxes, do you want the excess applied to your 2026 estimated tax (instead of being refunded)?

☐ ☐ Do you expect your 2026 taxable income and withholdings to be different from 2025?

**MISCELLANEOUS**

☐ ☐ Do you want to electronically file your tax return?

☐ ☐ Do you want to allocate \$3 to the Presidential Election Campaign Fund?

☐ ☐ Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?

☐ ☐ May the IRS discuss your tax return with your preparer?

☐ ☐ Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

☐ ☐ Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts?

☐ ☐ Was your home rented out or used for business?

☐ ☐ Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

| 2025 | 1040 | US | Miscellaneous Questions |
|------|------|----|-------------------------|
|------|------|----|-------------------------|

- |                          |                          |                                                                                                                                                                                                                                                                              |
|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station or an employee/appointee of the intelligence community who were required to relocate due to a change in assignment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees?                                                                                                                                                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency?                                                                                                                                                                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$19,000, or any gifts to a trust?                                                                                                                                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your bank account information change within the last twelve months?                                                                                                                                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | At any time during the tax year, did you: receive or sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?                                                                                                             |

|             |             |              |                                                      |             |
|-------------|-------------|--------------|------------------------------------------------------|-------------|
| <b>2025</b> | <b>1040</b> | <b>US/CA</b> | <b>Direct Deposit &amp; Estimates (Form 1040 ES)</b> | <b>3, 6</b> |
|-------------|-------------|--------------|------------------------------------------------------|-------------|

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 .....

1=direct deposit CA refund to one account, 2=split deposit between two accounts .....

1=electronic payment of CA state tax balance due .....

1=electronic payment of CA 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)     | 6 = Coverdell savings account (ESA)      |
| 2 = Taxpayer's IRA (next year limits) | 7 = Other                                |
| 3 = Spouse's IRA (next year limits)   | 8 = Taxpayer's IRA (current year limits) |
| 4 = Health savings account (HSA)      | 9 = Spouse's IRA (current year limits)   |
| 5 = Archer MSA                        |                                          |

**3, 6**

|      |      |    |                                                   |     |
|------|------|----|---------------------------------------------------|-----|
| 2025 | 1040 | US | Direct Deposit & Estimates (Form 1040 ES) (cont.) | 7.1 |
|------|------|----|---------------------------------------------------|-----|

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 |
|--|--|--|--|-----|

|      |      |       |                                    |                |
|------|------|-------|------------------------------------|----------------|
| 2025 | 1040 | US/CA | Wages, Pensions, Gambling Winnings | 10, 13.1, 13.2 |
|------|------|-------|------------------------------------|----------------|

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) | SDI (Box 14) |            |
| 1   | ABC Corp                 |                            |  |                                         |                 |                         |                  |                |              |            |
| 2   | XYZ LLC                  | 1                          |  |                                         |                 |                         |                  |                |              |            |
| 3   | 123 Place to work        |                            |  |                                         |                 |                         |                  |                |              |            |
| 4   | AAA Master               | 1                          |  |                                         |                 |                         |                  |                |              |            |
| 5   | Gravel Trails Unlimited  |                            |  |                                         |                 |                         |                  |                |              |            |

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             |  |  |  |                            |                         |                 |                |                               |                   |
| 1   | Scwhab 1784   |                      |  |  |  |                            |                         |                 |                |                               |                   |
| 2   | Fidelity 7489 |                      |  |  |  |                            |                         |                 |                |                               |                   |
| 3   | Schwab 7894   |                      |  |  |  |                            |                         |                 |                |                               |                   |
| 4   | Etrade 1823   |                      |  |  |  |                            |                         |                 |                |                               |                   |
|     |               |                      |  |  |  |                            |                         |                 |                |                               |                   |
|     |               |                      |  |  |  |                            |                         |                 |                |                               |                   |

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) |               |
| 1   | Gamble 1      |          |                        |                 |                |                |               |
| 2   | Gamble 2      |          |                        |                 |                |                |               |
| 3   | Gamble 3      |          |                        |                 |                |                |               |

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

|      |      |    |                            |        |
|------|------|----|----------------------------|--------|
| 2025 | 1040 | US | Interest & Dividend Income | 11, 12 |
|------|------|----|----------------------------|--------|

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<br>(also enter SSN & address<br>for seller-financed mortgage) | 1=taxpayer<br>2=spouse | Interest Income                       |                                     |                                   | Tax-Exempt Interest         |                                | Early<br>Withdrawal<br>Penalty<br>(Box 2) | 2024<br>Interest |
|-----|-----------------------------------------------------------------------------|------------------------|---------------------------------------|-------------------------------------|-----------------------------------|-----------------------------|--------------------------------|-------------------------------------------|------------------|
|     |                                                                             |                        | Banks,<br>S&Ls, C/Us,<br>etc. (Box 1) | Seller-<br>Financed<br>Mtg. (Box 1) | U.S. Bonds,<br>T-Bills<br>(Box 3) | Total<br>Municipal<br>Bonds | In-state<br>Municipal<br>Bonds |                                           |                  |
| 1   | Bank of America                                                             |                        |                                       |                                     |                                   |                             |                                |                                           |                  |
| 2   | Banking Everywhere                                                          |                        |                                       |                                     |                                   |                             |                                |                                           |                  |
| 3   | Chase                                                                       |                        |                                       |                                     |                                   |                             |                                |                                           |                  |
| 4   | City Credit Union                                                           |                        |                                       |                                     |                                   |                             |                                |                                           |                  |
| 5   | Investors Relation                                                          |                        |                                       |                                     |                                   |                             |                                |                                           |                  |
| 6   | Mint                                                                        |                        |                                       |                                     |                                   |                             |                                |                                           |                  |
| 7   | Rocket                                                                      |                        |                                       |                                     |                                   |                             |                                |                                           |                  |
| 8   | The Bank of CA                                                              |                        |                                       |                                     |                                   |                             |                                |                                           |                  |
| 9   | Wells Fargo                                                                 |                        |                                       |                                     |                                   |                             |                                |                                           |                  |
|     |                                                                             |                        |                                       |                                     |                                   |                             |                                |                                           |                  |

DIVIDEND INCOME (12)

| No. | Name of Payer      | 1=taxpayer<br>2=spouse | Dividend Income                         |                                    |                                            |                               |                           | Tax-Exempt Interest         |                                       | Foreign<br>Tax Paid<br>(Box 7) | 2024<br>Dividends |
|-----|--------------------|------------------------|-----------------------------------------|------------------------------------|--------------------------------------------|-------------------------------|---------------------------|-----------------------------|---------------------------------------|--------------------------------|-------------------|
|     |                    |                        | Total Ordinary<br>Dividends<br>(Box 1a) | Qualified<br>Dividends<br>(Box 1b) | Total Capital<br>Gain Distrib.<br>(Box 2a) | SubSection<br>199A<br>(Box 5) | U.S. Bonds<br>(% or amt.) | Total<br>Municipal<br>Bonds | In-state<br>Muni-bonds<br>(% or amt.) |                                |                   |
| 1   | Dividends are Us   |                        |                                         |                                    |                                            |                               |                           |                             |                                       |                                |                   |
| 2   | Elegant            |                        |                                         |                                    |                                            |                               |                           |                             |                                       |                                |                   |
| 3   | Inner Cash         |                        |                                         |                                    |                                            |                               |                           |                             |                                       |                                |                   |
| 4   | Light speed Inv    |                        |                                         |                                    |                                            |                               |                           |                             |                                       |                                |                   |
| 5   | Micro Divs         |                        |                                         |                                    |                                            |                               |                           |                             |                                       |                                |                   |
| 6   | Random Investments |                        |                                         |                                    |                                            |                               |                           |                             |                                       |                                |                   |
| 7   | Rocket             |                        |                                         |                                    |                                            |                               |                           |                             |                                       |                                |                   |
| 8   | The Dividend Place |                        |                                         |                                    |                                            |                               |                           |                             |                                       |                                |                   |
| 9   | The Last Dividend  |                        |                                         |                                    |                                            |                               |                           |                             |                                       |                                |                   |

|      |      |    |                      |      |
|------|------|----|----------------------|------|
| 2025 | 1040 | US | Miscellaneous Income | 14.1 |
|------|------|----|----------------------|------|

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   |  |  |  |  |

|             |             |           |                                                                  |             |
|-------------|-------------|-----------|------------------------------------------------------------------|-------------|
| <b>2025</b> | <b>1040</b> | <b>US</b> | <b>State &amp; Local Tax Refunds / Unemployment Compensation</b> | <b>14.2</b> |
|-------------|-------------|-----------|------------------------------------------------------------------|-------------|

**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**

|                                                    |                                                                    |  |  |
|----------------------------------------------------|--------------------------------------------------------------------|--|--|
| <b>No.</b> <input style="width:40px" 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).....            |                                                                    |  |  |

|                                                    |                                                                    |  |  |
|----------------------------------------------------|--------------------------------------------------------------------|--|--|
| <b>No.</b> <input style="width:40px" 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**



|             |             |           |                                                  |             |
|-------------|-------------|-----------|--------------------------------------------------|-------------|
| <b>2025</b> | <b>1040</b> | <b>US</b> | <b>Education Distributions (ESA's and QTP's)</b> | <b>14.3</b> |
|-------------|-------------|-----------|--------------------------------------------------|-------------|

**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 .....                         |                                                                            |             |             |

|             |             |           |                           |             |
|-------------|-------------|-----------|---------------------------|-------------|
| <b>2025</b> | <b>1040</b> | <b>US</b> | <b>ABLE Distributions</b> | <b>14.4</b> |
|-------------|-------------|-----------|---------------------------|-------------|

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

### ABLE DISTRIBUTIONS / CONTRIBUTIONS

2025 Amount

2024 Amount

|                                               |                                                            |  |  |
|-----------------------------------------------|------------------------------------------------------------|--|--|
| No. <input style="width: 40px;" type="text"/> | Name of payer or issuer .....                              |  |  |
|                                               | 1=spouse .....                                             |  |  |
|                                               | Distributions (1099-QA):                                   |  |  |
|                                               | Gross distributions (1) .....                              |  |  |
|                                               | Earnings (2) .....                                         |  |  |
|                                               | Basis (3) .....                                            |  |  |
|                                               | 1=program to program transfer (4) .....                    |  |  |
|                                               | 1=ABLE account terminated (5) .....                        |  |  |
|                                               | 1=recipient is not the designated beneficiary (6) .....    |  |  |
|                                               | Qualified disability expenses paid .....                   |  |  |
|                                               | Amount excluded from 10% tax .....                         |  |  |
|                                               | Excess contributions:                                      |  |  |
|                                               | Excess contributions withdrawn by due date of return ..... |  |  |
| Earnings on excess contributions .....        |                                                            |  |  |

|                                               |                                                            |  |  |
|-----------------------------------------------|------------------------------------------------------------|--|--|
| No. <input style="width: 40px;" type="text"/> | Name of payer or issuer .....                              |  |  |
|                                               | 1=spouse .....                                             |  |  |
|                                               | Distributions (1099-QA):                                   |  |  |
|                                               | Gross distributions (1) .....                              |  |  |
|                                               | Earnings (2) .....                                         |  |  |
|                                               | Basis (3) .....                                            |  |  |
|                                               | 1=program to program transfer (4) .....                    |  |  |
|                                               | 1=ABLE account terminated (5) .....                        |  |  |
|                                               | 1=recipient is not the designated beneficiary (6) .....    |  |  |
|                                               | Qualified disability expenses paid .....                   |  |  |
|                                               | Amount excluded from 10% tax .....                         |  |  |
|                                               | Excess contributions:                                      |  |  |
|                                               | Excess contributions withdrawn by due date of return ..... |  |  |
| Earnings on excess contributions .....        |                                                            |  |  |

|                                               |                                                            |  |  |
|-----------------------------------------------|------------------------------------------------------------|--|--|
| No. <input style="width: 40px;" type="text"/> | Name of payer or issuer .....                              |  |  |
|                                               | 1=spouse .....                                             |  |  |
|                                               | Distributions (1099-QA):                                   |  |  |
|                                               | Gross distributions (1) .....                              |  |  |
|                                               | Earnings (2) .....                                         |  |  |
|                                               | Basis (3) .....                                            |  |  |
|                                               | 1=program to program transfer (4) .....                    |  |  |
|                                               | 1=ABLE account terminated (5) .....                        |  |  |
|                                               | 1=recipient is not the designated beneficiary (6) .....    |  |  |
|                                               | Qualified disability expenses paid .....                   |  |  |
|                                               | Amount excluded from 10% tax .....                         |  |  |
|                                               | Excess contributions:                                      |  |  |
|                                               | Excess contributions withdrawn by due date of return ..... |  |  |
| Earnings on excess contributions .....        |                                                            |  |  |

|  |             |
|--|-------------|
|  | <b>14.4</b> |
|--|-------------|

## GENERAL INFORMATION

|                                                     |                  |
|-----------------------------------------------------|------------------|
| Principal business/profession .....                 | My Business Corp |
| Principal business code .....                       | 722514           |
| Business name, if different from Form 1040 .....    |                  |
| Business address, if different from Form 1040 ..... | 123 Main St      |
| City, if different from Form 1040 .....             | Big City         |
| State, if different from Form 1040 .....            | CA               |
| ZIP code, if different from Form 1040 .....         | 90210            |
| 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 .....  
CA FTB Form 3805V:  
1=eligible small business .....  
Qualified new business year: 1=1st, 2=2nd, 3=3rd .....  
Principle business code (SIC 1987) .....

## INCOME

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 .....

|                    |                    |
|--------------------|--------------------|
| <b>2025 Amount</b> | <b>2024 Amount</b> |
|--------------------|--------------------|

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**2025****1040****US/CA****Business Income (Schedule C) (cont.)**No. **16** p2

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.

**16** p2

|                                                                                                                                                                                                                                                     |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       |                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------|-------------------------------------|-----------------------|-------------------------------------------|---------------------------|--------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------|
| 2025                                                                                                                                                                                                                                                | 1040     | US                                  | Capital Gains & Losses (Schedule D) |                       |                                           |                           |                                                              |                                                       | 17                                        |
| If you sold any stocks, bonds, or other investment property in 2025, please list the pertinent information for each sale below or provide a spreadsheet file with this information.<br>Be sure to attach all 1099-B forms and brokerage statements. |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       |                                           |
| No.                                                                                                                                                                                                                                                 | Quantity | Description of Property<br>(Box 1a) | Date<br>Acquired<br>(Box 1b)        | Date Sold<br>(Box 1c) | Sales Price<br>(gross or net)<br>(Box 1d) | Cost or Basis<br>(Box 1e) | Blank=basis rep.<br>to IRS, 1=nonrec.<br>security (Box 3, 5) | Expenses of Sale<br>(if gross sales<br>price entered) | Federal Income<br>Tax Withheld<br>(Box 4) |
| 1                                                                                                                                                                                                                                                   |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       |                                           |
| 2                                                                                                                                                                                                                                                   |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       |                                           |
| 3                                                                                                                                                                                                                                                   |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       |                                           |
| 4                                                                                                                                                                                                                                                   |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       |                                           |
| 5                                                                                                                                                                                                                                                   |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       |                                           |
| 6                                                                                                                                                                                                                                                   |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       |                                           |
| 7                                                                                                                                                                                                                                                   |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       |                                           |
| 8                                                                                                                                                                                                                                                   |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       |                                           |
| 9                                                                                                                                                                                                                                                   |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       |                                           |
| 10                                                                                                                                                                                                                                                  |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       |                                           |
| 11                                                                                                                                                                                                                                                  |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       |                                           |
| 12                                                                                                                                                                                                                                                  |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       |                                           |
| 13                                                                                                                                                                                                                                                  |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       |                                           |
| 14                                                                                                                                                                                                                                                  |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       |                                           |
| 15                                                                                                                                                                                                                                                  |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       |                                           |
| 16                                                                                                                                                                                                                                                  |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       |                                           |
| 17                                                                                                                                                                                                                                                  |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       |                                           |
| 18                                                                                                                                                                                                                                                  |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       |                                           |
| 19                                                                                                                                                                                                                                                  |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       |                                           |
| 20                                                                                                                                                                                                                                                  |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       |                                           |
| 21                                                                                                                                                                                                                                                  |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       |                                           |
| 22                                                                                                                                                                                                                                                  |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       |                                           |
| 23                                                                                                                                                                                                                                                  |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       |                                           |
| 24                                                                                                                                                                                                                                                  |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       |                                           |
|                                                                                                                                                                                                                                                     |          |                                     |                                     |                       |                                           |                           |                                                              |                                                       | 17                                        |

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 & 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/CA

## Rental &amp; Royalty Income (Schedule E)

No. 1

18

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

## GENERAL INFORMATION

|                                   | 2025 Amount | 2024 Amount                                                                                                                                                                                |
|-----------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Description of property.....      | 123 Main St | <b>Type of Property</b><br>1 = Single Family Residence<br>2 = Multi-Family Residence<br>3 = Vacation / Short-Term Rental<br>4 = Commercial<br>5 = Land<br>6 = Royalties<br>7 = Self-Rental |
| Street address.....               | 123 Main St |                                                                                                                                                                                            |
| City.....                         | Big City    |                                                                                                                                                                                            |
| State.....                        | CA          |                                                                                                                                                                                            |
| ZIP code.....                     | 91210       |                                                                                                                                                                                            |
| Type of property (see table)..... | 1           |                                                                                                                                                                                            |
| Other type of property.....       |             |                                                                                                                                                                                            |
| Number of days rented.....        | 34          |                                                                                                                                                                                            |

|                                                                                                         |  |                                                   |  |
|---------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|
| Percentage of ownership<br>if not 100% (.xxxx).....                                                     |  | 1=did not actively participate...                 |  |
| Percentage of tenant occupancy<br>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,<br>2=passive royalty.....                                                        |  | 1=single member limited<br>liability company..... |  |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no ..... |  |                                                   |  |

CA FTB Form 3805V:

|                                              |  |
|----------------------------------------------|--|
| 1=eligible small business.....               |  |
| Qualified new business year: 1, 2 or 3 ..... |  |
| Principle business code (SIC 1987) .....     |  |

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

## 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.

18



|  |              |
|--|--------------|
|  | <b>18</b> p2 |
|--|--------------|

**2025****1040****US/CA****Farm Income (Schedule F/Form 4835)**No. **19**

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

**GENERAL INFORMATION**

|                          |             |
|--------------------------|-------------|
| Principal product .....  | Veggie Farm |
| Employer ID number ..... | 99-9999978  |

|                                                                                                         |  |  |
|---------------------------------------------------------------------------------------------------------|--|--|
| Agricultural activity code .....                                                                        |  |  |
| Accounting method: 1=cash, 2=accrual .....                                                              |  |  |
| 1=spouse, 2=joint .....                                                                                 |  |  |
| 1=farm rental (Form 4835) .....                                                                         |  |  |
| Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other .....                        |  |  |
| 1=crop insurance proceeds election .....                                                                |  |  |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no ..... |  |  |
| 1=did not "materially participate" (Schedule F only) .....                                              |  |  |
| 1=did not actively participate (Farm rental only) .....                                                 |  |  |
| 1=real estate professional (farm rental only) .....                                                     |  |  |
| 1=single member limited liability company .....                                                         |  |  |
| % of ownership if not 100% (.xxxx) (Farm rental only) .....                                             |  |  |
| CA FTB Form 3805V:                                                                                      |  |  |
| 1=eligible small business .....                                                                         |  |  |
| Qualified new business year: 1=1st, 2=2nd, 3=3rd .....                                                  |  |  |
| Principle business code (SIC 1987) .....                                                                |  |  |

**FARM INCOME**

|                                                              | 2025 Amount | 2024 Amount |
|--------------------------------------------------------------|-------------|-------------|
| Cash method:                                                 |             |             |
| Sales of livestock and other resale items .....              |             |             |
| Cost or basis of livestock or other resale items .....       |             |             |
| Sales of products raised .....                               |             |             |
| Accrual method:                                              |             |             |
| Sales of livestock, produce, etc. ....                       |             |             |
| Beginning inventory of livestock, etc. ....                  |             |             |
| Cost of livestock, etc. purchased .....                      |             |             |
| Ending inventory of livestock, etc. ....                     |             |             |
| Other farm income:                                           |             |             |
| Total cooperative distributions .....                        |             |             |
| Taxable cooperative distributions .....                      |             |             |
| Total agricultural program payments (other than CRP) .....   |             |             |
| Taxable agricultural program payments (other than CRP) ..... |             |             |
| Total conservation reserve program payments .....            |             |             |
| Taxable conservation reserve program payments .....          |             |             |
| Commodity credit loans reported under election .....         |             |             |
| Total commodity credit loans forfeited or repaid .....       |             |             |
| Taxable commodity credit loans forfeited or repaid .....     |             |             |
| Total crop insurance proceeds received in 2025 .....         |             |             |
| Taxable crop insurance proceeds received in 2025 .....       |             |             |
| Taxable crop insurance proceeds deferred from 2024 .....     |             |             |
| Custom hire (machine work) income not included above .....   |             |             |

**19**

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

FARM INCOME (continued)

| Other income: | 2025 Amount | 2024 Amount |
|---------------|-------------|-------------|
|               |             |             |
|               |             |             |
|               |             |             |
|               |             |             |
|               |             |             |
|               |             |             |
|               |             |             |
|               |             |             |

FARM EXPENSES

|                                                                   |  |  |
|-------------------------------------------------------------------|--|--|
| Car and truck expenses (not entered elsewhere)                    |  |  |
| Chemicals                                                         |  |  |
| Conservation expenses                                             |  |  |
| Custom hire (machine work)                                        |  |  |
| Employee benefit programs                                         |  |  |
| Feed purchased                                                    |  |  |
| Fertilizers and lime                                              |  |  |
| Freight and trucking                                              |  |  |
| Gasoline, fuel, and oil                                           |  |  |
| Insurance (other than health)                                     |  |  |
| Mortgage interest (paid to banks, etc.)                           |  |  |
| Other interest (not entered elsewhere)                            |  |  |
| Labor hired                                                       |  |  |
| Pension and profit sharing - contributions                        |  |  |
| Pension and profit sharing plans - admin. and education costs     |  |  |
| Rent - vehicles, machinery, and equipment (not entered elsewhere) |  |  |
| Rent - other (land, animals, etc.)                                |  |  |
| Repairs and maintenance                                           |  |  |
| Seeds and plants purchased                                        |  |  |
| Storage and warehousing                                           |  |  |
| Supplies purchased                                                |  |  |
| Taxes (not entered elsewhere)                                     |  |  |
| Utilities                                                         |  |  |
| Veterinary, breeding, and medicine                                |  |  |
| Capitalized preproductive period expenses (also enter below)      |  |  |
| Other expenses:                                                   |  |  |
|                                                                   |  |  |
|                                                                   |  |  |
|                                                                   |  |  |
|                                                                   |  |  |
|                                                                   |  |  |
|                                                                   |  |  |
|                                                                   |  |  |
|                                                                   |  |  |

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

|             |             |           |                                                  |                  |
|-------------|-------------|-----------|--------------------------------------------------|------------------|
| <b>2025</b> | <b>1040</b> | <b>US</b> | <b>Partnership and S corporation Information</b> | <b>20.1,20.2</b> |
|-------------|-------------|-----------|--------------------------------------------------|------------------|

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 |
|-----|---------------------|--------------------------------|---------------------------------|--------------------------------------------|
| 1   | The Other Place LLC | 78-9456484                     |                                 |                                            |
| 2   | Tail LLC            | 79-8465163                     |                                 |                                            |
| 3   | Eden LLP            | 98-6546465                     |                                 |                                            |
| 4   | Blue Place LLC      | 65-4649645                     |                                 |                                            |
| 5   | Holic GP            | 89-7654656                     |                                 |                                            |
| 6   | Yona LLC            | 78-8946546                     |                                 |                                            |
| 7   | Alchemist LLC       | 78-4564891                     |                                 |                                            |
| 8   | King LLC            | 78-9463215                     |                                 |                                            |
| 9   | Sailor LLC          | 89-5418983                     |                                 |                                            |

### S CORPORATION INFORMATION (20.2)

| No. | Name of S corporation | Employer Identification Number | Tax Shelter Registration Number | Additional Amounts Invested in S corporation |
|-----|-----------------------|--------------------------------|---------------------------------|----------------------------------------------|
| 2   | Ygi Inc               | 46-4651313                     |                                 |                                              |
| 3   | Slayer Inc            | 21-6465456                     |                                 |                                              |
| 4   | Dawn Inc              | 65-6231331                     |                                 |                                              |
| 5   | Jeanne Inc            | 65-6231331                     |                                 |                                              |
| 6   | Tsubasa Inc           | 79-8461312                     |                                 |                                              |
| 7   | Fairy Inc             | 56-4213165                     |                                 |                                              |
| 8   | Aikido Inc            | 32-1564984                     |                                 |                                              |
| 10  | Fruit Inc             | 78-4651361                     |                                 |                                              |
|     |                       |                                |                                 |                                              |

**20.1,20.2**

|      |      |    |                                           |           |
|------|------|----|-------------------------------------------|-----------|
| 2025 | 1040 | US | Partnership and S corporation Information | 20.1,20.2 |
|------|------|----|-------------------------------------------|-----------|

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 |
|-----|---------------------|--------------------------------|---------------------------------|--------------------------------------------|
| 10  | OMG LLC             | 75-1654646                     |                                 |                                            |
|     |                     |                                |                                 |                                            |
|     |                     |                                |                                 |                                            |
|     |                     |                                |                                 |                                            |
|     |                     |                                |                                 |                                            |
|     |                     |                                |                                 |                                            |
|     |                     |                                |                                 |                                            |
|     |                     |                                |                                 |                                            |
|     |                     |                                |                                 |                                            |
|     |                     |                                |                                 |                                            |

S CORPORATION INFORMATION (20.2)

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

| 2025                                                                                                                          | 1040                    | US                             | Estate or Trust and REMIC Information | 20.3,20.4        |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------|---------------------------------------|------------------|
| <p>Please add, change or delete 2025 information as appropriate.<br/>Be sure to attach all Schedule K-1s and Schedule Qs.</p> |                         |                                |                                       |                  |
| <b>ESTATE OR TRUST INFORMATION (20.3)</b>                                                                                     |                         |                                |                                       |                  |
| No.                                                                                                                           | Name of Estate or Trust | Employer Identification Number | Tax Shelter Registration Number       |                  |
| 1                                                                                                                             | Family Trust            | 86-2316465                     |                                       |                  |
| 2                                                                                                                             | IR Trust                | 56-4981321                     |                                       |                  |
| 3                                                                                                                             | Jeanne Family Trust     | 65-4651316                     |                                       |                  |
| 10                                                                                                                            | Revocable Trust         | 78-9465461                     |                                       |                  |
|                                                                                                                               |                         |                                |                                       |                  |
|                                                                                                                               |                         |                                |                                       |                  |
|                                                                                                                               |                         |                                |                                       |                  |
|                                                                                                                               |                         |                                |                                       |                  |
|                                                                                                                               |                         |                                |                                       |                  |
| <b>REMIC INFORMATION (20.4)</b>                                                                                               |                         |                                |                                       |                  |
| No.                                                                                                                           | Name of REMIC           | Employer Identification Number |                                       |                  |
| 1                                                                                                                             | REMIC1                  | 96-4964656                     |                                       |                  |
| 2                                                                                                                             | REMIC2                  | 16-8465321                     |                                       |                  |
| 3                                                                                                                             | REMIC3                  | 56-4613145                     |                                       |                  |
| 4                                                                                                                             | REMIC4                  | 65-4984319                     |                                       |                  |
| 5                                                                                                                             | REMIC5                  | 65-4893165                     |                                       |                  |
|                                                                                                                               |                         |                                |                                       |                  |
|                                                                                                                               |                         |                                |                                       |                  |
|                                                                                                                               |                         |                                |                                       |                  |
|                                                                                                                               |                         |                                |                                       |                  |
|                                                                                                                               |                         |                                |                                       | <b>20.3,20.4</b> |

Series: 61 Asset Disposition List

| 2025                                                                                                                                                                                             | 1040                    | US                           | Asset Acquisition List |             |          |                        |               |                     |        | 22 p2 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------|------------------------|-------------|----------|------------------------|---------------|---------------------|--------|-------|--|
| If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2025, please enter all pertinent information below. |                         |                              |                        |             |          |                        |               |                     |        |       |  |
| No.                                                                                                                                                                                              | Description of Property | Related Business or Activity | Preparer Use Only      |             |          | Date Placed in Service | Cost or Basis | Preparer Use Only   |        |       |  |
|                                                                                                                                                                                                  |                         |                              | Form                   | No. of Form | Category |                        |               | Current Section 179 | Method |       |  |
| 1                                                                                                                                                                                                |                         |                              |                        |             |          |                        |               |                     |        |       |  |
| 2                                                                                                                                                                                                |                         |                              |                        |             |          |                        |               |                     |        |       |  |
| 3                                                                                                                                                                                                |                         |                              |                        |             |          |                        |               |                     |        |       |  |
| 4                                                                                                                                                                                                |                         |                              |                        |             |          |                        |               |                     |        |       |  |
| 5                                                                                                                                                                                                |                         |                              |                        |             |          |                        |               |                     |        |       |  |
| 6                                                                                                                                                                                                |                         |                              |                        |             |          |                        |               |                     |        |       |  |
| 7                                                                                                                                                                                                |                         |                              |                        |             |          |                        |               |                     |        |       |  |
| 8                                                                                                                                                                                                |                         |                              |                        |             |          |                        |               |                     |        |       |  |
| 9                                                                                                                                                                                                |                         |                              |                        |             |          |                        |               |                     |        |       |  |
| 10                                                                                                                                                                                               |                         |                              |                        |             |          |                        |               |                     |        |       |  |
| 11                                                                                                                                                                                               |                         |                              |                        |             |          |                        |               |                     |        |       |  |
| 12                                                                                                                                                                                               |                         |                              |                        |             |          |                        |               |                     |        |       |  |
| 13                                                                                                                                                                                               |                         |                              |                        |             |          |                        |               |                     |        |       |  |
| 14                                                                                                                                                                                               |                         |                              |                        |             |          |                        |               |                     |        |       |  |
| 15                                                                                                                                                                                               |                         |                              |                        |             |          |                        |               |                     |        |       |  |
| 16                                                                                                                                                                                               |                         |                              |                        |             |          |                        |               |                     |        |       |  |
| 17                                                                                                                                                                                               |                         |                              |                        |             |          |                        |               |                     |        |       |  |
| 18                                                                                                                                                                                               |                         |                              |                        |             |          |                        |               |                     |        |       |  |
| 19                                                                                                                                                                                               |                         |                              |                        |             |          |                        |               |                     |        |       |  |
| 20                                                                                                                                                                                               |                         |                              |                        |             |          |                        |               |                     |        |       |  |
| 21                                                                                                                                                                                               |                         |                              |                        |             |          |                        |               |                     |        |       |  |
| 22                                                                                                                                                                                               |                         |                              |                        |             |          |                        |               |                     |        |       |  |
| 23                                                                                                                                                                                               |                         |                              |                        |             |          |                        |               |                     |        |       |  |
| 24                                                                                                                                                                                               |                         |                              |                        |             |          |                        |               |                     |        |       |  |
|                                                                                                                                                                                                  |                         |                              |                        |             |          |                        |               |                     | 22 p2  |       |  |



|      |      |    |                  |                 |       |
|------|------|----|------------------|-----------------|-------|
| 2025 | 1040 | US | Vehicle Expenses | No. <div></div> | 22 p3 |
|------|------|----|------------------|-----------------|-------|

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) ..... |  |  |

**2025 1040 US Adjustments to Income****24**

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: |

**24**

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:                                                                                   |  |  |  |
| .....                                                                                          |  |  |  |

## INTEREST PAID

2025 Amount

TS

2024 Amount

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

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.....

Not reported on Form 1041.

|  |  |  |
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Points not reported on Form 1098:

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |

Investment interest (interest on margin accounts):

|                   |  |  |
|-------------------|--|--|
|                   |  |  |
|                   |  |  |
| ive interest..... |  |  |

### 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) ..... |  |  |
| Mileage of charitable miles .....        |  |  |

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 .....         |  |  |

Volunteer expenses (out-of-pocket)

Number of charitable miles

2025

1040

US/CA

Itemized Deductions (continued)

25 p3

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):

|  |
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2025 Amount

TS

2024 Amount

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30% limitation (see above):

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30% capital gain property (gifts of capital gain property to 50% limit orgs.):

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20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

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### 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):

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Investment expense:

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Tax return preparation fee .....

Safe deposit box rental .....

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Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

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Federal only:

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State only:

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25 p3

## OTHER MISCELLANEOUS DEDUCTIONS

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|--|--|--|
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|  |  |  |

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 . . . . .

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### 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 . . . . .

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#### Form

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

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|             |             |           |                                          |                  |
|-------------|-------------|-----------|------------------------------------------|------------------|
| <b>2025</b> | <b>1040</b> | <b>US</b> | <b>Noncash Contributions (Form 8283)</b> | <b>26.1,26.2</b> |
|-------------|-------------|-----------|------------------------------------------|------------------|

**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

|                                                          |                                                   |                                   |  |
|----------------------------------------------------------|---------------------------------------------------|-----------------------------------|--|
| <b>No.</b> <input style="width: 40px;" type="text"/>     | Name of charitable organization (donee) .....     |                                   |  |
|                                                          | Street address .....                              |                                   |  |
|                                                          | City .....                                        |                                   |  |
|                                                          | State .....                                       |                                   |  |
|                                                          | ZIP code .....                                    |                                   |  |
|                                                          | 1=spouse, 2=joint .....                           |                                   |  |
|                                                          | Property description (other than vehicle) .....   |                                   |  |
|                                                          | <b>Vehicle</b>                                    | 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) ..... |                                                   |                                   |  |

|                                                          |                                                   |                                   |  |
|----------------------------------------------------------|---------------------------------------------------|-----------------------------------|--|
| <b>No.</b> <input style="width: 40px;" type="text"/>     | Name of charitable organization (donee) .....     |                                   |  |
|                                                          | Street address .....                              |                                   |  |
|                                                          | City .....                                        |                                   |  |
|                                                          | State .....                                       |                                   |  |
|                                                          | ZIP code .....                                    |                                   |  |
|                                                          | 1=spouse, 2=joint .....                           |                                   |  |
|                                                          | Property description (other than vehicle) .....   |                                   |  |
|                                                          | <b>Vehicle</b>                                    | 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) ..... |                                                   |                                   |  |

**1****How Property was Acquired**

|              |                 |
|--------------|-----------------|
| 1 = Purchase | 3 = Inheritance |
| 2 = Gift     | 4 = Exchange    |

**2****Method Used to Determine FMV**

|                       |                      |
|-----------------------|----------------------|
| 1 = Appraisal         | 3 = Catalog          |
| 2 = Thrift shop value | 4 = Comparable sales |

For other methods, see IRS Pub. 561.

**26.1,26.2**



2025

1040

US

## Business Use of Home (Form 8829)

No. 

29

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:         |  |  |
| _____                          |  |  |
| _____                          |  |  |
| _____                          |  |  |

29

|      |      |    |                                        |                 |    |
|------|------|----|----------------------------------------|-----------------|----|
| 2025 | 1040 | US | Employee/Vehicle Bus. Exp. (Form 2106) | No. <div></div> | 30 |
|------|------|----|----------------------------------------|-----------------|----|

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

GENERAL INFORMATION

|                                                                            |             |
|----------------------------------------------------------------------------|-------------|
| Occupation, if different from Form 1040 .....                              | <div></div> |
| Form.....                                                                  | <div></div> |
| Number of form (1=first Schedule C, 2=second, etc.) .....                  | <div></div> |
| 1=spouse.....                                                              | <div></div> |
| 1=performance artist, 2=handicapped, 3=fee-basis government official ..... | <div></div> |
| 1=minister's expenses .....                                                | <div></div> |

EMPLOYEE BUSINESS EXPENSES

|                                                           | 2025 Amount | 2024 Amount |
|-----------------------------------------------------------|-------------|-------------|
| Meal expenses in full.....                                | <div></div> | <div></div> |
| Reimbursements for meals not on W-2, box 1 .....          | <div></div> | <div></div> |
| 1=Department of Transportation (80% meal allowance) ..... | <div></div> | <div></div> |
| Local transportation (bus, taxi, train, etc.) .....       | <div></div> | <div></div> |
| Travel expenses while away from home overnight .....      | <div></div> | <div></div> |
| Reimbursements not included on Form W-2, box 1 .....      | <div></div> | <div></div> |
| Other business expenses:                                  | <div></div> | <div></div> |
| <div></div>                                               | <div></div> | <div></div> |
| <div></div>                                               | <div></div> | <div></div> |
| <div></div>                                               | <div></div> | <div></div> |
| <div></div>                                               | <div></div> | <div></div> |
| <div></div>                                               | <div></div> | <div></div> |
| <div></div>                                               | <div></div> | <div></div> |
| <div></div>                                               | <div></div> | <div></div> |
| <div></div>                                               | <div></div> | <div></div> |
| <div></div>                                               | <div></div> | <div></div> |

2025

1040

US

## Vehicle Expenses (Form 2106) (cont.)

No. 

30 p2

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

## VEHICLE INFORMATION

1=vehicle used primarily by more than 5% owner .....  
1=vehicle is available for off-duty personal use .....  
1=no other vehicle is available for personal use .....  
1=no evidence to support your deduction .....  
1=no written evidence to support your deduction .....

2025 Amount

2024 Amount

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## VEHICLE 1

Description of vehicle .....  
Date placed in service (m/d/y) .....  
Total mileage (for the tax year) .....  
Business mileage .....  
Commuting mileage (for the tax year) .....  
Average daily round-trip commute .....  
Number of months of business use if changed from 100% personal use .....  
Parking fees and tolls (business portion only) .....

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## Actual expenses:

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) .....

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## VEHICLE 2

Description of vehicle .....  
Date placed in service (m/d/y) .....  
Total mileage (for the tax year) .....  
Business mileage .....  
Commuting mileage (for the tax year) .....  
Average daily round-trip commute .....  
Number of months of business use if changed from 100% personal use .....  
Parking fees and tolls (business portion only) .....

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## Actual expenses:

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 and F) .....  
Vehicle rent or lease payments .....  
Inclusion amount (enter as positive) .....  
Value of employer-provided vehicle on Form W-2 (2106) .....

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30 p2

2025

1040

US

## Foreign Income Exclusion (Form 2555)

No. 

31.1

Please enter all pertinent 2025 information.

## GENERAL INFORMATION

1=spouse..... 

Foreign address of taxpayer, if different from Form 1040:

Street address..... City..... Region..... Postal code..... Country..... 

Employer:

Name..... U.S. street address..... U.S. city..... U.S. state..... U.S. ZIP code..... Foreign street address..... Foreign city..... Foreign region..... Foreign postal code..... Foreign country..... Employer type: 1=foreign entity, 2=U.S. company,  
3=self, 4=foreign affiliate of U.S. company, 5=other..... Employer type, if other..... 

Type of exclusion revoked if revoked in earlier year (if applicable):

Tax year revocation was effective

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Country of citizenship..... City and country of separate foreign residence if maintained due to  
adverse living conditions (if applicable):Number of days during tax year at separate  
foreign address (if applicable)

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Tax homes(s) during tax year:

Dates tax home(s) were  
established (m/d/y)

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31.1

2025

1040

US

Foreign Income Exclusion (2555)

No. 

31.1 p2

Please enter all pertinent 2025 information.

**TRAVEL INFORMATION**

NOTE: Please enter all travel for 2025 as well as travel for 2026 known to date.

| Travel Type (table) | Name of country (if not United States) | Date arrived | Date left | Days in U.S. on business |
|---------------------|----------------------------------------|--------------|-----------|--------------------------|
|                     |                                        |              |           |                          |
|                     |                                        |              |           |                          |
|                     |                                        |              |           |                          |
|                     |                                        |              |           |                          |
|                     |                                        |              |           |                          |

**BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST**

Beginning date for bona fide residence (m/d/y) .....

Ending date for bona fide residence (m/d/y) .....

Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer .....

Names of family living abroad with taxpayer (if applicable):

Relationship

Period family lived abroad

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1=submitted statement to country of bona fide residence .....

1=required to pay income tax to country of bona fide residence .....

Contractual terms relating to length of employment abroad .....

Type of visa you entered foreign country under .....

Explanation why visa limited stay or employment in country (if applicable) .....

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Address of home in U.S. maintained while living abroad (if applicable):

ZIP Code

1=U.S. home rented (if applicable)

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Names of occupants in U.S. home (if applicable)

Relationship of occupants in U.S. home (if applicable)

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|--|--|
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|  |  |

Principal country of employment .....

**FOREIGN HOUSING EXPENSES**

2025 Amount

2024 Amount

Qualified housing expenses .....

|  |  |  |
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Location of housing expenses:

Qualifying days in location (multiple locations only)

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**Travel Type**

- 1 = Travel to U.S. (default)
- 2 = Travel to foreign country
- 3 = Travel to restricted country

31.1 p2

|      |      |    |                                      |                 |      |
|------|------|----|--------------------------------------|-----------------|------|
| 2025 | 1040 | US | Foreign Income Exclusion (Form 2555) | No. <div></div> | 31.2 |
|------|------|----|--------------------------------------|-----------------|------|

Please enter all pertinent 2025 amounts and attach all W-2 forms, or other wage statements.  
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

FOREIGN WAGES, SALARIES, TIPS

|                                              | 2025 Amount | 2024 Amount |
|----------------------------------------------|-------------|-------------|
| Name or number.....                          |             |             |
| 1=spouse.....                                |             |             |
| 1=retirement plan (Box 13).....              |             |             |
| Name of employer (Box c).....                |             |             |
| Wages, tips, other compensation (Box 1)..... |             |             |
| Federal income tax withheld (Box 2).....     |             |             |
| Social security tax withheld (Box 4).....    |             |             |
| Medicare tax withheld (Box 6).....           |             |             |
| State income tax withheld (Box 17).....      |             |             |
| Local income tax withheld (Box 19).....      |             |             |

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

|                                 |  |  |
|---------------------------------|--|--|
| Home (lodging).....             |  |  |
| Meals.....                      |  |  |
| Car.....                        |  |  |
| Other properties or facilities: |  |  |
|                                 |  |  |
|                                 |  |  |
|                                 |  |  |
|                                 |  |  |

Allowances and Reimbursements

|                                               |  |  |
|-----------------------------------------------|--|--|
| Cost of living and overseas differential..... |  |  |
| Family.....                                   |  |  |
| Education.....                                |  |  |
| Home leave.....                               |  |  |
| Quarters.....                                 |  |  |
| Other purposes:                               |  |  |
|                                               |  |  |
|                                               |  |  |
|                                               |  |  |
|                                               |  |  |

|                                                                                                    |  |  |
|----------------------------------------------------------------------------------------------------|--|--|
| Meals and lodging provided for the convenience of the Employer (excludable under section 119)..... |  |  |
|----------------------------------------------------------------------------------------------------|--|--|

Other Foreign Earned Income

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2025 Days Worked Allocation Information

|                                                              |  |  |
|--------------------------------------------------------------|--|--|
| Total number of days worked (if not 240).....                |  |  |
| Total days worked before and after foreign assignment.....   |  |  |
| Foreign days worked before and after foreign assignment..... |  |  |

|      |      |    |                                |      |
|------|------|----|--------------------------------|------|
| 2025 | 1040 | US | Health Savings Accounts (8889) | 32.1 |
|------|------|----|--------------------------------|------|

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 ....                     |  |  |  |  |

|  |  |  |  |      |
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|  |  |  |  | 32.1 |
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|             |             |              |                                                      |                  |
|-------------|-------------|--------------|------------------------------------------------------|------------------|
| <b>2025</b> | <b>1040</b> | <b>US/CA</b> | <b>Child and Dependent Care Expenses (Form 2441)</b> | <b>33.1,33.2</b> |
|-------------|-------------|--------------|------------------------------------------------------|------------------|

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 .....                              |  |           |
|                                                         | Address where care provided (if different): |  |           |
|                                                         | Street address .....                        |  |           |
|                                                         | City, state, ZIP code .....                 |  |           |
|                                                         | Telephone number .....                      |  |           |
|                                                         | Identification number (SSN or EIN) .....    |  |           |
|                                                         | 1=organization is tax-exempt .....          |  |           |
|                                                         | 1=care provider is a person .....           |  |           |
|                                                         | Foreign region .....                        |  |           |
|                                                         | Foreign postal code .....                   |  |           |
|                                                         | Foreign country .....                       |  |           |
|                                                         | 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 .....               |                                             |  |           |

**33.1,33.2**



2025

1040

US

## Qualified Adoption Expenses (Form 8839)

37

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

## ELIGIBLE CHILDREN

2025 Amount

2024 Amount

|                                                    |                                           |                                                                   |  |  |
|----------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------|--|--|
| No. <input type="text"/>                           | First name .....                          |                                                                   |  |  |
|                                                    | Last name .....                           |                                                                   |  |  |
|                                                    | Identification number .....               |                                                                   |  |  |
|                                                    | Date of birth (m/d/y) .....               |                                                                   |  |  |
|                                                    | 1=born before 2008 and was disabled ..... |                                                                   |  |  |
|                                                    | 1=special needs child .....               |                                                                   |  |  |
|                                                    | 1=foreign child .....                     |                                                                   |  |  |
|                                                    | 1=adoption was not final in 2025 .....    |                                                                   |  |  |
|                                                    | Qualified Adoption Expenses Paid in       | 2024 for adoption not finalized by end of 2025 .....              |  |  |
|                                                    |                                           | Prior years for adoption of foreign child finalized in 2025 ..... |  |  |
| 2024 and 2025 for adoption finalized in 2025 ..... |                                           |                                                                   |  |  |
| 2025 for adoption finalized before 2025 .....      |                                           |                                                                   |  |  |
| 1=spouse, 2=joint .....                            |                                           |                                                                   |  |  |

|                                                    |                                           |                                                                   |  |  |
|----------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------|--|--|
| No. <input type="text"/>                           | First name .....                          |                                                                   |  |  |
|                                                    | Last name .....                           |                                                                   |  |  |
|                                                    | Identification number .....               |                                                                   |  |  |
|                                                    | Date of birth (m/d/y) .....               |                                                                   |  |  |
|                                                    | 1=born before 2008 and was disabled ..... |                                                                   |  |  |
|                                                    | 1=special needs child .....               |                                                                   |  |  |
|                                                    | 1=foreign child .....                     |                                                                   |  |  |
|                                                    | 1=adoption was not final in 2025 .....    |                                                                   |  |  |
|                                                    | Qualified Adoption Expenses Paid in       | 2024 for adoption not finalized by end of 2025 .....              |  |  |
|                                                    |                                           | Prior years for adoption of foreign child finalized in 2025 ..... |  |  |
| 2024 and 2025 for adoption finalized in 2025 ..... |                                           |                                                                   |  |  |
| 2025 for adoption finalized before 2025 .....      |                                           |                                                                   |  |  |
| 1=spouse, 2=joint .....                            |                                           |                                                                   |  |  |

|                                                    |                                           |                                                                   |  |  |
|----------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------|--|--|
| No. <input type="text"/>                           | First name .....                          |                                                                   |  |  |
|                                                    | Last name .....                           |                                                                   |  |  |
|                                                    | Identification number .....               |                                                                   |  |  |
|                                                    | Date of birth (m/d/y) .....               |                                                                   |  |  |
|                                                    | 1=born before 2008 and was disabled ..... |                                                                   |  |  |
|                                                    | 1=special needs child .....               |                                                                   |  |  |
|                                                    | 1=foreign child .....                     |                                                                   |  |  |
|                                                    | 1=adoption was not final in 2025 .....    |                                                                   |  |  |
|                                                    | Qualified Adoption Expenses Paid in       | 2024 for adoption not finalized by end of 2025 .....              |  |  |
|                                                    |                                           | Prior years for adoption of foreign child finalized in 2025 ..... |  |  |
| 2024 and 2025 for adoption finalized in 2025 ..... |                                           |                                                                   |  |  |
| 2025 for adoption finalized before 2025 .....      |                                           |                                                                   |  |  |
| 1=spouse, 2=joint .....                            |                                           |                                                                   |  |  |

37

|      |      |    |                   |                 |    |
|------|------|----|-------------------|-----------------|----|
| 2025 | 1040 | US | Education Credits | No. <div></div> | 38 |
|------|------|----|-------------------|-----------------|----|

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

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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

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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

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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.

|      |      |    |                                         |    |
|------|------|----|-----------------------------------------|----|
| 2025 | 1040 | US | Household Employment Taxes (Schedule H) | 42 |
|------|------|----|-----------------------------------------|----|

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****Parent's Election to Report Child's Inc.**No. **44**

Please enter all pertinent 2025 amounts & attach all 1099-INT and 1099-DIV forms.  
Last year's amounts are provided for your reference.

**CHILD'S INFORMATION**

|                              |  |
|------------------------------|--|
| First name.....              |  |
| Last name.....               |  |
| Social security number.....  |  |
| Date of birth (m/d/y).....   |  |
| 1=nontaxable to federal..... |  |
| 1=nontaxable to state.....   |  |

**INTEREST INCOME (Form 1099-INT)**

Banks, credit unions, etc. (Box 1):

**2025 Amount****2024 Amount**

|  |  |
|--|--|
|  |  |
|  |  |

U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):

|  |  |
|--|--|
|  |  |
|  |  |

Tax-exempt interest:

Total municipal bonds.....

|  |  |
|--|--|
|  |  |
|  |  |

In-state municipal bonds.....

Adjustments:

Nominee distribution.....

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|--|--|
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Accrued interest.....

Tax-exempt interest (1099-INT in error).....

OID adjustment.....

ABP adjustment.....

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Foreign:

1=interest in or authority over foreign account.....

Name of foreign country.....

1=grantor/transferor or received distribution from foreign trust.....

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Post 8/7/86 private activity bond interest (included above) (6251).....

**DIVIDEND INCOME (Form 1099-DIV)**

Total ordinary dividends (Box 1a):

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|  |  |
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Qualified dividends (Box 1b).....

Total capital gain distributions (Box 2a):

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|  |  |

Unrecaptured section 1250 gain (Box 2b).....

Section 1202 gain (Box 2c).....

Collectibles (28%) gain (Box 2d).....

Nontaxable distributions (Box 3).....

Tax-exempt interest:

Total municipal bonds.....

In-state municipal bonds.....

|  |  |
|--|--|
|  |  |
|  |  |

Nominee distributions:

Ordinary dividends.....

Qualified dividends.....

Capital gain distributions.....

Alaska permanent fund dividends included above.....

|  |  |
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|  |  |

**44**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |    |               |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----|---------------|--------|
| 2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1040 | CA | Other Credits | 53.013 |
| <div>Please enter all pertinent 2025 information.</div> <div>RENTER'S CREDIT</div> <div>NOTE:To qualify for the credit you must have paid rent, for at least half of the year,<br/>on property in California which was your principal residence.</div> <div><div>1=qualified renter.....</div><div>1=filing separate, claiming spouse's credit.....</div><div>1=filing jointly and one spouse claimed homeowner's property tax exemption .....</div><div>Number of months in California, if part-year resident .....</div></div> <div><div></div><div></div><div></div><div></div></div> |      |    |               |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |    |               | 53.013 |

|             |             |           |                           |               |
|-------------|-------------|-----------|---------------------------|---------------|
| <b>2025</b> | <b>1040</b> | <b>CA</b> | <b>California Use Tax</b> | <b>54.012</b> |
|-------------|-------------|-----------|---------------------------|---------------|

Please enter all pertinent 2025 information.

|                          |                                          |  |  |
|--------------------------|------------------------------------------|--|--|
| No. <input type="text"/> | 1=taxpayer, 2=spouse, blank=joint .....  |  |  |
|                          | Use county (see table) .....             |  |  |
|                          | Total purchases subject to use tax ..... |  |  |
|                          | Sales or use tax already paid .....      |  |  |

|                          |                                          |  |  |
|--------------------------|------------------------------------------|--|--|
| No. <input type="text"/> | 1=taxpayer, 2=spouse, blank=joint .....  |  |  |
|                          | Use county (see table) .....             |  |  |
|                          | Total purchases subject to use tax ..... |  |  |
|                          | Sales or use tax already paid .....      |  |  |

|                          |                                          |  |  |
|--------------------------|------------------------------------------|--|--|
| No. <input type="text"/> | 1=taxpayer, 2=spouse, blank=joint .....  |  |  |
|                          | Use county (see table) .....             |  |  |
|                          | Total purchases subject to use tax ..... |  |  |
|                          | Sales or use tax already paid .....      |  |  |

|                          |                                          |  |  |
|--------------------------|------------------------------------------|--|--|
| No. <input type="text"/> | 1=taxpayer, 2=spouse, blank=joint .....  |  |  |
|                          | Use county (see table) .....             |  |  |
|                          | Total purchases subject to use tax ..... |  |  |
|                          | Sales or use tax already paid .....      |  |  |

|                          |                                          |  |  |
|--------------------------|------------------------------------------|--|--|
| No. <input type="text"/> | 1=taxpayer, 2=spouse, blank=joint .....  |  |  |
|                          | Use county (see table) .....             |  |  |
|                          | Total purchases subject to use tax ..... |  |  |
|                          | Sales or use tax already paid .....      |  |  |

### County

|                                 |                               |                                        |                                 |
|---------------------------------|-------------------------------|----------------------------------------|---------------------------------|
| 1 = Alameda                     | 33 = Lassen                   | 65 = Placer                            | 97 = Santa Cruz (Scotts Valley) |
| 2 = Alpine                      | 34 = Los Angeles              | 66 = Plumas                            | 98 = Santa Cruz (Watsonville)   |
| 3 = Amador                      | 35 = Los Angeles (Avalon)     | 67 = Riverside                         | 99 = Shasta                     |
| 4 = Butte                       | 36 = Los Angeles (Inglewood)  | 68 = Riverside (Cathedral City)        | 100 = Sierra                    |
| 5 = Calaveras                   | 37 = Los Angeles (South Gate) | 69 = Sacramento                        | 101 = Siskiyou                  |
| 6 = Colusa                      | 38 = Madera                   | 70 = San Benito                        | 102 = Solano                    |
| 7 = Colusa (Williams)           | 39 = Marin                    | 71 = San Benito (Hollister)            | 103 = Sonoma                    |
| 8 = Contra Costa                | 40 = Marin (San Rafael)       | 72 = San Benito (San Juan Bautista)    | 104 = Sonoma (Cotati)           |
| 9 = Contra Costa (El Cerrito)   | 41 = Mariposa                 | 73 = San Bernardino                    | 105 = Sonoma (Rohnert Park)     |
| 10 = Contra Costa (Pinole)      | 42 = Mendocino                | 74 = San Bernardino (Montclair)        | 106 = Sonoma (Santa Rosa)       |
| 11 = Contra Costa (Richmond)    | 43 = Mendocino (Fort Bragg)   | 75 = San Bernardino (San Bernardino)   | 107 = Sonoma (Sebastopol)       |
| 12 = Del Norte                  | 44 = Mendocino (Ukiah)        | 76 = San Diego                         | 108 = Stanislaus                |
| 13 = El Dorado                  | 45 = Mendocino (Point Arena)  | 77 = San Diego (El Cajon)              | 109 = Stanislaus (Ceres)        |
| 14 = El Dorado (So. Lake Tahoe) | 46 = Mendocino (Willits)      | 78 = San Diego (National City)         | 110 = Sutter                    |
| 15 = El Dorado (Placerville)    | 47 = Merced                   | 79 = San Diego (Vista)                 | 111 = Tehama                    |
| 16 = Fresno                     | 48 = Merced (Los Banos)       | 80 = San Francisco                     | 112 = Trinity                   |
| 17 = Fresno (Clovis)            | 49 = Merced (Merced)          | 81 = San Joaquin                       | 113 = Tulare                    |
| 18 = Fresno (Reedley)           | 50 = Modoc                    | 82 = San Joaquin (Manteca)             | 114 = Tulare (Dinuba)           |
| 19 = Fresno (Sanger)            | 51 = Mono                     | 83 = San Joaquin (Stockton)            | 115 = Tulare (Farmersville)     |
| 20 = Fresno (Selma)             | 52 = Mono (Mammoth Lakes)     | 84 = San Luis Obispo                   | 116 = Tulare (Porterville)      |
| 21 = Glenn                      | 53 = Monterey                 | 85 = San Luis Obispo (Arroyo Grande)   | 117 = Tulare (Tulare)           |
| 22 = Humboldt                   | 54 = Monterey (Del Ray Oaks)  | 86 = San Luis Obispo (Grover Beach)    | 118 = Tulare (Visalia)          |
| 23 = Humboldt (Trinidad)        | 55 = Monterey (Pacific Grove) | 87 = San Luis Obispo (Morro Bay)       | 119 = Tuolumne                  |
| 24 = Imperial                   | 56 = Monterey (Seaside)       | 88 = San Luis Obispo (Pismo Beach)     | 120 = Tuolumne (Sonora)         |
| 25 = Imperial (Calexico)        | 57 = Monterey (Salinas)       | 89 = San Luis Obispo (San Luis Obispo) | 121 = Ventura                   |
| 26 = Inyo                       | 58 = Monterey (Sand City)     | 90 = San Mateo                         | 122 = Yolo                      |
| 27 = Kern                       | 59 = Napa                     | 91 = San Mateo (San Mateo)             | 123 = Yolo (Davis)              |
| 28 = Kern (Delano)              | 60 = Nevada                   | 92 = Santa Barbara                     | 124 = Yolo (West Sacramento)    |
| 29 = Kings                      | 61 = Nevada (Nevada City)     | 93 = Santa Clara                       | 125 = Yolo (Woodland)           |
| 30 = Lake                       | 62 = Nevada (Truckee)         | 94 = Santa Cruz                        | 126 = Yuba                      |
| 31 = Lake (Lakeport)            | 63 = Orange                   | 95 = Santa Cruz (Capitola)             |                                 |
| 32 = Lake (Clearlake)           | 64 = Orange (Laguna Beach)    | 96 = Santa Cruz (Santa Cruz)           |                                 |

**54.012**

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

1040

US

Report of Foreign Bank &amp; Fin. Accts.

No. 

82.1 p2

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

82.1 p2



**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 .....

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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 .....

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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 .....

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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 .....

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

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

**82.2** p2

[illegible]