2025 1040 US Topical Index

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Series: Topical Index

2025 | 1040 | US | Tax Organizer

Richard S. Hibbs, C.P.A. 10818 Oregon Avenue Culver City CA 90232

Telephone number: **310-836-2029** Fax number: **310-559-3085**

E-mail address: rich@richhibbscpa.com

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 enter all pertinent 2025 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMA	TION Ta	axpayer	Spouse
First name and initial			
Last name			
Title/suffix			
Social security number			
Occupation			
Date of birth (m/d/y)			
Date of death (m/d/y)			
1=blind			
Home phone			
Work phone			
Work extension			
Cell phone			
E-mail address			
	In care of		1
	Street address		
A . I . I	Apartment number.		
Address	City		
	State		
	ZIP code		
DEPENDENTS	·		
DEI LINDEINIS	Depe	ndent No.	Dependent No.
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Date of death (m/d/y)			
Date of adoption (m/d/y)			
Social security number			
Relationship			
Months lived at home			
	Depe	endent No.	Dependent No.
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Date of death (m/d/y)			
Date of adoption (m/d/y)			
Social security number			
Relationship			
Months lived at home			

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ORGANIZER Tax Organizer US 2025 1040 MISCELLANEOUS INCOME Taxpayer: Alimony received Spouse: Alimony received Other: RETIREMENT PLAN CONTRIBUTIONS 2025 Amount 2024 Amount Taxpayer: Traditional IRA contributions (1=maximum) Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) Spouse: Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) OTHER GOVERNMENT FORMS - DEDUCTIONS Attach Forms 1098 Form 1098-T - Tuition and related expenses AFFORDABLE CARE ACT Attach Forms 1095 Form 1095-A - Health Insurance Marketplace Statement ADJUSTMENTS TO INCOME Taxpayer: Other adjustments to income: Alimony paid - Recipient name & SSN Spouse: Self-employed health insurance premiums Educator expenses Other adjustments to income: Alimony paid - Recipient name & SSN MEDICAL AND DENTAL EXPENSES Prescription medicines and drugs Doctors, dentists and nurses..... Hospitals and nursing homes Insurance premiums Insurance reimbursement Out-of-pocket lodging and transportation expenses Number of medical miles..... Other: **TAXES PAID** State income taxes - 1/25 payment on 2024 state estimate

IAX	ES PAID (co	ntinued)		2025 Amount	2024 Amount
State	income taxes - p	oaid with 202	4 state extension		
	income taxes -				
			years and/or to other states		
		•	nent on 2024 city/local estimate		
-			h 2024 city/local extension		
-			h 2024 city/local return		
-			pt autos and special items)		
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	-		bove		
			ft, and other special items		
			dence		
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`	•		uding automobile fees in some states)	Attach Tax Notice	
_	REST PAID		during dutomobile roos in some states,	7 titudii Tux Hotioo	I
	mortgage inter		ts naid:		
	mortgage inter	ost and poin	no paid.		
H-				Attach Forms 1098	
Home n	nortgage interest no	t on Form 1098	(include name, SSN, & address of payee):		
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TOTAL	o not reported e	111 01111 1070	•		
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—	imeni interesi (interest on n	nargin accounts):		T
	ve interest				
CAS	H CONTRIB	UTIONS is allowed for	or cash or check contributions unless the do he name of the organization, contribution d	nor maintains a bank record, or a ate(s), and contribution amount(s	a written communication
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URGANIZER				Page 6
2025	1040	US	Client Information	1

Richard S. Hibbs, C.P.A.

10818 Oregon Avenue Culver City CA 90232

Telephone number: 310-836-2029 Fax number: 310-559-3085

E-mail address: rich@richhibbscpa.com **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	Filling Status (table)
Status	1=married filing separate and lived with spouse
	Year spouse died, if qualifying surviving spouse (2023 or 2024)
	First name and initial
	Last name
	Title/suffix
Taxpayer	Social security number
тахрауст	Occupation
	Date of birth (m/d/y)
	Date of death (m/d/y)
	1=blind
	First name and initial
	Last name
	Title/suffix
Spouse	Social security number
эройзс	Occupation
	Date of birth (m/d/y)
	Date of death (m/d/y)
	1=blind
	In care of
	Street address
Address	Apartment number
/ ladi ess	City
	State
	ZIP code
Foreign	Region
Foreign Address	Postal code
	Country
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Filing Status

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

2025	1040	US	Client Information (continued)	Page 7 1 p2
			Please add, change or delete information for 2025.	
CLIEN	IT INFO	RMATION		
Taxpayer Contact Information	Work phon Work exter Daytime pho Mobile pho Fax number	nensionhone (table)one		Daytime Phone 1 = Work 2 = Home 3 = Mobile
Spouse Contact Information	Work phon Work exter Daytime pho Mobile pho Fax number	ne. nsion. hone (table) one. er.		
Taxpayer Authentication	Driver's lice Issue date Expiration	ense noense state (m/d/y)date (m/d/y) ection PIN	 	
Spouse Authentication	Driver's lice Issue date Expiration	ense noense state (m/d/y)date (m/d/y) ection PIN		

2025 1040 US Dependents

Please add, change or delete information for 2025.

DEPENDENTS

	Dependent	Dependent	
First name			
Last name			Type of Dependent
Title/suffix			1 Child living walkers
Date of birth (m/d/y)			1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child
Date of death			3 = Dependent other than child
Date of adoption			4 = Head of household or qualifying surviving
Social security number			qualifying surviving spouse (QSS) only.
Relationship			not a dependent 5 = Earned income credit only,
Months lived at home			not a dependent
Type of dependent (see table)			
Earned income credit (see table)			Earned Income Credit
Claimed by: 1=taxpayer, 2=spouse			
IRS theft protection PIN			1 = When applicable (default)
	Dependent	Dependent	2 = Student age 19 to 23 3 = Disabled
First name		·	4 = Force
Last name			5 = Suppress
Title/suffix			
Date of birth (m/d/y)			
Date of death			NOTE: If you claim the earned
Date of adoption			income credit, please provide proof that your child is a res-
Social security number			ident of the U.S. This proof is
Relationship			typically in the form of:
Months lived at home			School records or statement Landlard or property man
Type of dependent (see table)			2. Landlord or property management statement
Earned income credit (see table)			3. Health care provider
Claimed by: 1=taxpayer, 2=spouse			statement 4. Medical records
			5. Child care provider records
IRS theft protection PIN	Dependent	l Dependent	6. Placement agency statement 7. Social service records or
First name	Берепцепц	Берепцепт	statement
First name.			8. Place of worship statement 9. Indian tribe office statement
Last name			10. Employer statement
Title/suffix			
Date of birth (m/d/y)			
Date of edeath			NOTE: If your child is disabled,
Date of adoption			please provide one of the fol-
Social security number			lowing forms of proof of disability:
Social security number			bility:
Social security number			bility: 1. Doctor statement 2. Other health care provider
Social security number			bility: 1. Doctor statement 2. Other health care provider statement
Social security number			bility: 1. Doctor statement 2. Other health care provider
Social security number			bility: 1. Doctor statement 2. Other health care provider statement 3. Social services agency or

2

Page 9 ORGANIZER **Miscellaneous Questions** US 2025 1040 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 Did your marital status change during the year? Did your address change during the year? In 2025, could you be claimed as a dependent on another person's tax return? **DEPENDENTS** Were there any changes in dependents? Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2025? 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** Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach. INCOME Did you receive unreported tip income of \$20 or more in any month? Did you receive any overtime pay in 2025? 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? Did you receive any disability income? Did you have any foreign income or pay any foreign taxes? PURCHASES, SALES AND DEBT Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? In 2025, did you buy or sell any stocks, bonds or other investment property? Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? Did you have any debts cancelled or forgiven? Does anyone owe you money which has become uncollectible?

ORGANIZER Page 10 **Miscellaneous Questions (continued)** US 2025 1040 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. **RETIREMENT PLANS** YES NO Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? Did you transfer or rollover any amount from one retirement plan to another retirement plan? **EDUCATION** Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? ITEMIZED DEDUCTIONS 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 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?

ORGANIZER Page 11 **Miscellaneous Questions (continued)** US 2025 1040 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. MISCELLANEOUS (continued) YES NO Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? Was your home rented out or used for business? Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage 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? Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account? 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? Did you engage the services of any household employees? Were you notified or audited by either the Internal Revenue Service or the State taxing agency? Did you or your spouse make any gifts to an individual that total more than \$19,000 or any gifts to a trust? Did your bank account information change within the last twelve months? At any time during 2025, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? In 2025, did you finance the purchase of a new personal use vehicle which was assembled in the U.S.?

2025	1040	US	Miscellaneous Questions
	If any	of the foll app	owing items pertain to you or your spouse for 2025, please check the ropriate box and provide additional information if necessary.
YES	NO	Did your r	marital status change during the year?
		Did your a	address change during the year?
		Could you	be claimed as a dependent on another person's tax return?
		Were ther	re any changes in dependents?
		Did you a	nd your dependents have health care coverage for the full-year?
		Did you re	eceive an IRS document 1095-A (Health Insurance Marketplace Statement)? If so, please attach.
		Did you re	eceive unreported tip income of \$20 or more in any month?
		Did you re	eceive any overtime pay?
		Did you re	eceive any disability income?
		Did you b	uy or sell any stocks, bonds or other investment property?
		Did you p	urchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
		Did you m	nake any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell
		03	eceive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?
		Did you tr	ransfer or rollover any amount from one retirement plan to another?
		Did you co	onvert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
		Did you, y vocationa	your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or I school?
			ncur a loss because of damaged or stolen property?
		Did you u	se your car on the job (other than to and from work)?
		May the II	RS discuss your tax return with your preparer?
		Was your	home rented out or used for business?
		Were you	notified or audited by either the IRS or the State taxing agency?
		At any tim	ne during the tax year did you: receive or sell, exchange, gift, or otherwise dispose of digital asset?

ORG

25										Page
	1040	US	Direc	t Depo	sit & Estim	nates (F	orm 10	40 ES)		3,
			Plea	ise enter	all pertinent 2	025 inforr	nation.			
DIREC	T DEPO	SIT / ELE	ECTRON	NIC PAY	MENT (3)					
=electron	nic payment	of balance du	ıe							
=electron	nic payment	of estimated t	tax							
BANK	INFORM	MATION								
	Name o	f Bank		ercent to Deposit (xx.xx)	Routing Numb	er	Account N	lumber	Type of Account (Table 1)	Type of Invest. (Table 2)
2025 E	STIMATI	ED TAX /	1040-ES	6 (6)						
ederal				• •	unt Paid	D	ate Paid	TS	2025 Voucher Am	ount
Overpaym	ent applied	from 2024								
st quarte	r payment									
ind quarte	er payment.									
th quarte	er payment		<u></u>							
P	Additional Es									
	Tax Paym	ients								
Doid with	ovtoncion									
		oint estimates								
	•		_						2025	
State				Amo	unt Paid	Da	ate Paid	TS	Voucher Am	ount
	ent applied fr									
tn quarter	r payment									
,	Additional Es	timated								
-	Tax Paym									
Paid with 6	extension		_							
ara wiiir c					L					
	1	Type of Acco	ount		2	Туре о	f Investment			
		1 = Savings			1 = Checking or savir	ngs (default)	6 = Covero	dell savings acco	ount (ESA)	
	1	2 = Checking			2 = Taxpayer's IRA (r 3 = Spouse's IRA (ne	next year limits) ext year limits)	7 = Other 8 = Taxpa	yer's IRA (currer	nt year limits)	
					4 - Hoalth cavings as	count (HSA)	9 = Spous	e's IRA (current	vear limits)	
					4 = Health savings ac 5 = Archer MSA		, opous	e s not (current	, , ,	
					5 = Archer MSA		, opens	e s not (current		
					5 = Archer MSA		, opous	e s no r (carrent		

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

2023			Birost Boposit a Estimatos (Form To to Es) (cont.)	
			Please enter all pertinent 2025 information.	
APP	LICATION	I OF 2025	OVERPAYMENT (7.1)	
	nave an overpa please explain	`	5 taxes, do you want the excess refunded?	
2026	ESTIMA	ΓED TAX	INFORMATION	
			come to be different from 2025? Yes	No
	expect your 20		ng to be different from 2025? Yes	No
	<i></i>			
				7 1

ORGANIZER Wages, Pensions, Gambling Winnings 10, 13.1, 13.2 US 2025 1040 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) Wages, Tips, Other 1=retirement Tax Withheld plan (Box 13) Social Name of Employer (Box c) Federal Medicare State Local Compensation No Security (Box 17) (Box 19) 2024 (Box 2) (Box 6) 1=spouse (Box 1) (Box 4) Wages PENSIONS, IRA DISTRIBUTIONS (13.1) Distribution code #2 Tax Withheld Value of Taxable Gross Distribution code #1 all IRAs Amount (Box 2a) Distribution Name of Payer Federal State 2024 at No 1=IRA/SEP/SIMPLE (Box 1) (Box 4) (Box 14) 12/31/25 Distribution 1=spouse GAMBLING WINNINGS (W-2G) (13.2) Tax Withheld **Gross Winnings** Name of Payer 1=spouse 2024 (Box 1) No Federal (Box 4) State (Box 15) Local (Box 17) Winnings **GAMBLING LOSSES & WINNINGS (NON W-2G)** (13.2)2025 Amount TS 2024 Amount Total gambling losses.....

10, 13.1, 13.2

Winnings not reported on Form W-2G

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)

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

DIVIDEND INCOME (12)

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

0005	1040	LIC	Microllonocus Incomo	111	_
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 Amoui	nt	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)					
income subject to 3/E tax. (1099-NEC, box 1)					
other income (1099-MISC, box 3, 8)	<u> </u>				
igital 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)					
` ,	<u> </u>				
Federal income tax withheld					
State income tax withheld					
Local income tax withheld			1		

JITO, IIIILLII				rage ro
2025	1040	US	State & Local Tax Refunds / Unemployment Compensation	14.2

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

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

ONLIVIEL	OTIVIENT CONPENSATION (FOITH 1099-G) 2025 1099-G Amount
	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)
No.	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)
	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)
No.	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
	Number of family
	1=box 2 is trade or business income (Box 8)

0005	1010	116	Education Distributions (ECA)	110
2025	1040	US	Education Distributions (ESA's and QTP's)	14.3

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 AN	D Q1P'S (Form 1099-Q)	2025 Amount	2024 Amount
	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)		
No.	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		
	Nome of power		
	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)		
No.	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		
	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)		
No.	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		

SINOMINIELIN				Tage 20
2025	1040	US	ABLE Distributions	14.4

Pleas	e enter all pertinent 2025 amounts. Last year's amounts a	re provided for your r	ererence.
ABLE DIST	RIBUTIONS / CONTRIBUTIONS	2025 Amount	2024 Amount
	Name of payer or issuer	2020 / 11110 4111	2021711100111
	1=spouse.		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
No.	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		
	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
No.	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		
	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
No.	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		

Please enter all pertinent 2025 amounts. Last year's amounts are proceed to the process of the p	ovided for your reference.
Principal business/profession	
Principal business code Business name, if different from Form 1040 Business address, if different from Form 1040 City, if different from Form 1040 State, if different from Form 1040 ZIP code, if different from Form 1040 Foreign region Foreign postal code Foreign country Employer identification number Other accounting method: Accounting method: 1=cash, 2=accrual Inventory method: 1=cost, 2=lower cost/market, 3=other 1=change of inventory method 1=spouse, 2=joint. 1=first Schedule C filed for this business If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no 1=not subject to self-employment tax 1=did not "materially participate" 1=personal services is not a material income producing factor 1=investment 1=minister's Schedule C 1=single member limited liability company 1=trader in financial instruments or commodities INCOME Gross receipts or sales (Form 1099-NEC) Returns and allowances	
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If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no 1=not subject to self-employment tax 1=did not "materially participate" 1=personal services is not a material income producing factor 1=investment 1=minister's Schedule C 1=single member limited liability company 1=trader in financial instruments or commodities INCOME Gross receipts or sales (Form 1099-NEC) Returns and allowances	
1=not subject to self-employment tax 1=did not "materially participate" 1=personal services is not a material income producing factor 1=investment 1=minister's Schedule C 1=single member limited liability company 1=trader in financial instruments or commodities INCOME Gross receipts or sales (Form 1099-NEC) Returns and allowances	
1=did not "materially participate" 1=personal services is not a material income producing factor 1=investment. 1=minister's Schedule C. 1=single member limited liability company 1=trader in financial instruments or commodities INCOME Gross receipts or sales (Form 1099-NEC). Returns and allowances.	
1=personal services is not a material income producing factor 1=investment 1=minister's Schedule C 1=single member limited liability company 1=trader in financial instruments or commodities INCOME Gross receipts or sales (Form 1099-NEC) Returns and allowances	
1=investment 1=minister's Schedule C 1=single member limited liability company 1=trader in financial instruments or commodities INCOME Gross receipts or sales (Form 1099-NEC) Returns and allowances	
1=minister's Schedule C 1=single member limited liability company 1=trader in financial instruments or commodities INCOME Gross receipts or sales (Form 1099-NEC). Returns and allowances.	
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1=trader in financial instruments or commodities INCOME Gross receipts or sales (Form 1099-NEC). Returns and allowances.	
Gross receipts or sales (Form 1099-NEC). Returns and allowances.	
Gross receipts or sales (Form 1099-NEC). Returns and allowances.	
Returns and allowances	unt 2024 Amount
Other income:	
COST OF GOODS SOLD	
Inventory at beginning of the year	
Purchases.	
Cost of items for personal use	
Cost of labor.	
Materials and supplies	
Other costs:	
Inventory at end of the year	

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

Please enter all pertinent	2025 amounts. Last	year's amounts are	provided for your reference
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XPENSES	2025 Amount	2024 Amount
ccounting		
dvertising		
nswering service		
ad debts from sales or service		
ank charges		
ar and truck expenses (not entered elsewhere)		
ommissions		
ontract labor		
elivery and freight		
ues and subscriptions.		
mployee benefit programs		
surance (other than health)		
ortgage interest (paid to banks, etc.)		
ther interest (not entered elsewhere)		
anitorial		
aundry and cleaning		
egal and professional		
iscellaneous		
ffice expense		
utside services		
arking and tolls		
ension and profit sharing plans - contributions		
ension and profit sharing plans - admin. and education costs		
ostage		
rinting		
ent - vehicles, machinery, & equipment (not entered elsewhere)		
ent - other.		
epairs.		
ecurity		
upplies		
axes - real estate.		
axes - payroll.		
axes - sales tax included in gross receipts		
axes - other (not entered elsewhere)		
elephone.		
ools		
ravel.		
eals in full (50%)		
epartment of Transportation meals in full (80%)		
niforms.		
tilities		
ages	<u> </u>	
ther expenses:		

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. Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity	Description of Property (Box 1a)	Date Acquired (Box 1b)	Date Sold (Box 1c)	Sales Price (gross or net) (Box 1d)	Cost or Basis (Box 1e)	Blank=basis rep. to IRS, 1=nonrec. security (Box 3, 5)	Expenses of Sale (if gross sales price entered)	Federal Incom Tax Withheld (Box 4)

JKGANIZEK				rage Z
2025	1040	US	Installment Sales (Form 6252)	17 p2

	_				2
Please enter all pertinent 2025 amounts.	I act vo	ar's amounts	are provide	ad for s	IOUR reference
riease enter an pertinent 2025 amounts.	Lasi ye	zai s aimounts	are provide	ou ioi	your reference

RIUR TEA	AR INSTALLMENT SALE	2025 Amount	2024 Amount
	Description of property		
. —	Date acquired (m/d/y)		
No.	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Description of property		
. —	Date acquired (m/d/y)		
No.	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Description of property		
. —	Date acquired (m/d/y)		
No.	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Description of property		
	Date acquired (m/d/y)		
No.	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Description of property		
	Date acquired (m/d/y)		
No.	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Description of property		
	Date acquired (m/d/y)		
No.	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Description of property.		
	Date acquired (m/d/y)		
No.	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

2025	1040	LIC	Cala of Hama & Maying Evnances	17	27
2025	1040	US	Sale of Home & Moving Expenses	17,	, 21

SALE OF HOME (17)	
• •	
Description of property (Box 3)	
Pate acquired (m/d/y)	
Pate sold (m/d/y) (Box 1)	
Sales price (Box 2)	
=sale of home	
=owned and used property as main home for at least 2 of 5 years before sale	
=business use in year of sale	
lumber of days after December 31, 2008 that home was not used as principal residence	
Adjusted Basis	
Original cost	
nprovements:	<u> </u>
mprovomonto.	
djusted basis	
Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)	
mponess of sale (commissions) data asing 1888, 1888, and	
	
<u> </u>	
otal expenses of sale	
order expenses of suite	
Reduced Exclusion	
Please complete the following information if due to a change in health, place of employment, or unforeseen control and use tests * or b) Excluded gain on the sale of another home after May 6.	rcumstances you either:
Please complete the following information if due to a change in health, place of employment, or unforeseen c Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, Excl. gain from another home after May 6, 1997 & within 2 yrs, of current sale, enter date of sale (m/d/y)	rcumstances you either: 1997.
excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) .	rcumstances you either: 1997.
excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforeseen circumstances	rcumstances you either: 1997.
excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforeseen circumstances	rcumstances you either: 1997.
excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforeseen circumstances = sale due to change in health, employment or unforeseen circumstances = sale due to change in health, employment or unforeseen circumstances = sale due to change in health, employment or unforeseen circumstances = sale due to change in health, employment or unforeseen circumstances = sale due to change in health, employment or unforeseen circumstances = sale due to change in health, employment or unforeseen circumstances = sale due to change in health, employment or unforeseen circumstances = sale due to change in health, employment or unforeseen circumstances = sale due to change in health, employment or unforeseen circumstances = sale due to change in health, employment or unforeseen circumstances = sale due to change in health, employment or unforeseen circumstances = sale due to change in health, employment or unforeseen circumstances = sale due to change in health, employment or unforeseen circumstances = sale due to change in health, employment or unforeseen circumstances = sale due to change in health, employment or unforeseen circumstances = sale due to change in health, employment or unforeseen circumstances = sale due to change in health, employment or unforeseen circumstances = sale due to change in health, employment or unforeseen circumstances = sale due to change in health or unforeseen circumstances = sale due to change in health or unforeseen circumstances = sale due to change in health or unforeseen circumstances = sale due to change in health or unforeseen circumstances = sale due to change in health or unforeseen circumstances = sale due to change in health or unforeseen circumstances = sale due to change in health or unforeseen circumstances = sale due to change in health or unforeseen circumstances = sale due to change in health or unforeseen circumstances = sale due to change in health or unforeseen circumstances	rcumstances you either: 1997.
excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforeseen circumstances ays used as main home - taxpayer ays used as main home - spouse ays property owned - taxpayer.	rcumstances you either: 1997.
excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforeseen circumstances ays used as main home - taxpayer ays used as main home - spouse ays property owned - taxpayer	rcumstances you either: 1997.
excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforeseen circumstances easys used as main home - taxpayer easys used as main home - spouse easys property owned - taxpayer easys property owned - spouse easys property owned easys property owned - spouse easys property owned e	
Excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforeseen circumstances as well as main home - taxpayer as well as main home - spouse as main home - taxpayer as property owned - taxpayer as property owned - spouse as property owned - spouse as well as property owned - spouse as well as property owned - spouse as member of the Armed Forces and moved due to a perma	
Excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforeseen circumstances as was main home - taxpayer as well as main home - spouse as main home - taxpayer as property owned - taxpayer as property owned - spouse as property owned - spouse as was property owned - spouse as well as property owned - spouse as member of the Armed Forces and moved due to a perma = spouse, 2=joint.	
excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforeseen circumstances ays used as main home - taxpayer ays property owned - taxpayer ays property owned - spouse AOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a perma = spouse, 2=joint = armed forces move due to permanent change of station	
Excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforeseen circumstances as was used as main home - taxpayer as was used as main home - spouse as your property owned - taxpayer as your property owned - spouse as your property owned - spouse as was property owned - spouse as was property owned - spouse as member of the Armed Forces and moved due to a perma = spouse, 2=joint = armed forces move due to permanent change of station as work place.	
excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforeseen circumstances ways used as main home - taxpayer ways used as main home - spouse ways property owned - taxpayer ways property owned - spouse ways ways ways ways ways ways ways ways	
Excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforeseen circumstances asys used as main home - taxpayer asys used as main home - spouse asys property owned - taxpayer asys property owned - spouse. MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a perma = spouse, 2=joint = armed forces move due to permanent change of station files from old home to new work place axpenses for transportation and storage of household goods and personal effects	
excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforeseen circumstances ways used as main home - taxpayer ways used as main home - spouse ways property owned - taxpayer ways property owned - spouse was a member of the Armed Forces and moved due to a perma espouse, 2=joint earmed forces move due to permanent change of station whiles from old home to new work place was for transportation and storage of household goods and personal effects odging and travel (excluding meals):	
excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforeseen circumstances ays used as main home - taxpayer ays used as main home - spouse ays property owned - taxpayer ays property owned - spouse ays property owned - spouse ays property owned - spouse approperty owned - spouse are a member of the Armed Forces and moved due to a perma = spouse, 2 = joint = armed forces move due to permanent change of station liles from old home to new work place approach to the property of the permanent of the Armed Forces and moved due to a perma = spouse, 2 = joint = armed forces move due to permanent change of station liles from old home to new work place approach to the property of the permanent of the Armed Forces and moved due to a perma = spouse, 2 = joint = armed forces move due to permanent change of station liles from old home to new work place approach the property of the property	
excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforeseen circumstances hays used as main home - taxpayer hays used as main home - spouse hays property owned - taxpayer hays property owned - spouse hay spouse hays property owned - spouse hay spouse hay spouse have a member of the Armed Forces and moved due to a perma espouse, 2=joint hay spouse have have have have have have have hav	
excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforeseen circumstances bays used as main home - taxpayer bays used as main home - spouse bays property owned - taxpayer bays property owned - spouse ba	
excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforeseen circumstances ays used as main home - taxpayer ays used as main home - spouse ays property owned - taxpayer ays property owned - spouse. MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a perma = spouse, 2 = joint = armed forces move due to permanent change of station liles from old home to new work place armed forces for transportation and storage of household goods and personal effects odging and travel (excluding meals): Lodging and travel (excluding automobile) Parking fees and tolls Gas and oil .	
excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforeseen circumstances hays used as main home - taxpayer hays used as main home - spouse hays property owned - taxpayer hays property owned - spouse hay spouse hays property owned - spouse hay spouse hay spouse have a member of the Armed Forces and moved due to a perma espouse, 2=joint hay spouse have have have have have have have hav	

	1040	US	Rental & Royalty Income (Schedule E)	No 18
	Please en	ter all pert	inent 2025 amounts. Last year's amounts are provided for	or your reference.
GEN	IERAL IN	IFORMA	TION 2025 Amount	2024 Amount
Descri	ption of prope	erty		Type of Property
Street	address			
City				1 = Single Family Residence 2 = Multi-Family Residence
State.				3 = Vacation/Short-Term Renta 4 = Commercial
ZIP co	de			5 = Land
		ee table)		6 = Royalties 7 = Self-Rental
		erty		7 John Horitan
Numbe	er of days rer	nted	34	
Percenta	age of ownership		1 did not activaly participate	
Percenta	0% (.xxxx) age of tenant occi	upancy	1=did not actively participate	
	•	nturo		_
1=nonpa	inieu joint ver assive activity,	nture	1=investment 1=single member limited liability company	
			lid you or will you file all required Form(s) 1099: 1=yes, 2=no	
•		71111(3) 1077, u	ila you or will you like all required Form(3) 1077. 1-yes, 2-no	
INC	OME		2025 Amount	2024 Amount
Rents	or royalties re	eceived		
Garder Insurai	ning nce			
_	-			
_				
			etc.)	
_	-		· · · · · · · · · · · · · · · · · · ·	
			here)	
Pest co	ontrol			
Plumb ³	ing and elect	rical		
			nere)	
Teleph				
	S			
				1
Wages		S		
		5		
Wages		5		
Wages		5		

18

025	1040	US	Rental & Royalty Incom-	e (Sch.	E) (cont.)	No.	18 p2
Pleas e	e enter all expense co	pertinent 2 Dlumn shou	2025 amounts. Last year's amount ald only be used for vacation home	s are prov	vided for your ref than 100% tenan	erence. The ir t occupied rei	ndirect ntals.
GEN	NERAL IN	IFORMAT	ΓΙΟΝ				
Foreig	gn region						
9	, ,						
OIL	AND GA	S		202	5 Amount	2024 Amou	ınt
Cost of Percent State	depletion	on rate or amo	bunt -1 if none) .; if different (-1 if none)		57tmount	20247411100	
PER	RSONAL	USE OF [DWELLING UNIT (INCLUDING	VACAT	ION HOME)		
Numb	er of days per	rsonal use	al method elected)		,		
IND	IRECT EX	XPENSES					
NOTE	E:Indirect exp These inclu	enses are rela de repairs, ins	ated to operating or maintaining the dwelling surance, and utilities.	unit.			
Adver	tising						
Assoc	iation dues						
Auto a	and travel (no	t entered else	where)				
Clean	ing and maint	tenance					
Comm	nissions						
Garde	ening						
Insura	ance						
Legal	and profession	onal fees					
Licens	ses and permi	its					
Manag	gement fees.						
Miscel	llaneous						
_	-		etc.)				
Exces	s mortgage ir	nterest					
			here)				
Painti	ng and decora	ating					
Pest c	control						
Plumb	oing and elect	rical					
•							
			nere)				
wayes	s and salantes	•				<u> </u>	
Other:	:						
•							
•							
•							
•							

	1040	US	Farm Income (Schedule F/	Form 4835)	No.	19
	Please en	ter all pert	inent 2025 amounts. Last year's amou	unts are provided for	your reference.	
GEN	NERAL IN	FORMA ⁻	ΓΙΟΝ			
Princi	ipal product					
Emplo	oyer ID numbe	r				
	,					
	•		ccrual			
	,	,				
		=	tal only): 1=land, 2=self-rental, 3=other			
			ion			
		=	r will you file all required Form(s) 1099: 1=yes, 2=no			
			(Schedule F only)		_	
	= :	-	rm rental only)			
	•		rental only)			
			company			
% of (ownership if no	ot 100% (.xxx	(x) (Farm rental only)			
FAF	RM INCON	ΛE				
	method:			2025 A	2024 A	
		ck and other r	resale items	2025 Amount	2024 Amount	
			other resale items			
	•	is raised				
	al method:	ok produce s	nto.			
			etc.			
			ock, etc.			
			sed			
	naing inventor	v oi iivestock	, etc			
	form incomo	,				
Other	farm income:		_			
Other To	otal cooperativ	e distribution	S			
Other To Ta	otal cooperativ axable coopera	e distribution	ions			
Other To To	otal cooperativ axable coopera otal agricultura	e distribution ative distributi Il program pa	yments (other than CRP)			
Other To Ta To Ta	otal cooperativ axable coopera otal agricultura axable agricult	e distribution ative distributi Il program pa ural program	yments (other than CRP) payments (other than CRP)			
Other To To To To	otal cooperativ axable coopera otal agricultura axable agricult otal conservati	re distribution ative distributi Il program pa ural program on reserve pr	yments (other than CRP) payments (other than CRP) rogram payments			
Other To Ta To Ta To	otal cooperativ axable coopera otal agricultura axable agricult otal conservati axable conserv	e distribution ative distributi Il program pa ural program on reserve pr vation reserve	payments (other than CRP) payments (other than CRP) rogram payments program payments			
Other To To To To To	otal cooperativaxable cooperativatal agricultura axable agricultotal conservatiaxable conservommodity creco	re distribution ative distribution program paural program on reserve protation reserve dit loans report	payments (other than CRP) payments (other than CRP) cogram payments program payments cogram payments cogram payments			
Other To Ta To Ta To Co	otal cooperative axable cooperative otal agricultura axable agricultural conservation axable conservommodity crecotal commodity	re distribution ative distribution program paural program on reserve protation reserve dit loans report	payments (other than CRP) payments (other than CRP) rogram payments program payments red under election forfeited or repaid			
Other To Ta To Ta To Ta To Ta	otal cooperative axable cooperative otal agricultura axable agricultural conservation axable conservommodity crectotal commodity axable commodity axable commo	re distribution ative distribution at program paural program on reserve protation reserve dit loans report predit loans dity credit loans	yments (other than CRP) payments (other than CRP) rogram payments e program payments red under election forfeited or repaid			
Other To Ta To Ta To Ta To Ta To Ta To Ta	otal cooperative axable cooperative axable agricultural axable agricultural conservative axable conserve otal commodity creative axable commodity axable commodity axable commodity axable commodity crop insurative axable commodity axable commodity axable commodity axable commodity axable commodity crop insurative	re distribution ative distribution ative distribution program partial program on reserve provide lit loans report credit loans dity credit loans ance proceed	ions yments (other than CRP) payments (other than CRP) rogram payments e program payments rted under election forfeited or repaid ans forfeited or repaid ds received in 2025			
Other To Ta To Ta Co Ta Ta	otal cooperative axable cooperative axable agricultural axable agricultural axable conservation axable commodity crecipital commodity axable commodity axable commodital crop insural axable crop insural crop crop crop crop crop crop crop crop	re distribution ative distribution ative distribution program partial program on reserve provition reserve protection in the proceed ance proceed is urance proceed in the distribution in the proceed in the proceed in the distribution in the proceed in the process in the proce	yments (other than CRP) payments (other than CRP) rogram payments e program payments red under election forfeited or repaid			

025	1040	US	Farm Income (Sch. F/For	rm 4835) (cont.)	No.	19 p2
			inent 2025 amounts. Last year's an	nounts are provided for y	our reference.	
FAF	RM INCOM	ME (conti	inued)			
Other	income:			2025 Amount	2024 Amount	t
				2020 / 11110 21111		<u>. </u>
	_					
	_					
			_			
FAF	RM EXPE	NSES				
Car a	nd truck exper	nses (not ente	ered elsewhere)			
	•					
	•	•				
		•				
Freigh	ht and trucking)				
Gasol	line, fuel, and	oil				
Insura	ance (other tha	an health)				
Mortg	jage interest (p	paid to banks,	, etc.)			
Other	interest (not e	entered elsew	/here)			
Labor	hired					
Pensi	ion and profit s	sharing - cont	ributions			
Pensi	ion and profit s	sharing plans	- admin. and education costs			
Rent	- vehicles, ma	chinery, and e	equipment (not entered elsewhere)			
Rent	- other (land, a	animals, etc.)				
Repai	irs and mainte	nance				
Seeds	s and plants p	urchased				
Suppl	lies purchased	1				
Taxes	s (not entered	elsewhere)				
			ne			
		uctive period	expenses (also enter below)			
Other	expenses:		Г		T	
					<u> </u>	
		NOTE: I	If you purchased or disposed of any business a	assets, please complete Sheet 2	2.	
					-	

ORG4	ANIZER						Page 30
	25	1040	US	Partnersh	ip and S corporat	tion Information	20.1,20.2
				delete 2025 int		e. Be sure to attach all S	chedule K-1s.
No.			ne of Partners		Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership
	s co	RPORAT	ION INFO	ORMATION (2	20.2)		
No.		Name	e of S corpora	tion	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

20.1,20.2

ORG	ANIZER					Page 31
20)25	1040	US	Estate or Trust and R	EMIC Information	20.3,20.4
				ise add, change or delete 2025 in Be sure to attach all Schedule	nformation as appropriate. • K-1s and Schedule Qs.	
	ESTA	ATE OR T	RUST IN	FORMATION (20.3)		
No.			Nar	ne of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number
	REMI	IC INFOR	MATION	(20.4)		
No.				Name of REMIC		Employer Identification Number
						20.3,20.4

2025	1040	US	Asset Disposition List

If you disposed of any business assets in 2025, please enter date sold, sales price, and expenses of sale. For real estate transactions, be sure to attach all 1099-S forms and closing statements.

			1	.	, ,	
No.	Description of Property (Box 3)	Date Placed in Service	Date Sold (Box 1)	Sales Price (Box 2)	Cost or Basis	Expenses of Sale

ORGANIZER				<u> Page 33</u>
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.		Dolotod	Prep	arer Use	Only	Date Placed	Cost	Preparer Us	se Only
	Description of Property	Related Business or Activity	Form	No. of Form	Category	Date Placed in Service	aced or Basis	Current Section 179	Method
								22	2 p2

GANIZER						Page
2025	1040	US	Vehicle Expenses		No.	22 _{p3}
	Please en	ter all pert	inent 2025 amounts. Last year's am	ounts are provided for y	our reference.	
GEI	NERAL IN	IFORMAT	ΓΙΟΝ	2025 Amount	2024 Amoun	t
Descr	iption of vehic	:le			_	
1=no	evidence to su	upport your de	eduction			
			your deduction			
		=	personal use			
			r personal use		4	
	•		than 5% owner			
Numb	er of months	of business us	se if changed from 100% personal use			
Total Busin Comn Avera	ess mileage nuting mileage age daily round	ne tax year) e (for the tax y	GE 		_	
AC	TUAL EXI	PENSES	_			
	-	-	portion only)			
			I proporty toyoo)			
		· ·	I property taxes)			
			C, E & F)			
			ve)			
		•	cle on Form W-2 (2106)			
					1	

Daga 35

MOANIZER				rage 33
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 Amoun		2024 An	
	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				
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 PLAN	S (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 (vvvv)				
Individual ANTA: SE alactiva deferrals (except Poth) (1-may)				
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 (vvvv)				
4 1 11 11 11 (004)				
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		
e of divorce or sep. agreement				
Recipient's first name				
Recipient's last name				
Recipient's SSN				
Amount paid	2024 amt:		2024 amt:	

24

Page 36

2025 1040 US Itemized Deductions 25

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

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs Doctors, dentitis and nurses. Hospitals and nursing homes Insurance premiums not entered deswhere (ext. LT care & amts. paid w/pre tax dollar). Long-term care premiums - stepsayer Long-term care premiums - stepsay	NOTE:Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.	2025 Amount	TS	2024 Amount
Hospitals and nursing homes insurance premiums not entered elsewhere (excl. LT care & amis, paid w/pre-tax dollars). Long-term care premiums - spouse	Prescription medicines and drugs			
Insurance premiums not entered elsewhere (excl. LT care & ants. paid w/pro-tax dollars). Long-term care premiums - taxpayer. Long-term care premiums - spouse. Insurance relimbursement (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 for prior years and/or to other state. Cityliccal income taxes - paid with 2024 state return State income taxes - 1/25 payment on 2024 city/local estimate Cityliccal income taxes - 1/25 payment on 2024 city/local estimate Cityliccal income taxes - paid with 2024 city/local estimate Cityliccal income taxes - paid with 2024 city/local estimate Cityliccal income taxes - paid with 2024 city/local estimate Cityliccal income taxes - paid with 2024 city/local estimate Cityliccal 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 autos not included above Sales tax on autos not included above Sales tax on boats, aircraft, other special items OTHER TAXES PAID Real estate taxes - principal residence: Personal property taxes (including auto fees in some states. Provide a copy of tax notice). Foreign income taxes.	Doctors, dentists and nurses			
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 extension State income taxes - paid with 2024 state return extension State income taxes - paid vith 2024 state return extension State income taxes - paid vith 2024 city/local estimate City/local income taxes - paid with 2024 city/local extension City/local income taxes - paid with 2024 city/local extension SALES AND USE TAXES PAID State and local sales taxes (except autos and special Items) Use taxes paid with 2024 state return Sales tax on autos not included above Sales tax on autos not included above Sales tax on boats, aircraft, other special Items OTHER TAXES PAID Real estate taxes - held for investment: Personal property taxes (including auto fees in some states. Provide a copy of tax notice). Personal property taxes (including auto fees in some states. Provide a copy of tax notice).	Hospitals and nursing homes			
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Insurance reimbursement (enter as a positive number)	Long-term care premiums - taxpayer			
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Personal property taxes (including auto fees in some states. Provide a copy of tax notice) Foreign income taxes				
Foreign income taxes	Real estate taxes - held for investment :			
Foreign income taxes				
Foreign income taxes				
Foreign income taxes				
Foreign income taxes				
Other taxes:	<u> </u>			
	Other taxes:			

2025 1040 US Itemized Deductions (continued) 25 p2

Home mortgage int. (Box 1) and points (Box 5) reported on Form 1098:	2025 Amount	TS	2024 Amount
Home mortgage interest not reported on Form 1098:		, ,	
Payee's name			
Payee's SSN or FEIN			
Payee's street address			
Payee's city			
Payee's state			
Payee's ZIP code			
Payee's region			
Payee's postal code			
Payee's country			
Amount paid			
Points not reported on Form 1098:			
nvestment interest (interest on margin accounts):			
Passive interest			
NOTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan	home are deductible over t s.	he life of	the mortgage.
NOTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS NOTE: No deduction is allowed for cash or check contributions unless the of from the donee, showing the name of the organization, contribution	s. onor maintains a bank reco date(s), and contribution an	ord, or a v	
NOTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS NOTE: No deduction is allowed for cash or check contributions unless the contributions unless the contributions.	s. onor maintains a bank reco date(s), and contribution an	ord, or a v	
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NOTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS NOTE: No deduction is allowed for cash or check contributions unless the of from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% limitation).	s. onor maintains a bank reco date(s), and contribution an	ord, or a v	
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NOTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS NOTE: No deduction is allowed for cash or check contributions unless the of from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% limital Contributions by cash or check: Volunteer expenses (out-of-pocket) Number of charitable miles	onor maintains a bank reco date(s), and contribution an tion):	ord, or a v	vritten communication
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2025 1040 US Itemized Deductions (continued) 25 p3

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NOTE:Use Sheet 26 if total nonca	ash contributions are over \$50	0. No deduction is allowed for	or contributions of clothing	and household items
that are not in <i>good</i> used	condition or better. In additio	n, a deduction for any item w	with minimal monetarv vali	ue mav be denied.

% limitation (see above):	2025 Amount	TS	2024 Amount
limitation (and phone)			
limitation (see above):			
6 capital gain property (gifts of capital gain property to 50% limit orge	<u>, , , , , , , , , , , , , , , , , , , </u>		
s capital gain property (girls of capital gain property to 3070 limit org.	5.,.		
	(
s depited gain property (gints or depited gain property to non devic initial	. orgs.).		
ion and professional dues		ACT (su	ubject to 2% AGI limit)
ion and professional dues		ACT (SU	ubject to 2% AGI limit)
ion and professional dues		ACT (su	ubject to 2% AGI limit)
ion and professional dues		ACT (st	ubject to 2% AGI limit)
ion and professional dues		ACT (su	ubject to 2% AGI limit)
ion and professional dues		ACT (su	ubject to 2% AGI limit)
ion and professional dues		ACT (su	ubject to 2% AGI limit)
on and professional dues		ACT (su	ubject to 2% AGI limit)
on and professional dues		ACT (su	ubject to 2% AGI limit)
on and professional dues		ACT (su	ubject to 2% AGI limit)
ion and professional dues		ACT (su	ubject to 2% AGI limit)
her unreimbursed employee expenses (uniforms and protective clothin fessional subscriptions, employment agency fees, and certain edu. e.		ACT (su	ubject to 2% AGI limit)
ion and professional dues ner unreimbursed employee expenses (uniforms and protective clothin fessional subscriptions, employment agency fees, and certain edu. expenses restment expenses x return preparation fee		ACT (su	ubject to 2% AGI limit)
estment expense: ex return preparation fee		ACT (su	ubject to 2% AGI limit)
er unreimbursed employee expenses (uniforms and protective clothing fessional subscriptions, employment agency fees, and certain edu. expenses estment expense: a return preparation fee deposit box rental cellaneous deductions (2% AGI) (certain legal and accounting fees.		ACT (su	ubject to 2% AGI limit)
er unreimbursed employee expenses (uniforms and protective clothin fessional subscriptions, employment agency fees, and certain edu. e. estment expense: c return preparation fee fe deposit box rental scellaneous deductions (2% AGI) (certain legal and accounting fees.		ACT (su	ubject to 2% AGI limit)
ion and professional dues ner unreimbursed employee expenses (uniforms and protective clothin of significance) fessional subscriptions, employment agency fees, and certain edu. expenses estment expense:		ACT (su	ubject to 2% AGI limit)
TATE MISC. DEDS. IF NON-CONFORMING TO ion and professional dues her unreimbursed employee expenses (uniforms and protective clothin of professional subscriptions, employment agency fees, and certain edu. expenses westment expense: Vestment expense		ACT (su	ubject to 2% AGI limit)
ion and professional dues ner unreimbursed employee expenses (uniforms and protective clothin offessional subscriptions, employment agency fees, and certain edu. expenses restment expense: x return preparation fee fe deposit box rental scellaneous deductions (2% AGI) (certain legal and accounting fees.		ACT (su	ubject to 2% AGI limit)

2025	1040	US	Itemized Deductions (continued)	25 n4
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tata tau anatina (01/a)	2025 Amount	TS	2024 Amount
ate tax, section 691(c)			
er miscellaneous deductions:			
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	_		
	_		
	_		
	_		
	_		
	_		
			<u> </u>

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 Amo	unt	TS	2024 Amount
air market value of the property on the date that the last debt was secured.				
ome acquisition and grandfather debt on the date that the last debt was secured				
LOAN INFORMATION				
oan #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				
oan #2		'		
Lender's name				
Form (see table)				
Number of form				
1=taxpayer, 2=spouse, blank=joint				
Interest paid				
Points paid				
Total principal paid				
Lump sum principal payment (if paid off)				
Months outstanding (if not 12)				
1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17)				
Home acquisition debt balance - beginning of year				
Home acquisition debt borrowed in 2025				
Home equity debt balance - beginning of year				
Home equity debt borrowed in 2025				
Grandfather debt balance - beginning of year				
Form				
1 = Schedule A (defau 2 = Business use of h 3 = Schedule E				

Itemized Deductions (continued) US $25_{\ p5\ cont}$ 2025 1040

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

LOAN INFORMATION (continued)

Loan #3	2025 Amount	TS	2024 Amount
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2025			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2025			
Grandfather debt balance - beginning of year			
Loan #4			
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2025			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2025			
Grandfather debt balance - beginning of year			

Form

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

2025 1040 US Noncash Contributions (Form 8283)

26.1,26.2

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

- * If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.
- * A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

	Name of the	ouitable associantion (done)			
		aritable organization (donee)	 -		
		9SS	<u> </u>		
			-		
			<u> </u>		
	1=spouse, 2	2=joint			
	Property de	scription (other than vehicle)			
		Identification number (VIN)			
		Year (yyyy)			
No.	Vehicle	Make			
		Model			
		Odometer mileage			
	Date of con	tribution (m/d/y)			
	Date acquir	ed by donor (m/y)			
		ed by donor (Table 1 or describe)			
		t or basis			
		value			
	Method use	d to determine FMV (Table 2 or desc	ribe)		
		aritable organization (donee)	<u> </u>		
		ess	-		
	City				
			<u> </u>		
	ZIP code				
	1=spouse, 2	2=joint			
		scription (other than vehicle)	_		
		Identification number (VIN)			
		Year (yyyy)	-		
No.	Vehicle	Make	_		
			<u> </u>		
		Model			
	Data of con	Odometer mileage			
	Date of con	tribution (m/d/y)			
	Date acquir	ed by donor (m/y)			
		ed by donor (Table 1 or describe)			
		t or basis			
	Fair market	value			
	Method use	d to determine FMV (Table 2 or desc	ribe)		
1	How Pro	pperty was Acquired	2	Method Used to	Determine FMV
	1 = Purchase	3 = Inheritance	1 =	Appraisal	3 = Catalog
	2 = Gift	4 = Exchange	2 =	Thrift shop value	4 = Comparable sales
				For other methods,	see IRS Pub. 561
			1	. or other methods,	555 H.O I WD. 501.

2025	1040	US	Business Use of Home (Form 8829)	No.	29
2023	1070	00	Dasiness ose of Hollie (/

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.	е	
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	е	
painting or repairs made to specific areas or rooms used for business. Mortgage interest	e	
painting or repairs made to specific areas or rooms used for business. Mortgage interest Real estate taxes	е	
painting or repairs made to specific areas or rooms used for business. Mortgage interest Real estate taxes Casualty losses	e	
painting or repairs made to specific areas or rooms used for business. Mortgage interest Real estate taxes Casualty losses Insurance	e	
painting or repairs made to specific areas or rooms used for business. Mortgage interest Real estate taxes Casualty losses Insurance Miscellaneous	e	
painting or repairs made to specific areas or rooms used for business. Mortgage interest Real estate taxes Casualty losses Insurance Miscellaneous Rent	e	
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	e	
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29

)25	1040	US	Employee/Vehicle Bus. Ex	εp. (Form 2106)	No.	Page 30
	Please ent	er all pert	inent 2025 amounts. Last year's amo	unts are provided for y	our reference.	
GEN	NERAL IN	FORMA ¹	TION			
Occup	oation, if differe	ent from Forn	n 1040			
Numb 1=spo 1=per	er of form (1=1 ouseformance artis	irst Schedule	pped, 3=fee-basis government official			
EMF	PLOYEE E	BUSINES	SS EXPENSES	2025 Amount	2024 Amount	i .
1=Dep Local Travel Reimb	partment of Tra transportation Lexpenses wh	ansportation (bus, taxi, traile away from tincluded on	n W-2, box 1 (80% meal allowance) ain, etc.) n home overnight Form W-2, box 1			

25 1040	US	Vehicle Expenses (Form 2	No.	30 p	
Please e	nter all pert	inent 2025 amounts. Last year's amo	ounts are provided for	your reference.	
VEHICLE IN	IFORMATI	ON	2025 Amount	2024 Amount	
1=vehicle used pr	imarily by more	than 5% owner	2023 Amount	2024 Amount	
		personal use			
1=no other vehicle	e is available fo	r personal use			
1=no evidence to	support your de	eduction			
1=no written evide	ence to support	your deduction			
VEHICLE 1					
Description of veh	icle				
Date placed in se	rvice (m/d/y)				
Total mileage (for	the tax year)				
Business mileage					
		/ear)			
		e			
		se if changed from 100% personal use			
Parking fees and	tolls (business	portion only)			
Actual expenses:					
•					
	•	onal property taxes)			
	=	ed on car's value)			
		ule C, E & F)			
		its			
		ositive)			
•	oyer-provided v	rehicle on Form W-2 (2106)			
VEHICLE 2					
Description of veh	icle				
Date placed in se	rvice (m/d/y)				
Total mileage (for	the tax year)				
Business mileage					
Commuting milea	ge (for the tax y	year)			
Average daily rou	nd-trip commute	e			
Number of months	s of business us	se if changed from 100% personal use			
Parking fees and	tolls (business	portion only)			
Actual expenses:	, ail	_			
		onal property taxes)			
	-				
	=	ed on car's value)			
		ule C, E and F)			
	· -	nts			
		ositive)			
value of empl	oyer-provided V	rehicle on Form W-2 (2106)			

25						
	1040	US	Foreign Income Exclu	ısion (Form 2555)	No.	31.1
			Please enter all pertinent 2	2025 information.		
GEN	NERAL IN	IFORMA [*]	TION			
			ifferent from Form 1040:			
	Ü					
Emplo	=					
U.	.S. street addr	ess				
U.	.S. city					
£r 3=	mpioyer type: =self, 4=foreig	ा=ाoreign e n affiliate of l	ntity, 2=U.S. company, U.S. company, 5=other			
Туре	of exclusion re	evoked if revo	oked in earlier year (if applicable):	Tax year revocation was effective		
Count	ry of citizensh	in				
Count	-	ρ				
0.11						
City a	nd country of se living condi	separate fore	eign residence if maintained due to icable):	Number of days during tax year at separate foreign address (if applicable)		
City a advers	nd country of se living condi	separate fore itions (if appli	eign residence if maintained due to icable):	Number of days during tax year at separate foreign address (if applicable)		
City a advers	nd country of se living condi	separate fore itions (if appli	eign residence if maintained due to icable):	Number of days during tax year at separate foreign address (if applicable)		
City a advers	nd country of se living condi	separate fore itions (if appli	eign residence if maintained due to icable):	Number of days during tax year at separate foreign address (if applicable)		
	nd country of se living condi		eign residence if maintained due to icable):	Number of days during tax year at separate foreign address (if applicable) Dates tax home(s) were established (m/d/y)		
			eign residence if maintained due to icable):	foreign address (if applicable) Dates tax home(s) were		
			eign residence if maintained due to icable):	foreign address (if applicable) Dates tax home(s) were		
			eign residence if maintained due to icable):	foreign address (if applicable) Dates tax home(s) were		
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			eign residence if maintained due to icable):	foreign address (if applicable) Dates tax home(s) were		

25	1040	US	Foreig	n Income E	xclusion (2555)	No.	31.1 p2
			Please	e enter all perti	nent 2025 info	ormation.		
TRA	AVEL INF	ORMATIO	ON					
	: Please enterel Type (table			s travel for 2026 kn : United States)	lown to date. Date arrived	d Date left	Days in U.S.	on business
BOI	NA FIDE I	RESIDEN	CF TFST	AND PHYSIC	CAL PRESE	NCF TFST		
	•			home 2 repted be			-	
	quarters in ic artment, 3=rer of family living al		•	home, 2=rented ho ned by employer		Dorlad	family lived abroa	d
Names	or ramily living ar	oroad with taxpay	ег (п аррпсавте):	Re	lationship	Period	Tarrilly lived abroa	d
1=sub	mitted statem	nent to country	of bona fide r	esidence		·		
1=req	uired to pay ir	ncome tax to	country of bona	i fide residence			_	
				ent abroad				
•	ation why visa limess of home in	,		if applicable)				
	living abroad					ZIP Code		i. home rented applicable)
	Names	of occupants	in U.S. home	(if applicable)	Rela	tionship of occupants in U	S. home (if applic	able)
Princi	pal country of	employment						
			EXPENSE			2025 Amount	2024 Amou	nt
	ion of housing e	-				alifying days in location (n	l nultiple locations o	nly)
				Tra	vel Type			
				1 = Travel to U 2 = Travel to fo	I.S. (default)			
				3 = Travel to re	estricted country			

						Page
025	1040	US	Foreign Income Exclusion	sion (Form 2555)	No.	31.2
	Please e Enter	nter all per amounts	rtinent 2025 amounts and attach in U.S. dollars only. Last year's a	all W-2 forms, or other wa mounts are provided for y	ge statements. our reference.	
FORE	IGN WA	GES, SA	LARIES, TIPS	2025 Amount	2024 Amou	unt
Name or	number			2020 /		
1=spous	e					
	, ,	•				
		•	Box 1)			
0	•		2)			
		•)			
	,	` '	·			
State inc		, ,				
Local inc	come tax with come tax with	held (Box 17) held (Box 19)	ES, REIMBURSEMENTS AN	D OTHER EARNED IN	COME	
FORE Noncas Home (Id	EIGN ALL sh Income bodging)	held (Box 17) held (Box 19) LOWANC)	D OTHER EARNED IN	COME	
FORE Noncas Home (Id	come tax with come tax with	held (Box 17) held (Box 19) LOWANC	ES, REIMBURSEMENTS AN	D OTHER EARNED IN	COME	
FORE Noncas Home (Id	EIGN ALL sh Income bodging)	held (Box 17) held (Box 19) LOWANC	ES, REIMBURSEMENTS AN	D OTHER EARNED IN	COME	
FORE Noncas Home (Id	EIGN ALL sh Income bodging)	held (Box 17) held (Box 19) LOWANC	ES, REIMBURSEMENTS AN	D OTHER EARNED IN	COME	
FORE Nonca: Home (Id	EIGN ALL sh Income bodging)	held (Box 17) held (Box 19) LOWANC	ES, REIMBURSEMENTS AN	D OTHER EARNED IN	COME	
FORE Noncas Home (Id	EIGN ALL sh Income bodging)	held (Box 17) held (Box 19) LOWANC	ES, REIMBURSEMENTS AN	D OTHER EARNED IN	ICOME	
FORE Nonca: Home (Ic Meals Car Other pro	EIGN ALL sh Income odging)	held (Box 17) held (Box 19) LOWANC	ES, REIMBURSEMENTS AN	D OTHER EARNED IN	COME	
FORE Nonca: Home (Id Meals Other pro	EIGN ALL sh Income odging)	cilities:	ES, REIMBURSEMENTS AN	D OTHER EARNED IN	ICOME	
FORE Nonca: Home (Id Meals Other pro	EIGN ALL sh Income odging)	cilities: Reimburse	ES, REIMBURSEMENTS AN	D OTHER EARNED IN	ICOME	
FORE Nonca: Home (Id Meals Car Other pro	EIGN ALL sh Income odging) operties or fa	cilities: Reimburse	ements	D OTHER EARNED IN	ICOME	
FORE Nonca: Home (Id Meals Car Other pro	come tax with co	cilities: Reimburse	ements	D OTHER EARNED IN	ICOME	
FORE Nonca: Home (Id Meals Car Other pro Allowa Cost of Ii Family Educatio Home lea	EIGN ALL sh Income odging) operties or fa ances and iving and ove	cilities: Reimburse	ements	D OTHER EARNED IN	ICOME	

Other Foreign Earned Income

2025 Days Worked Allocation Information	2025	Days	Worked	Allocation	Informatio
---	------	------	--------	------------	------------

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

31.2

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 An	nount	2024 Am	ount
	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				

25	1040	US	Child ar	nd Depe	ndent Care	e Expenses	(For	m 2441)	33.1,33
ase e paid	nter all p for the c	ertinent 202 are of one o	5 information r more depe	n. Last yea ndents ena	ar's amounts ar abling you to w	re provided for ork or attend s	your re chool t	eference. You o qualify for t	must have his credit.
DED	ENDEN	IT CADE E	VDENCEC	(22.1)	2025 /	Amount		2024 Amou	unt
			XPENSES	`	Taxpayer	Spouse		Taxpayer	Spouse
-		expenses incurre ed benefits forfei	ed but not paid ir ted in 2025	1 2025 .					
						NDENT CAR	\ E	DIT	
PER					FOR DEPE	NDENT CARE	E CRE	ווט	
No.		ast name itle or suffix Date of birth (m/o	d/y) umber						
	C	Qualified depend	lent care expens d in 2025	es				2024 omt.	
			a III 2025 abled at the time care					2024 amt:	
		•	nt	·					
No.		ast name	/y)mber						
	ii 1	ncurred and paid =over age 12 & disa	ent care expenses in 2025 abled at the time care	e was provided				2024 amt:	
PER	SONS	OR ORGAI	VIZATIONS	PROVID	DING CARE (33.2)			
	_		r	-					
	S (C S Z	Street address City State (IP code							
No.	S C S Z F F F F F F F F F	Street address City State CIP code Foreign region Foreign postal coordign country	de						
No.	S C S T T T T T T T T T	Street address City State CIP code Oreign region Oreign postal coo Oreign country dentification num	de nber (SSN or Ell	N)					
No.	S C S Z F F F F F F F F F	Street address City State CIP code Coreign region Coreign postal coording country dentification nun	de mber (SSN or Ell care provider in 2	N)				2024 amt:	
No.	S C S Z F F F F F F T T T T	Street address City	de nber (SSN or Ell	N)				2024 amt:	

33.1,33.2

JICHAILEIN				rage Ji
2025	1040	IIS	Qualified Adoption Expenses (Form 8839)	37

		rtinent 2020 information. Last year 3 amou		,
ELIGIBLE	CHILDRI	EN	2025 Amount	2024 Amount
	First name			
	Identification	number		
	Date of birth	(m/d/y)		
	1=born before	e 2008 and was disabled		
		eds child		
No.		ild		
	_	vas not final in 2025		
		2024 for adoption not finalized by end of 2025		
	Qualified Adoption	Prior years for adoption of foreign child finalized in 2025		
	Expenses	2024 and 2025 for adoption finalized in 2025		
	Paid in	2025 for adoption finalized before 2025		
	1=spouse, 2	=joint		
		•		
	First name			
	Last name			
	Identification	number		
	Date of birth	(m/d/y)		
	1=born before	e 2008 and was disabled		
	1=special nee	eds child		
No.	1=foreign chi	ld		
	_	ras not final in 2025		
	Qualified	2024 for adoption not finalized by end of 2025		
	Adoption	Prior years for adoption of foreign child finalized in 2025		
	Expenses	2024 and 2025 for adoption finalized in 2025		
	Paid in	2025 for adoption finalized before 2025		
	1=spouse, 2=	joint		
		,		
	First name			
	Last name			
	Identification	number		
	Date of birth	(m/d/y)		
	1=born before	e 2008 and was disabled		
	1=special nee	eds child		
No.		ld		
		ras not final in 2025		
	·	2024 for adoption not finalized by end of 2025		
	Qualified Adoption	Prior years for adoption of foreign child finalized in 2025		
	Expenses	2024 and 2025 for adoption finalized in 2025		
	Paid in	2025 for adoption finalized before 2025		
	1=spouse. 2=	joint		

THE STATE OF THE S					Lage	J 2
2025	1040	US	Education Credits	No.	38	

Please complete the information below if you paid qualified education expenses in 2025 for you

1=taxpayer, 2=spouse.		
Last name		
Social security number		
Number of prior years AOC claimed		
I =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		
=student completed first four years of post-secondary education before 2025 =student was convicted, before the end of 2025, of a felony for possession or distribution of a controlled substance		
EDUCATIONAL INSTITUTION ATTENDED (#1)		
Name		
Street address		
City		
State		
ZIP code		
1=2025 Form 1098-T was NOT received		
1=2025 Form 1098-T received with Box 7 completed		
1=2024 Form 1098-T received with Box 7 completed		
Federal ID number from Form 1098-T		
Name Street address City State ZIP code 1=2025 Form 1098-T was NOT received 1=2025 Form 1098-T received with Box 7 completed 1=2024 Form 1098-T received with Box 7 completed Federal ID number from Form 1098-T		
QUALIFIED EDUCATION EXPENSES	2025 Amount	2024 Amount
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 1040 US Household Employment Taxes (Schedule H)

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		

42

Plea D'S INFO	se enter a	II pertinent 2025 amounts & attach al	I 1099-INT and 1099-Г)IV forms	
D'S INFO		Last year's amounts are provided for	or vour reference	JIV IOITIIS.	
.ט אוווו כ	DIMATIC		or your reference.		
ame					
imesecurity numb					
birth (m/d/y)					
. ,,					
REST IN	COME (F	Form 1099-INT)			
credit unions	, etc. (Box 1)		2025 Amount	2024 Amount	
	, ,				
onds, T-bills, e	etc. (nontaxal	ble to state) (Box 3):			
omnt interest					
•					
		<u> </u>			
•	ar borids				
	tion				
		<u> </u>			
		<u> </u>			
· · · · · · · · · · · · · · · · · · ·					
-		<u></u>			
1:		_			
nterest in or a	uthority over	foreign account			
me of foreign	country				
grantor/transfe	eror or receiv	ed distribution from foreign trust			
7/86 private a	ctivity bond i	nterest (included above) (6251)			
DEND IN	COME (F	orm 1099-DIV)			
rdinary divide	nds (Box 1a)	:			
	•				
apital gain dis	tributions (Bo	ox 2a):			
ntured costice	1250 gain (Roy 2h)			
•	•	·			
		<u> </u>			
•					
		<u> </u>			
•				1	
,		<u></u>			
	REST INC credit unions ands, T-bills, e empt interest: al municipal to state municipal credit unions ands, T-bills, e empt interest: al municipal to state municipal credit unions and distribut credit unions and distribut credit unions and distribut credit unions and distribut credit unions and of foreign grantor/transfe and of foreign grantor/transfe and dividends (apital gain distribution credit unicipal to state municipal to state municipal to state municipal credit dividen credit union credit unions credit unio	REST INCOME (Foredit unions, etc. (Box 1) ands, T-bills, etc. (nontaxal empt interest: all municipal bonds and interest in or authority over the of foreign country arantor/transferor or receiver for a dividends (Box 1a) beta dividends (Box 1a) control and interest in or authority over the office in or authority over the or authority over t	axable to federal axable to state. REST INCOME (Form 1099-INT) credit unions, etc. (Box 1): Inds, T-bills, etc. (nontaxable to state) (Box 3): Inds, T-bills, etc. (nontaxable to state) (Box 3): Independent of the state of the state) (Box 3): Independent of the state of the state) (Box 3): Independent of the state of the state) (Box 3): Independent of the state of the stat	axable to federal axable to state. REST INCOME (Form 1099-INT) credit unions, etc. (Box 1): ands, T-bills, etc. (nontaxable to state) (Box 3): ampt interest: all municipal bonds tate municipal bonds adjustment adjustment ball oreign country rantor/transferor or received distribution from foreign trust 7/86 private activity bond interest (included above) (6251) DEND INCOME (Form 1099-DIV) dinary dividends (Box 1a): adjusting distributions (Box 2a): ball odistributions (Box 2d) able distributions (Box 3) and municipal bonds tate	EREST INCOME (Form 1099-INT) credit unions, etc. (Box 1): mods, T-bills, etc. (nontaxable to state) (Box 3): empt interest: al municipal bonds,

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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		

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INFORMATION ON FINANCIAL ACCOUNTS	2025 Amount	2024 Amount
1=spouse.		
Type of account: 1=bank account, 2=securities account, or specify		
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.		
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FOREIGN DEPOSIT AND CUSTODIAL A	CCOUNT	ΓS (Part I)	
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	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 = Partn 2 = Corpo		
3 = Trust		
4 = Estati	Э	

25	1040	US	Foreign Reporting (8938) (continued)	No.	82.2
	Please en	ter all per	tinent 2025 amounts. Last year's amounts are provided fo	r your reference.	
ОТ	IED EODEIG	N ACCETO	C (Doub II) (continued)		
			6 (Part II) (continued)		
	r or counterpart				
		. ,	(I-I-I- 2)		
			(see table 2)		
			person, 2=foreign person		
	•				
	•				
	•				
	r or counterpart				
	•	, , ,			
			(see table 2)		
	J.	. ,	person, 2=foreign person		
		. , ,			
	•				
	•				
	r or counterpart				
		•			
Т	ype of issuer or	counterparty	(see table 2)		
			person, 2=foreign person		
Ν	Mailing address				
С	City				
S	State/province				
Р	Postal code				
С	Country				
Issue	r or counterpart	y (#4):			
N	lame				
1	=issuer, 2=cour	nterparty			
Т	ype of issuer or	counterparty	(see table 2)		
Is	ssuer or counter	party: 1=US ¡	person, 2=foreign person		
N	Mailing address				
С	City				
S	State/province				
Р	Postal code				
С	Country				
			2		
			Type of Issuer or		
			Counterparty		
			1 = Individual 2 = Partnership		
			3 = Corporation 4 = Trust		
			5 = Estate		
			o = Estate		