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2025 TAX ORGANIZER

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[Firm Mailing Address Line 1]
[Firm Mailing Address Line 2]
[Firm Mailing Address Line 3]
[Firm Mailing Address Line 4]

I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks, or other documents. This information is true, correct, and complete to the best of my (our) knowledge.

Taxpayer Signature Date

Spouse Signature Date

Flynn Abell Nixon LLC
7979 Old Georgetown Road
Suite 550
Bethesda, MD 20814

December 29, 2025

[Client Mailing Address Line 1]
[Client Mailing Address Line 2]
[Client Mailing Address Line 3]
[Client Mailing Address Line 4]

Dear Client:

Best wishes for the New Year!

As a reminder, the IRS has mandated that all payments to and from the U.S. government after September 30, 2025, must be made electronically. This includes any balance due or quarterly estimated tax payments (including your 4th quarter 2025 estimate). Please review the information in the organizer for electronic payments. If you do not provide us with this information, we will assume that you will initiate any required electronic payment(s). Our website includes the IRS and many state links for electronic payment. Feel free to visit us online at www.flynncpas.com.

Enclosed please find our 2025 tax organizer, directions to our office, organizer tips and checklist, and our engagement letter. Please sign one copy of the engagement letter. Please keep the other copy for your files.

Please review the information requested in the organizer, particularly the organizer questions that are included in the first few pages of the organizer. The organizer tips and checklist sheet are included to assist you in gathering your 2025 tax information. Please call with any questions about the organizer.

As in the past, we have included various forms on our website to better assist you with gathering your tax information. Included under the "Clients" tab of our website is a blank organizer, which should be helpful in the event that you need an additional organizer or a single page. Feel free to visit us online at www.flynncpas.com.

Our office administrator is available to schedule virtual and in-person appointments with Pat, Bill or Hannah, and can also provide further details on mailing or uploading to the portal your tax return information.

Please note that our **last date for appointments for this tax season is March 10, 2026**. We must generally receive your tax information by this date in order to have an opportunity to review it prior to the April 15th deadline. Even if you are still awaiting items such as Schedules K-1, please schedule your appointment or ensure that we receive your information by this date. The missing items can be forwarded to us later.

We thank you for your continued business, and look forward to working with you this year!

Sincerely,

Pat
Patrick J. Flynn, CPA

Bill
William T. Abell, CPA

Hannah
Hannah K. Nixon, CPA

IMPORTANT CHANGES FOR 2025!

PLEASE READ

- **If you plan to fill this out electronically, you must save the PDF on your device, complete it, save it, and then re-upload the changed document to the portal.**
- The last day for appointments and the date by which we must receive your documents order for us to complete your tax returns by the filing deadline is **MARCH 10, 2026**. If we receive your information after this date, we will likely need to file an extension for you and will be in touch after the filing deadline.
- For security reasons, we will no longer be emailing tax returns. If you would like electronic copies of your tax returns, please contact our office administrator so we can set you up on our secure client portal. Please also consider the portal for sending us any electronic documents that contain Social Security Numbers or other sensitive information.
- As mentioned, electronic payment and refund are now required by the IRS. Please reconfirm the information contained on page 4A of this organizer. **It is very important that we have the correct information for this purpose.**
- **Some additional reminders as you complete your organizer:**

Please enclose copies of any notices or other correspondence you have received from the IRS or state taxing authorities (unless already provided).

REMINDER: Please include a copy of all settlement statements for purchase, sale or refinance of your residence, vacation home or rental property.

REMINDER: If you had sales of stocks and securities during the year, please provide the cost basis and date acquired for each security sold if not included on the Form 1099. If not readily available, please request that your broker send it to you or to us directly.

Please inform us of the details of any foreign financial assets you have an interest in so that we can assist you in meeting your US filing requirements with respect to these assets. Please note that a financial interest is more broadly defined than direct ownership. Please discuss whatever foreign assets or interests you have with us, as the penalties for non-compliance with US reporting requirements can be quite severe.

- Please notice the parking information on the Directions sheet following this. In short, the parking lot behind our building is no longer generally available for parking, but there is usually ample street parking and Montgomery County public garage parking across Auburn Avenue.

Flynn Abell Nixon LLC
Certified Public Accountants
7979 Old Georgetown Road • Suite 550 • Bethesda, Maryland 20814

December 29, 2025

Dear Client:

We appreciate the opportunity to work with you. The purpose of this letter is to confirm our understanding of the terms and objectives of our engagement.

We will prepare your 2025 federal and state income tax returns. We will not verify that data that you provide us, but may ask for clarification of some of the information submitted. We will render accounting and bookkeeping assistance as we find necessary to complete your returns.

You have the final responsibility for your tax returns, and for providing us with the necessary information to prepare complete and accurate returns. An income tax organizer will be provided to expedite your information gathering, and will help keep your cost to a minimum. Please review it carefully, as this may alert you of tax provisions which are relevant to your situation. Please review your returns before you sign them.

You have final responsibility for the payment of your taxes in whatever amount ultimately determined. You may be required or choose to have funds automatically withdrawn from a designated account and transmitted when your tax return is electronically filed. We will not transmit partial payments. Likewise, you may be required or choose to have any overpayment electronically deposited into a designated account. **It is your responsibility to provide us with correct account and routing numbers, to review this information for accuracy prior to submission of your return, and, as applicable, to ensure that sufficient funds are available at the time of payment.** You agree that we shall not be liable for any tax, penalties, interest, related professional fees, or other expenses you may incur as a result of your failure to provide an accurate routing or account number or to ensure sufficient funds are available at the time of payment.

The Modernizing Payments To and From America's Bank Account Executive Order, signed on March 25, 2025, mandated that all payments from the U.S. government after September 30, 2025, must be made electronically. All payments to the U.S. government, including quarterly estimated tax payments, should be made electronically as soon as practicable. Assisting you with electronic payments is not part of the scope of our services. You are responsible for transmitting all payments electronically.

We will use judgement to resolve questions where the law is unclear, or where there are conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed, we will resolve questions involving application of tax rules in your favor if there is reasonable justification for it. The law provides various penalties that may be imposed when taxpayers understate their tax liability. Please contact us if you would like further information.

Your returns are, of course, subject to review by the taxing authorities. Any items resolved against you by the examining agent are subject to certain rights of appeal. In the event of an examination, we will be available to represent you. Such representation, however, shall be deemed a separate engagement and our fees therefore shall be based upon our normal hourly charges.

It is our policy to respond to electronic and email inquiries within 24 hours. If you do not receive a response within 24 hours, you must assume that we did not receive your message and should take further action to contact us. Further, if we have indicated that any electronic or email correspondence will be sent to you, and that correspondence does not reach you for any reason, you must assume a problem with transmission and take further action to contact us.

You agree that in the event your return cannot be completed by the due date, it may become necessary for us to apply to extend the due date. An extension does not extend the time for payment of tax that may be due, and therefore may affect your liability for penalties and interest, and may extend the time available for a taxing authority to undertake an examination of your return. In the event that you request us to apply for an extension, you will be responsible for ensuring that any payment due with the extension is timely sent to the appropriate taxing authority(ies). You will also be responsible for any additional costs our firm incurs arising from the extension preparation.

Our fee for these services are based on our normal rates, plus out of pocket expenses, generally \$200 to \$500 per hour. Our invoices are due and payable upon receipt. Accounts over 30 days will be charged interest at the rate of 1% per month. In the

event that any collection action is required to collect unpaid balances due us, you agree to reimburse us for our reasonable costs of collection, including attorneys' fees.

If this letter is consistent with your understanding, please sign one copy and return it to our office. The additional enclosed copy is for your files. Please feel free to call us with any questions. We look forward to working with you.

Sincerely,

Flynn Abell Nixon LLC

Acknowledged:

Client Signature

Print Name & Date

Client Signature

Print Name & Date

Flynn Abell Nixon LLC
Certified Public Accountants
7979 Old Georgetown Road • Suite 550 • Bethesda, Maryland 20814

December 29, 2025

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Your returns are, of course, subject to review by the taxing authorities. Any items resolved against you by the examining agent are subject to certain rights of appeal. In the event of an examination, we will be available to represent you. Such representation, however, shall be deemed a separate engagement and our fees therefore shall be based upon our normal hourly charges.

It is our policy to respond to electronic and email inquiries within 24 hours. If you do not receive a response within 24 hours, you must assume that we did not receive your message and should take further action to contact us. Further, if we have indicated that any electronic or email correspondence will be sent to you, and that correspondence does not reach you for any reason, you must assume a problem with transmission and take further action to contact us.

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event that any collection action is required to collect unpaid balances due us, you agree to reimburse us for our reasonable costs of collection, including attorneys' fees.

If this letter is consistent with your understanding, please sign one copy and return it to our office. The additional enclosed copy is for your files. Please feel free to call us with any questions. We look forward to working with you.

Sincerely,

Flynn Abell Nixon LLC

Acknowledged:

Client Signature

Print Name & Date

Client Signature

Print Name & Date

Directions to:

Flynn Abell Nixon LLC
7979 Old Georgetown Road, Suite 550
Bethesda, Maryland 20814
(301) 951-1019

NOTE PARKING CHANGE!

From Rockville : Take Rockville Pike (Route 355) South towards Bethesda. After passing National Institutes of Health on the right, make a slight right onto Woodmont Avenue. Make a right onto Cordell Avenue. At the stop sign, make a right onto Norfolk Avenue. Make a left onto Auburn Avenue. There is ample metered street parking surrounding the building, as well as a Montgomery County public garage across Auburn Avenue (also metered).

From Silver Spring: Take East-West Highway west. After crossing Wisconsin Avenue, the road turns into Old Georgetown Road. Continue for about six blocks. 7979 is on the right, and is an eleven story brown brick building. Make a right onto Auburn Avenue. There is ample metered street parking surrounding the building, as well as a Montgomery County public garage across Auburn Avenue (also metered).

From the Beltway: Take I-495 to Exit 36 – Old Georgetown Road – towards Bethesda. Proceed about 1.8 miles on Old Georgetown Road--7979 is on the left, and is an eleven story brown brick building. Make a left onto Auburn Avenue. There is ample metered street parking surrounding the building, as well as a Montgomery County public garage across Auburn Avenue (also metered).

From DC: Take Wisconsin Avenue towards Bethesda. Turn left onto Old Georgetown Road. Continue for about six blocks. 7979 is on the right, and is an eleven story brown brick building. Make a right onto Auburn Avenue. There is ample metered street parking surrounding the building, as well as a Montgomery County public garage across Auburn Avenue (also metered).

From Northern Virginia : Take I-495 towards Baltimore/Rockville to Exit 36 - Old Georgetown Road. Veer right off exit towards Bethesda (south). Proceed about 1.8 miles on Old Georgetown Road--7979 is on the left, and is an eleven story brown brick building. Make a left onto Auburn Avenue. There is ample metered street parking surrounding the building, as well as a Montgomery County public garage across Auburn Avenue (also metered).

From Metro: Take the Red Line to Bethesda. At the top of the long escalator, take the shorter escalator in front of you to Old Georgetown Road. Turn left and continue along the side walk for about six blocks. Our building, a tall brown brick building, is on your right. Alternatively, you can take the complimentary Bethesda Circulator from the Metro station to the Glenbrook Road stop, which is directly across the street from our office.

ORGANIZER TIPS

- 1** Electronic payment and refund is now require by the IRS! Please review bank account information for direct deposit and withdrawal on Form 4A of the Organizer. If there any changes or inaccuracies, please make the appropriate change.
- 2** *Round ALL entries to the nearest whole number.*
- 3** Gather all pertinent year-end tax information: (*W-2s, 1099s, mortgage documents, K-1s, etc.*) Please note that the following organizer number references are on the top right hand side of each organizer page. **It is not necessary to duplicate the information included on your W-2s, 1099s and K-1s on the organizer.**
- 4** Spend a few minutes reviewing the organizer pages for information that was included last year.
- 5** Draw a line across (*do not remove*) any pages that will not apply to your taxes. This will make your task easier.
- 6** Spend a few minutes answering the questions on the "questions" pages of the organizer. If you are unsure of the answer to a specific question, please leave it blank and we can discuss it. Please list any of your questions in the space provided following the organizer questions on Questions page 5 of 5.
- 7** Please review the personal information on the organizer Form 3 for accuracy. Is all of the personal information correct? Do we have a current home address, email address (if applicable); work, and home phone numbers? Do we have the correct date of birth?
- 8** Do we have a social security number for each dependent or new dependent you are claiming? ***You must have a social security number for each dependent you are claiming.*** Please call our office if you need assistance in obtaining a social security number.
- 9** If you have any Schedules K-1 from Partnerships, S-Corporations, Trusts or Estates, please include the K-1s with your organizer. You do not need to make any entries in the organizer pertaining to K-1s.
- 10** If you are claiming the childcare credit or you took advantage of a dependent care reimbursement program through your employer, please complete organizer Form 18.
- 11** If you require additional organizer pages, please contact our office or visit our website at www.flynncpas.com under the "Clients" tab.

APPOINTMENT OR MAIL IN CHECK LIST

Please be sure to upload or send in the items below, if applicable, prior to your virtual tax appointment. If you choose to mail in your tax information, please include the following, if applicable, in your package along with your organizer.

- 1 The organizer – regardless of the degree of completion.
- 2 Original W-2s, 1099-R, 1099-INT, 1099-DIV, 1099-B, 1095 and any other 1099s that you have received.
- 3 K-1 schedules from Partnerships, S-Corporations, Trusts, Estates, LLCs, LLPs, etc.
- 4 Copies of settlement sheets regarding the purchase or sale of real estate. Also, if your personal residence was converted to rental, bring the original settlement sheet.
- 5 **Copies of settlement sheets for the refinancing of any real estate mortgages.**
- 6 Form 1098-mortgage interest expense. Please be sure that you have received a form 1098 from all of your mortgage lenders during the year.
- 7 Social Security Numbers, dates of birth, etc. for all dependents.
- 8 Changes to dependents or filing status.
- 9 Any other information, notices or receipt of an unusual nature relating to your taxes.
- 10 A copy of last year's tax returns (if we did not prepare the return).

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Personal Information

Taxpayer:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____ Does not expire

Driver's License State-Issued ID No Identification

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____ Does not expire

Driver's License State-Issued ID No Identification

Contact Information:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP or Postal Code _____

Foreign Province or County _____

Foreign Country _____

Taxpayer Daytime/Work Phone _____ Taxpayer Evening/Home Phone _____ Taxpayer Foreign Phone _____

Taxpayer Cell Phone _____ Taxpayer Fax Number _____

Spouse Daytime/Work Phone _____ Spouse Evening/Home Phone _____ Spouse Foreign Phone _____

Spouse Cell Phone _____ Spouse Fax Number _____

Taxpayer Email Address _____

Spouse Email Address _____

Preferred Method of Contact _____

May the IRS or other taxing authority discuss the return with the preparer? Yes No

Is the taxpayer claimed as a dependent on someone else's tax return? Yes No

Are you considered legally blind per IRS regulations? Yes No

Do you want to contribute to the Presidential Election Campaign Fund? Yes No

Are you a U.S. citizen or Green Card holder? Yes No

Personal Identification Numbers: Code - 1 - Issued by IRS 2 - Issued by State or City

The IRS has recommended that taxpayers have an Identity Protection (IP) PIN to increase filing security. If you would like an IP PIN for yourself, your spouse, or your dependents or have one but do not know the IP PIN assigned, visit IRS.gov to retrieve it or apply.

| TS | State | City | Code | PIN | Prior Year PIN |
|----|-------|------|------|-----|----------------|
| | | | | | |
| | | | | | |



Dependents and Wages

Dependent Information:

| | First Name and Initial | Last Name | Social Security Number | Date of Birth (Mo/Da/Yr) | Date of Death (Mo/Da/Yr) | Relationship to Taxpayer |
|---|------------------------|-----------|------------------------|--------------------------|--------------------------|--------------------------|
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |
| F | | | | | | |
| G | | | | | | |
| H | | | | | | |

Did dependent have income over \$5,200?



| | Months Lived in Your Home | X if Disabled | Yes or No | Identity Protection PIN | Prior Year IP PIN |
|---|---------------------------|---------------|-----------|-------------------------|-------------------|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |
| G | | | | | |
| H | | | | | |

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

| TS | Employer's Name | Taxable Wages | Tax Withheld | | | | |
|----|-----------------|---------------|--------------|-------------|----------|-------|-------|
| | | | Federal | FICA/TIER 1 | Medicare | State | Local |
| | | | | | | | |
| | | | | | | | |
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Electronic Filing

Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return

Do not electronically file the state return(s)

Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

| | | | |
|---|--|--------------------------|--------------------------|
| Would you like to use a randomly generated PIN? | | Yes | No |
| Taxpayer | | <input type="checkbox"/> | <input type="checkbox"/> |
| Spouse | | <input type="checkbox"/> | <input type="checkbox"/> |

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____



2025

Direct Deposit and Withdrawal

Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. Additional space has been provided for the use of multiple accounts. If you selected direct deposit or electronic withdrawal in 2024, your account information is already included below.

| | |
|---|---|
| Would you like any refunds owed to you directly deposited? | Yes No |
| Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? | <input type="checkbox"/> <input type="checkbox"/> |

If Yes, what amount would you like withdrawn, if not the entire balance due? _____

If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

| | |
|--|---|
| Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? | <input type="checkbox"/> <input type="checkbox"/> |
|--|---|

If Yes, what amount would you like withdrawn, if not the entire balance due? _____

If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

| | |
|--|---|
| Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? | <input type="checkbox"/> <input type="checkbox"/> |
|--|---|

| | |
|---|---|
| Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? | <input type="checkbox"/> <input type="checkbox"/> |
|---|---|

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

| | | | |
|------------------|---|--|--------------------------------------|
| Type of account: | <input type="checkbox"/> Checking | <input type="checkbox"/> Traditional Savings | <input type="checkbox"/> IRA Savings |
| | <input type="checkbox"/> Archer MSA Savings | <input type="checkbox"/> Coverdell Ed. Savings | <input type="checkbox"/> HSA Savings |

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

| | |
|---|---|
| Would you like any refunds owed to you directly deposited? | Yes No |
| Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? | <input type="checkbox"/> <input type="checkbox"/> |

If Yes, what amount would you like withdrawn, if not the entire balance due? _____

If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

| | |
|--|---|
| Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? | <input type="checkbox"/> <input type="checkbox"/> |
|--|---|

If Yes, what amount would you like withdrawn, if not the entire balance due? _____

If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

| | |
|--|---|
| Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? | <input type="checkbox"/> <input type="checkbox"/> |
|--|---|

| | |
|---|---|
| Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? | <input type="checkbox"/> <input type="checkbox"/> |
|---|---|

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

| | | | |
|------------------|---|--|--------------------------------------|
| Type of account: | <input type="checkbox"/> Checking | <input type="checkbox"/> Traditional Savings | <input type="checkbox"/> IRA Savings |
| | <input type="checkbox"/> Archer MSA Savings | <input type="checkbox"/> Coverdell Ed. Savings | <input type="checkbox"/> HSA Savings |

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.



Dividend Income

5B

Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

| TSJ | Name of Payer | Box 1a Total Ordinary Dividends | Box 1b Qualified Dividends | Box 2a Total Capital Gain Distribution | U.S. Bond Interest Amount or Percent in Box 1a |
|--------------|---------------|---------------------------------------|----------------------------------|--|--|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |
| G | | | | | |
| H | | | | | |
| I | | | | | |
| J | | | | | |
| K | | | | | |
| L | | | | | |
| M | | | | | |
| N | | | | | |
| Total | | | | | |

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

| Code | Tax-Exempt Interest | 2024 Gross Dividends Amount |
|--------------|------------------------|-----------------------------------|
| A | | |
| B | | |
| C | | |
| D | | |
| E | | |
| F | | |
| G | | |
| H | | |
| I | | |
| J | | |
| K | | |
| L | | |
| M | | |
| N | | |
| Total | | |

Enter Any Additional Information:

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

Note: List all items sold during the year on Form 7.



Foreign Assets

5C

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

General Information:

TSJ _____
 Title of filer _____
 Enter all countries where you have foreign bank accounts _____

Foreign Identification:

| Yes | No |
|-----|----|
| | |
| | |

Passport
 Foreign TIN
 If not passport or TIN, enter description _____
 Number _____
 Country of issue _____

Information on Foreign Financial Accounts:

1 - Bank Account 2 - Securities Account 3 - Other

| Account Type | If Other Account Type, Describe | Maximum Account Value | Account Number | Financial Institution Name |
|--------------|---------------------------------|-----------------------|----------------|----------------------------|
| A | | | | |
| B | | | | |

| Street Address | City |
|----------------|------|
| A | |
| B | |

| State | ZIP/Postal Code | Country | GIIN |
|-------|-----------------|---------|------|
| A | | | |
| B | | | |

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Type of TIN Code: A - Employer Identification No. (EIN) B - SSN or ITIN C - Foreign

| Last Name or Organization Name | First Name | Middle Initial | Suffix | Taxpayer ID Number | |
|--------------------------------|------------|----------------|--------|--------------------|--|
| A | | | | | |
| B | | | | | |

| # of Joint Owners | Street Address | City |
|-------------------|----------------|------|
| A | | |
| B | | |

1 - No financial interest 1B - No financial interest - US person, officer or employee, residing outside US 2A - Joint - spouse is joint owner 2B - Joint - other joint owner 3 - Consolidated

| State | ZIP/Postal Code | Country | Owner-ship Code | Filer's Title |
|-------|-----------------|---------|-----------------|---------------|
| A | | | | |
| B | | | | |

1 - Deposit 2 - Custodial

| Type | Foreign Currency | Exchange Rate | Source of Exchange | Acct Open | Acct Closed | Joint | No Tax Items Reported |
|------|------------------|---------------|--------------------|-----------|-------------|-------|-----------------------|
| A | | | | | | | |
| B | | | | | | | |



Consolidated Brokerage Statement Sales of Stocks, Securities, Capital Assets and Miscellaneous Income

5G

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-MISC, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

| | Yes | No |
|--|-----|----|
| Mutual fund transactions | | |
| Exchange of any securities or investments for something other than cash | | |
| Sales of inherited property | | |
| Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale | | |
| Commodity sales, short sales or straddles | | |
| Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest | | |
| Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock | | |
| Securities which became worthless | | |

| | Kind of Property and Description | Quantity | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) |
|---|----------------------------------|----------|--------------------------|----------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |

| | Gross Sales Price (Less Commissions) | Cost or Other Basis | Federal Tax Withheld | State Tax Withheld |
|---|--------------------------------------|---------------------|----------------------|--------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |

Other Income:

| Nature and Source | 2025 Amount | 2024 Amount |
|-------------------|-------------|-------------|
| | | |
| | | |

Other Adjustments to Income:

| Nature and Source | 2025 Amount | 2024 Amount |
|-------------------|-------------|-------------|
| | | |
| | | |

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

| Paid To | 2025 Amount | 2024 Amount |
|---------|-------------|-------------|
| | | |
| | | |

Foreign Bank Accounts and Trusts:

At any time during 2025, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2025, whether or not you had any beneficial interest in it? Yes No



2025

Business Income and Cost of Goods Sold

Name of Business: _____

Principal Business or Profession: _____

TSJ _____
 Employer ID number _____
 Street address _____
 City, state, ZIP or postal code, and country _____
 Method of inventory _____
 Method of accounting _____

Business Questions for 2025:

| | Yes | No |
|--|--------------------------|--------------------------|
| Did you dispose of this business? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, what was the disposition date? _____ (Mo/Da/Yr) | | |
| Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you involved in the operations of this business on a regular, continuous and substantial basis? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you prepared or will you prepare all required Forms 1099? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

| 2025 Amount | 2024 Amount |
|-------------|-------------|
| | |

Health insurance premiums paid for yourself and your dependents _____

Income:

Payment card and third party transactions: Include all Forms 1099-K

| Description | 2025 Amount | 2024 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC

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

Other Income:

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

Other gross receipts or sales _____
 Less returns and allowances _____

Cost of Goods Sold:

| | 2025 Amount | 2024 Amount |
|---|-------------|-------------|
| Beginning inventory _____ | | |
| Purchases less cost of items withdrawn for personal use _____ | | |
| Cost of labor (do not include amounts paid to yourself) _____ | | |
| Materials and supplies _____ | | |

Other costs of goods sold:

| Description | 2025 Amount | 2024 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Ending inventory _____



Business Expenses - Vehicle and Other Listed Property

Name of Business: _____

Principal Business or Profession: _____

Listed Property Questions for 2025:

| | | |
|---|--------------------------|--------------------------|
| Do you have evidence to support your deduction? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have evidence to support the business use percentage claimed on listed property? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |

If you are an employer who provides vehicles for use by employees:

| | | |
|--|--------------------------|--------------------------|
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use? Yes No

Was your vehicle available for use during off-duty hours?

| Vehicle 1 | |
|--|-------------|
| Description of vehicle | |
| Date placed in service (Mo/Da/Yr) | |
| Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was your vehicle available for use during off-duty hours? | |
| 2025 Miles | 2024 Miles |
| | |
| | |
| | |
| 2025 Amount | 2024 Amount |
| | |
| | |
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| | |

| Vehicle 2 | |
|--|-------------|
| Description of vehicle | |
| Date placed in service (Mo/Da/Yr) | |
| Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was your vehicle available for use during off-duty hours? | |
| 2025 Miles | 2024 Miles |
| | |
| | |
| | |
| 2025 Amount | 2024 Amount |
| | |
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| | |

Mileage:

Total miles

Total business miles

Total commuting miles for the year ..

Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest

Taxes

Fair market value of leased vehicle ..

Vehicle rentals/leases



Business Use of Home

Name of Business: _____

Principal Business or Profession: _____

Partial Use of Your Home for Business:

| | 2025 | 2024 |
|--|------|------|
| Square footage of home used exclusively for business | | |
| Total square footage of home | | |
| Total hours home was used for day care during the year | | |

Was your home used for day care purposes for the entire year? Yes No

Were improvements made to the home and/or home office since the time you began using the home for business?

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

| | Direct Expenses | | Indirect Expenses | |
|---------------------------------------|-----------------|-------------|-------------------|-------------|
| | 2025 Amount | 2024 Amount | 2025 Amount | 2024 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| Insurance | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |
| Rent | | | | |

Other Expenses:

| Description | Direct Expenses | | Indirect Expenses | |
|-------------|-----------------|-------------|-------------------|-------------|
| | 2025 Amount | 2024 Amount | 2025 Amount | 2024 Amount |
| | | | | |
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Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
| | | |



Individual Retirement Account (IRA) Information

Individual Retirement Account (IRA): Include all copies of Forms 1099-R and 5498.

TS

IRA Questions for 2025:

- Are you covered by an employer's retirement plan?
- If no, is your spouse covered by an employer's retirement plan?
- Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
- If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
- Did you use any IRA as security for a loan this year?
- Did you have any transactions with any IRA during the year?
- If Yes, explain. _____

| Yes | No |
|-----|----|
| | |
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IRA Values, Rollovers, and Distributions:

- Total value of all traditional IRAs on December 31, 2025
- Note: This information or Form 5498 is required if you received a distribution during the year.
- Outstanding rollovers on December 31, 2025
- Total distributions converted to Roth IRAs
- Total retirement plans converted to Roth IRAs

Contributions:

- IRA:
- Contributions in 2025 for the 2025 tax return
- Contributions in 2026 for the 2025 tax return
- Amount for 2025 you choose to be treated as nondeductible
- Roth IRA:
- Contributions made for the 2025 tax year

Distributions: Include all Forms 1099-R and any nontaxable distribution details

| Name of Payer | 2025 Gross Distributions | Taxable Amount | Federal Tax Withheld | State Tax Withheld | Is this a Rollover? | 2024 Gross Distributions |
|---------------|--------------------------|----------------|----------------------|--------------------|---------------------|--------------------------|
| | | | | | | |
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Pension, Annuity and Retirement Plan Information

Pensions and Annuities: Include all Forms 1099-R and any nontaxable distribution details

| TSJ | Name of Payer | 2025 Gross Distributions | Taxable Amount | Federal Tax Withheld | State Tax Withheld | Is this a Rollover? | 2024 Gross Distributions |
|-----|---------------|--------------------------|----------------|----------------------|--------------------|---------------------|--------------------------|
| | | | | | | | |
| | | | | | | | |
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Self-Employed Retirement Plan: Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?

Do you want to contribute the maximum amount allowed?

| Taxpayer | | Spouse | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Contributions to:

Simplified employee pension plan

Defined benefit plan

Defined contribution plan

SIMPLE plan

| 2025 Amount | 2025 Amount |
|-------------|-------------|
| | |
| | |
| | |
| | |



Rental and Royalty Income

Location of Property: _____

TSJ _____

Type of property _____

Have you prepared or will you prepare all required Forms 1099?

| | |
|-----|----|
| Yes | No |
| | |

Ownership percentage if not 100% _____ %
How many days was this property rented at fair market value? _____
How many days was this property used personally (including use by family members)? _____

| 2025 | 2024 |
|------|------|
| | |
| | |
| | |

Income:

Rents received _____
Royalties received _____

| 2025 Amount | 2024 Amount |
|-------------|-------------|
| | |
| | |

Payment card and third party transactions: Include all Forms 1099-K

| Description | 2025 Amount | 2024 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |

Miscellaneous income: Include all Forms 1099-MISC

| Description | 2025 Amount | 2024 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |

Other income:

| Description | 2025 Amount | 2024 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |



Rental and Royalty Property and Equipment & Depletion

Location of Property: _____

Property and Equipment: Include a list if more space is needed

Acquisitions:

| X if not new | Description | Date Acquired (Mo/Da/Yr) | Cost |
|--------------|-------------|--------------------------|------|
| | | | |
| | | | |
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| | | | |

Dispositions:

| Description | Date Acquired (Mo/Da/Yr) | Cost | Date Sold (Mo/Da/Yr) | Selling Price |
|-------------|--------------------------|------|----------------------|---------------|
| | | | | |
| | | | | |
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Percentage Depletion Information:

| Production Type | Royalty Income | |
|-----------------|----------------|-------------|
| | 2025 Amount | 2024 Amount |
| | | |
| | | |
| | | |
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| | | |



Miscellaneous Income, Adjustments and Alimony

Include Forms: W-2G, 1099-MISC, 1099-NEC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-QA, and 1099-G

Miscellaneous Income and Adjustments:

| | TSJ _____ | | TSJ _____ | |
|--|-------------|-------------|-------------|-------------|
| | 2025 Amount | 2024 Amount | 2025 Amount | 2024 Amount |
| Unemployment compensation received | | | | |
| Unemployment compensation repaid in 2025 | | | | |
| Social security benefits received | | | | |
| Social security benefits repaid in 2025 | | | | |
| Medicare premiums withheld | | | | |
| Tier 1 railroad retirement benefits received | | | | |
| Tier 1 railroad retirement benefits repaid in 2025 | | | | |
| Total lump sum social security received | | | | |
| Lump sum taxable social security | | | | |
| Other federal withholding | | | | |
| Other state withholding | | | | |

State and Local Income Tax Refunds:

| TSJ | State | City | Tax Year | Income Tax Refund | |
|-----|-------|------|----------|-------------------|-------|
| | | | | State | Local |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Other Income:

| TSJ | Nature and Source | 2025 Amount | 2024 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Alimony Paid or Received:

| TSJ | Recipient's Name | Recipient's Social Security Number | Date of Original Divorce or Separation (Mo/Da/Yr) | Date Divorce or Separation Agreement Modified (Mo/Da/Yr) | Alimony Received? | 2025 Amount | 2024 Amount |
|-----|------------------|------------------------------------|---|--|-------------------|-------------|-------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |



Itemized Deductions - Medical and Taxes

Medical and Dental Expenses:

Prescription medicines and drugs
 Total medical insurance premiums paid *
 Long-term care expenses
 Total insurance reimbursement
 Number of miles traveled for medical care
 Personal protective equipment
 Lodging
 Doctors, dentists, etc.
 Hospitals
 Lab fees
 Eyeglasses and contacts

| TSJ | 2025 Amount | 2024 Amount |
|-----|-------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |

| 2025 Amount | 2024 Amount |
|-------------|-------------|
| | |
| | |

Taxpayer long-term care insurance premiums paid
 Spouse long-term care insurance premiums paid

* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

| TSJ | Description | 2025 Amount | 2024 Amount |
|-----|-------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

Taxes Paid: Include copies of your tax bills

Personal property taxes paid (include vehicle taxes)
 General sales taxes paid on specified items

| TSJ | 2025 Amount | 2024 Amount |
|-----|-------------|-------------|
| | | |
| | | |

Itemize real estate taxes by state.

| TSJ | Real Estate Taxes | 2025 Amount | 2024 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

Other Taxes Paid:

| TSJ | Description | 2025 Amount | 2024 Amount |
|-----|-------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

If you purchased or sold your home in 2025, did you include any taxes from your closing statement in the amounts above? Yes No



Itemized Deductions - Mortgage Interest and Points

Mortgage Questions for 2025:

| | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance your home? (If Yes, enclose the closing statement.) | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, how many years is your new mortgage loan? _____ | | |
| Did you purchase a new home or sell your former home during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enclose the closing statements from the purchase and sale of your new and former homes. | | |
| If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? | <input type="checkbox"/> | <input type="checkbox"/> |

Home Mortgage Interest Paid To Financial Institutions:

| TSJ | Paid To | Did You Receive Form 1098? | | 2025 Amount | 2024 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
| | | Yes | No | | |
| | | | | | |
| | | | | | |
| | | | | | |

Other Home Mortgage Interest Paid:

| TSJ | Paid To | | ID Number | 2025 Amount | 2024 Amount |
|-----|---------|---------|-----------|-------------|-------------|
| | Name | Address | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Deductible Points:

| TSJ | Paid To | Did You Receive Form 1098? | | 2025 Amount | 2024 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
| | | Yes | No | | |
| | | | | | |
| | | | | | |
| | | | | | |

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

| TSJ | Paid To | 2025 Amount | 2024 Amount |
|-----|---------|-------------|-------------|
| | | | |
| | | | |
| | | | |



2025

Itemized Deductions - Contributions

Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

| TSJ | Organization or Description of Contribution | 2025 Amount | 2024 Amount |
|-----|---|-------------|-------------|
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| TSJ | Conservation Real Property | 2025 Amount | 2024 Amount |
|-----|----------------------------|-------------|-------------|
| | 100% limit | | |
| | 50% limit | | |

| TSJ | Description | 2025 Miles | 2024 Miles |
|-----|---|------------|------------|
| | Number of miles traveled performing volunteer work for qualified charitable organizations | | |

Noncash Contributions Totaling \$500 or Less: Include all documentation.

| TSJ | Description of Donated Property | 2025 Amount | 2024 Amount |
|-----|---------------------------------|-------------|-------------|
| | | | |
| | | | |

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

| TSJ | Property Description | Date Acquired | Date of Donation | Cost or Basis |
|-----|----------------------|---------------|------------------|---------------|
| A | | | | |
| B | | | | |
| C | | | | |

| | Fair Market Value (FMV) | Method Used to Determine FMV | Other Method Description | Method of Acquisition |
|---|-------------------------|------------------------------|--------------------------|-----------------------|
| A | | | | |
| B | | | | |
| C | | | | |

- 1 - Appraisal 3 - Comparable Sale 5 - Thrift Shop Value
- 2 - Catalog 4 - Other (Describe)

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

| | Donee Organization Name | Donee Organization Address |
|---|-------------------------|----------------------------|
| A | | |
| B | | |
| C | | |



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled? Yes No
Did you pay an individual for services performed in your home? Yes No

Expenses incurred in 2024 but paid in 2025
Employer-provided dependent care benefits that were forfeited in 2025
2024 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

Name
Street address
City, state, ZIP or postal code, and country
Social security number OR
Employer identification number

Telephone number (California only)

Provider was a household employee Yes No

| | 2025 Amount | 2024 Amount |
|--|-------------|-------------|
| Expenses incurred and paid in 2025 | | |
| Expenses incurred and not paid in 2025 | | |

Provider 2:

Name
Street address
City, state, ZIP or postal code, and country
Social security number OR
Employer identification number

Telephone number (California only)

Provider was a household employee Yes No

| | 2025 Amount | 2024 Amount |
|--|-------------|-------------|
| Expenses incurred and paid in 2025 | | |
| Expenses incurred and not paid in 2025 | | |

Qualifying Persons for Child/Dependent Care Expenses:

| First Name and Initial | Last Name | Social Security Number | Dis-abled | 2025 Expenses Incurred | 2024 Expenses Incurred |
|------------------------|-----------|------------------------|-----------|------------------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

Include copies of all Forms 1098-T

| First Name and Initial | Last Name | Social Security Number | 2025 Qualified Expenses |
|------------------------|-----------|------------------------|-------------------------|
| | | | |
| | | | |
| | | | |



Household Employment Taxes

General Information:

TSJ

Employer identification number

Did you pay any one household employee cash wages of \$2,400 or more in 2025? Yes No

Did you withhold any federal income tax from wages paid to any household employee? Yes No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2024 or 2025? Yes No

Social Security, Medicare and Income Taxes:

| | 2025 Amount | 2024 Amount |
|---|-------------|-------------|
| Cash wages subject to social security taxes | | |
| Cash wages subject to Medicare taxes (if different than cash wages subject to social security) | | |
| Cash wages subject to additional Medicare tax withholding | | |
| Federal income tax withheld | | |
| State disability plan payments subject to social security taxes | | |
| State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security) | | |

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? Yes No

| State | Total Cash Wages Subject to FUTA | 2024 Amount |
|-------|----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2026

| Name of State | Total Taxable Wages | Contribution Paid to Unemployment Fund | X | 2024 Amount |
|---------------|---------------------|--|---|-------------|
| | | | | |
| | | | | |
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| | | | | |
| | | | | |



Federal Tax Payments

Refund Application:

If you have an overpayment of 2025 taxes, do you want the excess:

Refunded Yes No
 Applied to your 2026 estimated tax liability Yes No

Federal Estimated Tax Payments:

2025 1st Quarter Estimate (Due 04-15-2025)
 2025 2nd Quarter Estimate (Due 06-15-2025)
 2025 3rd Quarter Estimate (Due 09-15-2025)
 2025 4th Quarter Estimate (Due 01-15-2026)

| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|------------|--------------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |

2024 overpayment applied to 2025 estimate

Tax Planning Information for Tax Year 2026:

Do you expect any of the following to occur in 2026?

| | Yes | No |
|---|--------------------------|--------------------------|
| A change in your marital status | <input type="checkbox"/> | <input type="checkbox"/> |
| A change in the number of your dependents | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your income | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your withholding | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in deductions | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered Yes to any of the above questions, provide details.

| |
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2025

State and City Tax Payments

20A

State and City Estimated Tax Payments:

| TSJ _____ | | |
|------------------|--------------------------------------|-------------|
| State/City _____ | | |
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2025 1st Quarter Estimate

2025 2nd Quarter Estimate

2025 3rd Quarter Estimate

2025 4th Quarter Estimate

If you have an overpayment of 2025 taxes, do you want the excess applied to your 2026 estimated tax liability? Yes No

2024 overpayment applied to 2025 estimate

Balance of prior year(s)' tax paid in 2025 plus amount paid with 2024 extensions

Estimated tax payments for 2024 paid in 2025

State and City Estimated Tax Payments:

| TSJ _____ | | |
|------------------|--------------------------------------|-------------|
| State/City _____ | | |
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2025 1st Quarter Estimate

2025 2nd Quarter Estimate

2025 3rd Quarter Estimate

2025 4th Quarter Estimate

If you have an overpayment of 2025 taxes, do you want the excess applied to your 2026 estimated tax liability? Yes No

2024 overpayment applied to 2025 estimate

Balance of prior year(s)' tax paid in 2025 plus amount paid with 2024 extensions

Estimated tax payments for 2024 paid in 2025

State and City Estimated Tax Payments:

| TSJ _____ | | |
|------------------|--------------------------------------|-------------|
| State/City _____ | | |
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2025 1st Quarter Estimate

2025 2nd Quarter Estimate

2025 3rd Quarter Estimate

2025 4th Quarter Estimate

If you have an overpayment of 2025 taxes, do you want the excess applied to your 2026 estimated tax liability? Yes No

2024 overpayment applied to 2025 estimate

Balance of prior year(s)' tax paid in 2025 plus amount paid with 2024 extensions

Estimated tax payments for 2024 paid in 2025



2025

Foreign Employment Information (Page 1 of 3)

General Information:

TS _____

Foreign address _____

Name of employer _____

Employer's U.S. address _____

Employer's foreign address _____

Employer type: Foreign entity, U.S. company,
 Foreign affiliate of a U.S. company, Self _____

Enter the last year that Form 2555 was filed to
 claim either of the exclusions _____

Type of exclusions revoked in prior years _____

Year exclusion revoked _____

If a separate foreign residence was maintained for your
 family due to adverse living conditions, please provide
 the city, country, and number of days maintained _____

List tax home(s) during tax year and dates established _____

Country of citizenry or nationality _____

Qualified housing expenses for the tax year

Adjustment to employer provided amounts for qualified
 housing expense

Tax Home History:

| | Principal City and Country of Employment | Start Date (Mo/Da/Yr) | End Date (Mo/Da/Yr) |
|--------------------------------|--|--------------------------|------------------------|
| Most recent tax home | | | |
| First previous tax home | | | |
| Second previous tax home | | | |
| Third previous tax home | | | |



Foreign Employment Information (Page 2 of 3)

Bona Fide Residence Test Information:

Beginning date for foreign residence (Mo/Da/Yr) _____
 Ending date for foreign residence (Mo/Da/Yr) _____

Kind of foreign living quarters:
 Purchased house, Rented house or apartment, Rented room,
 Quarters furnished by employer

If any family members lived abroad with you during any part
 of the tax year, enter their names. Include the dates when
 the family members lived with you

| Relationship | First Name | MI | Last Name | Date Arrived | Date Left | X if Entire Period |
|--------------|------------|----|-----------|--------------|-----------|--------------------|
| | | | | | | |
| | | | | | | |
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| | | | | | | |

| | | |
|---|-----|----|
| Was a statement made to foreign country authorities declaring you were not a resident of their country? | Yes | No |
| Were you required to pay income tax in that country? | | |
| Does the foreign country have an income tax? | | |

State any contractual terms or other conditions relating to the length of employment abroad

What type of visa was used to enter the foreign country?

Explain any limitations of the visa as to length of stay or employment in a foreign country

If a home was maintained in U.S. while residing abroad, show address, whether rented, names and relationships of occupants

Address

Street address

City

State

ZIP Code

X if rented

| Occupants | | | |
|------------|----|-----------|--------------|
| First Name | MI | Last Name | Relationship |
| | | | |
| | | | |
| | | | |
| | | | |



2025

Foreign Employment Information

(Page 3 of 3)

30B

Travel Abroad for 12 Month Period:

| Name of Country (Including U.S.) | Date Arrived (Mo/Da/Yr) | Date Left (Mo/Da/Yr) | Full Days in Country | Number of Days Present in U.S. on Business |
|----------------------------------|-------------------------|----------------------|----------------------|--|
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2025

Foreign Housing Expenses Worksheet

30C

Indicate below (for yourself, spouse and dependents living with you) the amount of housing expenses incurred (whether paid by you or your employer) in the foreign country. If expenses are listed in foreign currency, indicate dates of payment to the left of the amount boxes and enter type of currency.

| Type of currency | Amount Reimbursed to You or Paid on Your Behalf by Employer | Amount Paid by You Which is NOT Reimbursable by Your Employer | Total Expenses |
|---|---|---|----------------|
| Rent | | | |
| Fair market value of employer-owned housing furnished to you (Without reduction for U.S. equivalent housing charge) | | | |
| Foreign real estate, occupancy taxes or television taxes (not included on Medical Expenses and Taxes form, detail by country on continuation sheet) | | | |
| Utilities (but not telephone charges) | | | |
| Real and personal property insurance | | | |
| "Key money" or other similar nonrefundable deposits paid to secure a lease | | | |
| Repairs and maintenance | | | |
| Furniture rental | | | |
| Lodging portion of temporary living expenses (Do not include on Moving Expenses page) | | | |

Other Expenses:

| Description | Amount Reimbursed to You or Paid on Your Behalf by Employer | Amount Paid by You Which is NOT Reimbursable by Your Employer | Total Expenses |
|-------------|---|---|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

Total expenses

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

Indicate if meals and/or lodging were provided by or on behalf of your employer on his business premises: (If you resided in a camp, you are considered to be on the business premises of your employer.)

| | | |
|----------------------------------|--------------------------|--------------------------|
| To you | <input type="checkbox"/> | <input type="checkbox"/> |
| To your family members | <input type="checkbox"/> | <input type="checkbox"/> |



2025

Foreign Travel and Workdays Information Worksheet

30D

Complete for every month even if this may have been your first or last year in the U.S.

| Travel To/From the U.S. | | | | Days in Month | Days Worked In and Outside U.S. | | | | |
|-------------------------|--------------|------------------|-------------------------|---------------|---------------------------------|---------|---------------|---------|--|
| Dates (Mo/Da/Yr) | | Dates (Mo/Da/Yr) | | | Days Not Worked* | | Days Worked** | | |
| Left Foreign Country | Arrived U.S. | Left U.S. | Arrived Foreign Country | | U.S. | Foreign | U.S. | Foreign | |
| | | | | January | 31 | | | | |
| | | | | February | 28 | | | | |
| | | | | March | 31 | | | | |
| | | | | April | 30 | | | | |
| | | | | May | 31 | | | | |
| | | | | June | 30 | | | | |
| | | | | July | 31 | | | | |
| | | | | August | 31 | | | | |
| | | | | September | 30 | | | | |
| | | | | October | 31 | | | | |
| | | | | November | 30 | | | | |
| | | | | December | 31 | | | | |
| | | | | Total | 365 | | | | |

* Weekends, holidays, vacation, sick, etc.

** Include weekends and holidays if you worked on these days.

During 2025, in which state(s)/city(ies) did you work?

List the dates

| State/City | From (Mo/Da/Yr) | To (Mo/Da/Yr) | Days Worked |
|------------|-----------------|---------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

Total (must agree with U.S. days worked shown above)

Days in U.S. for any reason in 2024 ____ 2023 ____



Foreign Wages and Other Income

(Page 1 of 2)

Foreign Questions for 2025:

If you will be outside the U.S., do you want an automatic extension if you qualify?

Will any tax due be paid with the extension?

If you were working outside the U.S., did you terminate your foreign employment in 2025?

Did you have foreign income derived from sources within designated "Boycott Activities"?

If Yes, provide all information pertaining to the boycott activities.

| Yes | No |
|-----|----|
| | |
| | |
| | |
| | |

Foreign Source Wages and Salaries:

Include all copies of your current year Forms W-2 or other wage statements

TS _____ Employer name

Employer address

Employer city

Employer state

Employer ZIP

Employer foreign country

| | 2025 Amount | 2024 Amount |
|---|-------------|-------------|
| Base wages | | |
| Federal tax withheld | | |
| FICA withheld | | |
| Medicare tax withheld | | |
| Days in foreign country before foreign assignment | | |
| Days in foreign country after foreign assignment | | |
| Days in U.S. while on foreign assignment | | |

Allowances and Reimbursements:

| | 2025 Amount | 2024 Amount |
|--|-------------|-------------|
| Cost of living and overseas differential | | |
| Moving expense reimbursement | | |
| Family | | |
| Education | | |
| Home leave | | |
| Quarters | | |
| Bonus | | |
| Stock option - current year | | |
| Foreign tax reimbursement | | |
| Survivor's insurance | | |
| Automobile | | |
| Hardship premium | | |
| Home gross salary | | |
| Tax adjustment - current year | | |
| Gross up | | |
| Mobility premium | | |
| Relocation allocation | | |
| Wire transfer allowance | | |
| Home housing allowance | | |
| Home gross entitlement | | |
| Home net entitlement | | |
| Variable pay awards | | |
| Miscellaneous | | |
| Imputed tax preparation fees | | |
| Home country pension cost | | |
| 401(k) reductions | | |



2024

| JANUARY | | | | | | | FEBRUARY | | | | | | | MARCH | | | | | | | APRIL | | | | | | | |
|-----------|----|----|----|----|----|----|----------|----|----|----|----|----|----|----------|----|----|----|----|----|----|----------|----|----|----|----|----|----|---|
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | |
| | 1 | 2 | 3 | 4 | 5 | 6 | | | | | 1 | 2 | 3 | | | | | | | 1 | 2 | | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | |
| 28 | 29 | 30 | 31 | | | | 25 | 26 | 27 | 28 | 29 | | | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 28 | 29 | 30 | | | | | |
| | | | | | | | | | | | | | 1 | | 1 | 2 | 3 | 4 | 5 | 6 | | | | | | 1 | 2 | 3 |
| | | | 1 | 2 | 3 | 4 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 28 | 29 | 30 | 31 | | | | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| 26 | 27 | 28 | 29 | 30 | 31 | | 30 | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEPTEMBER | | | | | | | OCTOBER | | | | | | | NOVEMBER | | | | | | | DECEMBER | | | | | | | |
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | 1 | 2 | 3 | 4 | 5 | | | | | | | 1 | 2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | |
| 29 | 30 | | | | | | 27 | 28 | 29 | 30 | 31 | | | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 29 | 30 | 31 | | | | | |

2025

| JANUARY | | | | | | | FEBRUARY | | | | | | | MARCH | | | | | | | APRIL | | | | | | | |
|-----------|----|----|----|----|----|----|----------|----|----|----|----|----|----|----------|----|----|----|----|----|----|----------|----|----|----|----|----|----|---|
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | |
| | | | 1 | 2 | 3 | 4 | | | | | | 1 | | | | | | | 1 | | | | 1 | 2 | 3 | 4 | 5 | |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | |
| 26 | 27 | 28 | 29 | 30 | 31 | | 23 | 24 | 25 | 26 | 27 | 28 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 27 | 28 | 29 | 30 | | | | | |
| | | | | | | | | | | | | | | 30 | 31 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAY | | | | | | | JUNE | | | | | | | JULY | | | | | | | AUGUST | | | | | | | |
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | |
| | | | | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | 29 | 30 | | | | | | 27 | 28 | 29 | 30 | 31 | | | 24 | 25 | 26 | 27 | 28 | 29 | 30 | |
| | | | | | | | | | | | | | | | | | | | | | 31 | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEPTEMBER | | | | | | | OCTOBER | | | | | | | NOVEMBER | | | | | | | DECEMBER | | | | | | | |
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | 1 | 2 | 3 | 4 | | | | | | | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | |
| 28 | 29 | 30 | | | | | 26 | 27 | 28 | 29 | 30 | 31 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 28 | 29 | 30 | 31 | | | | | |
| | | | | | | | | | | | | | | 30 | | | | | | | | | | | | | | |

2026

| JANUARY | | | | | | | FEBRUARY | | | | | | | MARCH | | | | | | | APRIL | | | | | | |
|-----------|----|----|----|----|----|----|----------|----|----|----|----|----|----|----------|----|----|----|----|----|----|----------|----|----|----|----|----|----|
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
| | | | | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | 1 | 2 | 3 | 4 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | | | | | | 29 | 30 | 31 | | | | | 26 | 27 | 28 | 29 | 30 | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAY | | | | | | | JUNE | | | | | | | JULY | | | | | | | AUGUST | | | | | | |
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
| | | | | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | | | 1 | 2 | 3 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | 28 | 29 | 30 | | | | | 26 | 27 | 28 | 29 | 30 | 31 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | |
| 31 | | | | | | | | | | | | | | | | | | | | | 30 | 31 | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEPTEMBER | | | | | | | OCTOBER | | | | | | | NOVEMBER | | | | | | | DECEMBER | | | | | | |
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
| | | 1 | 2 | 3 | 4 | 5 | | | | | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | | | | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 29 | 30 | | | | | | 27 | 28 | 29 | 30 | 31 | | |