

IAS TAX INSTITUTE

# Tax Organizer

*- For preparation of 2025 taxes -*

**IAS Tax Institute**  
***Complimentary Tax Organizer***

Complete this Tax Organizer to organize your income tax documentation and information, which will enable us to complete your tax return accurately utilizing our proven tax-saving strategies.

Completed tax organizers received by April 1, 2026 will be processed and completed by the April 15, 2026 filing deadline date. Past this date, we may need to file an extension.

**Please choose a payment option below and return this Tax Organizer to:**

**IAS Tax Institute**  
**PO Box 915109**  
**Longwood, FL 32791**

**Choose Payment Option:**

Credit Card

Card:  MasterCard  Visa  Discover  American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_/\_\_/\_\_

Signature: \_\_\_\_\_

Check

If paying by check, you will be billed upon completion of tax return(s).

**The Process:**

Your credit card will not be charged until your tax returns have been prepared and completed.

*Tax clients that are active IAS members will receive a \$50 discount from the total preparation fee.*

You will be notified of the final preparation fee and any balance due after your returns are prepared, along with the results of your tax returns. Please note that our tax preparation fees are located on the last page of this organizer. Upon payment, we will E-File your return(s) and send you copies of your completed tax return(s) to keep for your records.

**Our Guarantee:**

If the information you provide is accurate and complete, the IAS Tax Institute will pay any interest and penalties levied by the IRS in the rare event that any errors are made during preparation.

A fully completed Tax Organizer is essential to ensuring an accurate tax return! Call the IAS Tax Institute at 800-654-6023 if you need any help completing this organizer.

## 1. Personal Information

Name		Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					
Street Address		City	State	ZIP	Home Phone
Email Address					

	<u>Taxpayer</u>		<u>Spouse</u>		<u>Marital Status</u>		
Blind	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Married	Will file jointly <input type="checkbox"/> Yes <input type="checkbox"/> No	
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Single		
Pres. Campaign Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Widow(er), Date of Spouse's Death _____		

## 2. Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	ID Protection PIN

Please send us the following information

- Last year's tax return (new clients only)

- All statements (W-2s, 1098s, 1099s, etc)

Please answer the following questions to determine maximum deductions

- |   |  |  |  |
|---|--|--|--|
| 1. Are you self-employed or do you receive hobby income?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family?                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Did you receive income from raising animals or crops?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. Did you give a gift of more than \$19,000 to one or more people?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Did you receive rent from real estate or other property?                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Did you have any debts cancelled, forgiven, or refinanced?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Did you go through bankruptcy proceedings?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Did you withdraw or write checks from a mutual fund?                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. (a) If you paid rent, how much did you pay? _____  |  |
| 6. Do you have a foreign bank account, trust, or business?                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | (b) Was heat included?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do you provide a home for or help support anyone not listed in Section 2 above?      | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Did you receive any correspondence from the IRS or State Department of Taxation?     | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |  | 16. Do you own an interest in an LLC or similar entity that has a reporting obligation under the Corporate Transparency Act? | <input type="checkbox"/> Yes <input type="checkbox"/> No |



## Schedule A - Itemized Deductions

### Medical and Dental Expenses

Health insurance premiums (paid by you, not through work) . . . . . \_\_\_\_\_  
 Amount above that is for Medicare premiums . . . . . \_\_\_\_\_  
 Long-term care premiums (you) . . . . . \_\_\_\_\_  
 Long-term care premiums (your spouse) . . . . . \_\_\_\_\_  
 Long-term care premiums (dependents) . . . . . \_\_\_\_\_  
 Mileage driven for medical purposes . . . . . \_\_\_\_\_  
 Out of pocket medical & dental expenses  
 Doctor, dental, etc . . . . . \_\_\_\_\_  
 Prescription medicines . . . . . \_\_\_\_\_  
 Glasses & contacts . . . . . \_\_\_\_\_  
 Hearing aids . . . . . \_\_\_\_\_  
 Medical equipment & supplies . . . . . \_\_\_\_\_  
 Hospital services . . . . . \_\_\_\_\_  
 Laboratory services . . . . . \_\_\_\_\_  
 Nursing services . . . . . \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

### Taxes Paid

State and local income taxes . . . . . \_\_\_\_\_  
 General sales tax (vehicle, boat, home, etc.) . . . . . \_\_\_\_\_  
 Real estate taxes . . . . . \_\_\_\_\_  
 Personal property taxes . . . . . \_\_\_\_\_  
 Auto registration taxes not deductible for state . . . . . \_\_\_\_\_  
 Other taxes (list) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Interest Paid

Home mortgage interest paid (attach Form 1098) . . . . . \_\_\_\_\_  
 Some of your home mortgage loan was not used to buy, build, or improve your home.  
 Home mortgage interest paid to an individual . . . . . \_\_\_\_\_  
 Paid to:  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 SSN or EIN \_\_\_\_\_  
 Points not reported on Form 1098 . . . . . \_\_\_\_\_  
 Investment interest . . . . . \_\_\_\_\_

### Charitable Contributions

Donations to charity	Cash	Noncash	Amount
Church . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
University . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Miles driven for charitable purposes . . . . .			_____

### Other Miscellaneous Deductions

Amortizable bond premiums . . . . . \_\_\_\_\_  
 Federal estate tax . . . . . \_\_\_\_\_  
 Gambling losses . . . . . \_\_\_\_\_  
 Impairment-related work expenses . . . . . \_\_\_\_\_  
 Claim repayments . . . . . \_\_\_\_\_  
 Unrecovered pension investments . . . . . \_\_\_\_\_  
 Loss from other activities from Schedule K-1 . . . . . \_\_\_\_\_  
 Ordinary loss debt instrument . . . . . \_\_\_\_\_  
 Excess deduction on termination . . . . . \_\_\_\_\_

### Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer  
 Safety equipment, tools, & supplies . . . . . \_\_\_\_\_  
 Uniforms . . . . . \_\_\_\_\_  
 Protective clothing (shoes, hardhats, glasses, etc.) \_\_\_\_\_  
 Dues to professional organizations . . . . . \_\_\_\_\_  
 Books & subscriptions . . . . . \_\_\_\_\_  
 Other \_\_\_\_\_  
 Union dues . . . . . \_\_\_\_\_  
 Tax preparation fees . . . . . \_\_\_\_\_  
 Other nonpersonal expenses related to taxable income  
 Safe deposit box fees . . . . . \_\_\_\_\_  
 Investment expenses not entered elsewhere . . . . . \_\_\_\_\_  
 Other \_\_\_\_\_  
 Home equity interest . . . . . \_\_\_\_\_



## Schedule A - Additional Information

### Mortgage Interest Provide all copies of Form 1098

TSJ	Lender's Name	Mortgage Interest Received	Mortgage Insurance Premiums	Real Estate Taxes Paid

### Employee Business Expenses

TS \_\_\_\_\_

Select if you are:

- A qualified performing artist
- A fee-based state or local government official
- A disabled employee with impairment-related work expenses
- An Armed Forces reservist
- You are a member of the clergy

Select if you:

- Used your personal vehicle for your job during 2025

	NOT reimbursed by your employer	Reimbursed by your employer not included in box 1 of your W-2
Parking fees, tolls, local transportation . . . . .	_____	_____
Meals . . . . .	_____	_____
Overnight business travel expenses (Do not include meals & entertainment) . . . . .	_____	_____
Other business expenses . . . . .	_____	_____

### Casualties and Thefts

TSJ _____ FEMA code _____	TSJ _____ FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Fair market value before incident _____	Fair market value before incident _____
Fair market value after incident _____	Fair market value after incident _____
Insurance reimbursement _____	Insurance reimbursement _____

## Schedule A - Additional Information

### Health Savings Account

TS \_\_\_\_\_

The taxpayer's coverage is under a high-deductible health plan for:

Taxpayer only     Family

**2025**

HSA contributions made for 2025 . . . . . \_\_\_\_\_

Total distributions from all HSAs during 2025 . . . . . \_\_\_\_\_

Distributions included above that were rolled over into another account . . . . . \_\_\_\_\_

Qualified medical expenses paid using HSA distributions . . . . . \_\_\_\_\_

### Education Expenses Provide all copies of Form 1098-T

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of Expense	Amount	Type of Expense	Amount

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of Expense	Amount	Type of Expense	Amount

### Job-related Moving Expenses

TSJ \_\_\_\_\_

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

**2025**

Number of miles from old home to old workplace . . . . . \_\_\_\_\_

Number of miles from old home to new workplace . . . . . \_\_\_\_\_

Expenses to transport and store household goods and personal effects . . . . . \_\_\_\_\_

Travel and lodging expenses while traveling to your new home . . . . . \_\_\_\_\_

## Schedule C - Profit or Loss from Business

### General Business Information

TS \_\_\_\_\_ Professional product or service \_\_\_\_\_ Employer ID number \_\_\_\_\_

Business name \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

Accounting Method:  Cash  Accrual  Other (specify) \_\_\_\_\_

This business started or was acquired during 2025.  This business was disposed of during 2025.

Select if this business is for:

- Professional gambler  Newspaper delivery and you are under 18 years of age  
 Exempt Notary income  A clergy

Yes No

- Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.  
  If "Yes," did you file Forms 1099 for the individuals?  
  Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?  
  If "Yes," was any portion of the loan forgiven in 2025?

### Income

	2025	2025
Gross receipts or sales . . . . .	_____	Other income . . . . . _____
Returns & allowances . . . . .	_____	_____

### Expenses

	2025	2025
Advertising . . . . .	_____	Repairs & maintenance . . . . . _____
Car & truck expenses . . . . .	_____	Supplies . . . . . _____
Commissions & fees . . . . .	_____	Taxes & licenses . . . . . _____
Contract labor . . . . .	_____	Travel . . . . . _____
Depletion . . . . .	_____	Total meals . . . . . _____
Employee benefit programs . . . . .	_____	Utilities . . . . . _____
Insurance (other than health) . . . . .	_____	Wages . . . . . _____
Interest - mortgage . . . . .	_____	Family health coverage payments for taxpayer, spouse or dependents . . . . . _____
Interest - other . . . . .	_____	Other expenses (list) . . . . . _____
Legal & professional services . . . . .	_____	_____
Office expenses . . . . .	_____	_____
Pension & profit-sharing plans . . . . .	_____	_____
Rent or lease (vehicles, machinery, & equipment) . . . . .	_____	_____
Rent (other business property) . . . . .	_____	_____

### Cost of Goods Sold

	2025	2025
Inventory at beginning of year . . . . .	_____	Materials & supplies . . . . . _____
Purchases . . . . .	_____	Other costs . . . . . _____
Cost of personal use items . . . . .	_____	Inventory at end of year . . . . . _____
Cost of labor . . . . .	_____	<input type="checkbox"/> There was a change in inventory method.

## Schedule C - Expenses Related to Business

### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

- |  |   |
|--|---|
| <p>Yes    No</p> <p><input type="checkbox"/>   <input type="checkbox"/> Was this vehicle available for use during off-duty hours?</p> <p><input type="checkbox"/>   <input type="checkbox"/> Was another vehicle available for personal use?</p> | <p>Yes    No</p> <p><input type="checkbox"/>   <input type="checkbox"/> Do you have evidence to support your deduction?</p> <p><input type="checkbox"/>   <input type="checkbox"/> If "Yes," is the evidence written?</p> |
|--|---|

### Mileage

Number of miles the vehicle was driven during 2025

Business . . . . . _____	Other . . . . . _____
Commuting . . . . . _____	

### Expenses

Garage rent . . . . . _____	Repairs . . . . . _____
Gas . . . . . _____	Tires . . . . . _____
Insurance . . . . . _____	Tolls . . . . . _____
Licenses . . . . . _____	Lease addback . . . . . _____
Oil . . . . . _____	Other expenses _____
Parking fees . . . . . _____	_____
Rental fees . . . . . _____	_____
Interest . . . . . _____	_____
Property tax . . . . . _____	_____

### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business? \_\_\_\_\_

What is the total square footage of your home? \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? \_\_\_\_\_

How many hours per day was the area used? \_\_\_\_\_

The daycare facility was in operation for the entire year

### Expenses

### Office expenses

### Home expenses

Mortgage interest . . . . . _____	_____	_____
Real estate taxes . . . . . _____	_____	_____
Excess mortgage interest . . . . . _____	_____	_____
Excess real estate taxes . . . . . _____	_____	_____
Insurance . . . . . _____	_____	_____
Rent . . . . . _____	_____	_____
Repairs & maintenance . . . . . _____	_____	_____
Utilities . . . . . _____	_____	_____
Other expenses . . . . . _____	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

## Schedule C - Household Employment

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

**Yes**   **No**

- Did you pay any one household employee cash wages of \$2,800 or more in 2025?
- Did you withhold federal income tax during 2025 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2024 or 2025 to all household employees?
- Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2025 by April 15, 2026?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

**2025**

Total cash wages subject to Social Security tax . . . . . \_\_\_\_\_

Total cash wages subject to Medicare tax. . . . . \_\_\_\_\_

Total cash wages subject to Additional Medicare tax withholding . . . . . \_\_\_\_\_

Federal income tax withheld . . . . . \_\_\_\_\_

Qualified sick leave wages . . . . . \_\_\_\_\_

Qualified family leave wages . . . . . \_\_\_\_\_

Qualified health plan expenses . . . . . \_\_\_\_\_

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

**Yes**   **No**

- Did you pay any one household employee cash wages of \$2,800 or more in 2025?
- Did you withhold federal income tax during 2025 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2024 or 2025 to all household employees?
- Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2025 by April 15, 2026?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

**2025**

Total cash wages subject to Social Security tax . . . . . \_\_\_\_\_

Total cash wages subject to Medicare tax. . . . . \_\_\_\_\_

Total cash wages subject to Additional Medicare tax withholding . . . . . \_\_\_\_\_

Federal income tax withheld . . . . . \_\_\_\_\_

Qualified sick leave wages . . . . . \_\_\_\_\_

Qualified family leave wages . . . . . \_\_\_\_\_

Qualified health plan expenses . . . . . \_\_\_\_\_

## SCHEDULE E – RENTAL INCOME & EXPENSES

PROPERTY INFO	Property #1	Property #2	Property #3	Property #4
Street:				
City/State/Zip Code:				
Owner (T, S, Joint):				
Ownership %:				
Days You Personally Used:				
Date First Avail. to Rent:				
Original Purchase Price:				
Original Land Value:				
<b>EXPENSES</b>				
Advertising:				
Auto Mileage:				
Travel (airfare, lodging):				
Cleaning & Maintenance:				
Commissions:				
Insurance:				
Legal & Professional Fees:				
Management Fees:				
Mortgage Interest:				
Other Interest:				
Repairs (fix items):				
Supplies:				
Taxes (real estate):				
Utilities:				
Improvements Made:				
Other:				
Other:				
Other:				

**Additional Notes:**

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## Schedule F - Profit or Loss from Farming

### General Information

TS \_\_\_\_\_ Principal product \_\_\_\_\_ Employer ID number \_\_\_\_\_

Accounting method, if not cash:  Accrual

This farm was disposed of during 2025.

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this farm.

If "Yes," did you file Forms 1099 for the individuals?

Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?

If "Yes," was any portion of the loan forgiven in 2025?

### Income

	2025	2025
Sale of livestock / other items . . . . .	_____	_____
Cost of items bought for resale . . . . .	_____	_____
Sale of products you raised . . . . .	_____	_____
Total cooperative distributions (Provide 1099-PATR) . . . . .	_____	_____
Total agricultural payments . . . . .	_____	_____
Commodity Credit Corporation (CCC) loans:		
CCC loans reported . . . . .	_____	_____
CCC loans forfeited . . . . .	_____	_____
Crop insurance proceeds:		
Amount received in 2025 . . . . .	_____	_____
<input type="checkbox"/> You elect to defer to 2026		
Amount deferred from 2024 . . . . .	_____	_____
Custom hire income . . . . .	_____	_____
Beginning inventory for accrual . . . . .	_____	_____
Ending inventory for accrual . . . . .	_____	_____
		<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method.
Other income . . . . .	_____	_____

### Expenses

	2025	2025
Car & truck expenses . . . . .	_____	_____
Chemicals . . . . .	_____	_____
Conservation expenses . . . . .	_____	_____
Custom hire (machine work) . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____
Feed purchased . . . . .	_____	_____
Fertilizers & lime . . . . .	_____	_____
Freight & trucking . . . . .	_____	_____
Gasoline, fuel, & oil . . . . .	_____	_____
Insurance (other than health) . . . . .	_____	_____
Interest - mortgage (paid to banks, etc.) . . . . .	_____	_____
Interest - other . . . . .	_____	_____
Non-W-2 labor hired . . . . .	_____	_____
W-2 wages paid . . . . .	_____	_____
Pension & profit-sharing plans . . . . .	_____	_____
Rent - vehicles, machinery, & equipment . . . . .	_____	_____
Rent - other (land, animals, etc.) . . . . .	_____	_____
Repairs & maintenance . . . . .	_____	_____
Seeds & plants purchased . . . . .	_____	_____
Storage & warehousing . . . . .	_____	_____
Supplies purchased . . . . .	_____	_____
Taxes . . . . .	_____	_____
Utilities . . . . .	_____	_____
Veterinary, breeding, & medicine . . . . .	_____	_____
Family health coverage payments for taxpayer, spouse or dependents . . . . .	_____	_____
Other expenses . . . . .	_____	_____

## Form 4835 - Farm Rental Income and Expenses

### General Information

TSJ \_\_\_\_\_ Employer ID Number \_\_\_\_\_

Description \_\_\_\_\_

This farm was disposed of during 2025.

### Income

	2025		2025
Income from production of livestock, produce, grains, & other crops . . . . .	_____	Crop insurance proceeds:	
Total cooperative distributions . . . . .	_____	Amount received in 2025 . . . . .	_____
Total agricultural payments . . . . .	_____	<input type="checkbox"/> You elect to defer to 2026	
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2024 . . . . .	_____
CCC loans reported . . . . .	_____	Other income . . . . .	_____
CCC loans forfeited . . . . .	_____		_____

### Expenses

	2025		2025
Car & truck expenses . . . . .	_____	Seeds & plants purchased . . . . .	_____
Chemicals . . . . .	_____	Storage & warehousing . . . . .	_____
Conservation expenses . . . . .	_____	Supplies purchased . . . . .	_____
Custom hire (machine work) . . . . .	_____	Taxes . . . . .	_____
Employee benefit programs . . . . .	_____	Utilities . . . . .	_____
Feed purchased . . . . .	_____	Veterinary, breeding, & medicine . . . . .	_____
Fertilizers & lime . . . . .	_____	Other expenses (list)	
Freight & trucking . . . . .	_____	_____	_____
Gasoline, fuel, & oil . . . . .	_____	_____	_____
Insurance (other than health) . . . . .	_____	_____	_____
Interest - mortgage (paid to banks, etc.) . . . . .	_____	_____	_____
Interest - other . . . . .	_____	_____	_____
Labor hired (less jobs credit) . . . . .	_____	_____	_____
Pension & profit-sharing plans . . . . .	_____	_____	_____
Rent - vehicles, machinery & equipment . . . . .	_____	_____	_____
Rent - other (land, animals, etc.) . . . . .	_____	_____	_____
Repairs & maintenance . . . . .	_____	_____	_____

**23. Estimated Tax Paid**

Due Date	Date Paid	Federal	State

**24. Other Deductions**

Alimony Paid to \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ \$ \_\_\_\_\_  
 Student Interest Paid \$ \_\_\_\_\_  
 Health Savings Account Contributions \$ \_\_\_\_\_  
 Archer Medical Savings Acct. Contributions \$ \_\_\_\_\_

**25. Questions, Comments, & Other Information**

Residence:

Town \_\_\_\_\_ County \_\_\_\_\_

Village \_\_\_\_\_ School District \_\_\_\_\_

City \_\_\_\_\_

**26. Direct Deposit of Refund**

Would you like to have your refund(s) directly deposited into your account?

 Yes  No**ACCOUNT 1**

Owner of account

 Taxpayer  Spouse  Joint

Type of account

 Checking  Traditional Savings  Traditional IRA  Roth IRA  
 Treasury Direct  Archer MSA Savings  Coverdell Education Savings  HSA Savings  SEP IRA

Name of financial institution \_\_\_\_\_

Financial Institution Routing Transit Number (if known) \_\_\_\_\_

Your account number \_\_\_\_\_