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Tax Return Appointment

Date:
 Time:
 Location:

CLIENT INFORMATION

Filing Status	Filing status (table)	
	1=married filing separate and lived with spouse	
	Year spouse died, if qualifying surviving spouse (2023 or 2024) ...	
Taxpayer	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Spouse	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
	ZIP code	
Foreign Address	Region	
	Postal code	
	Country	

Filing Status

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

Please add, change or delete information for 2025.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone.....		Daytime Phone 1 = Work 2 = Home 3 = Mobile
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Fax number.....		
	E-mail address.....		
Spouse Contact Information	Home phone.....		
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Fax number.....		
	E-mail address.....		
Taxpayer Authentication	Driver's license no.....		
	Driver's license state.....		
	Issue date (m/d/y).....		
	Expiration date (m/d/y).....		
	Theft protection PIN.....		
Spouse Authentication	Driver's license no.....		
	Driver's license state.....		
	Issue date (m/d/y).....		
	Expiration date (m/d/y).....		
	Theft protection PIN.....		

Please add, change or delete information for 2025.

DEPENDENTS

	Dependent	Dependent	
First name.....			<p>Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household or qualifying surviving spouse (QSS) only, not a dependent 5 = Earned income credit only, not a dependent</p> <p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			

Please enter all pertinent 2025 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account		
1=electronic payment of balance due		
1=electronic payment of estimated tax		

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2025 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	Voucher Amount
Overpayment applied from 2024				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				
Former spouse SSN if joint estimates				

State

	Amount Paid	Date Paid	TS	Voucher Amount
Overpayment applied from 2024				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				

1 **Type of Account**

1 = Savings
2 = Checking

2 **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	

Please enter all pertinent 2025 information.

APPLICATION OF 2025 OVERPAYMENT (7.1)

If you have an overpayment of 2025 taxes, do you want the excess refunded? or applied to 2026 estimate?

Other (please explain): _____

2026 ESTIMATED TAX INFORMATION

Do you expect your 2026 taxable income to be different from 2025? Yes No
If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2026 withholding to be different from 2025? Yes No
If "yes" explain any differences: _____

2025	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2025 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/24
		Distribution code #1				Federal (Box 4)	State (Box 14)	

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld		
				Federal (Box 4)	State (Box 15)	Local (Box 17)

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

Total gambling losses.....	2025 Amount	TS	
Winnings not reported on Form W-2G.....			

10, 13.1, 13.2

2025

1040

US

Rental & Royalty Income (Schedule E)

No.

18

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

GENERAL INFORMATION

Description of property	<input type="text"/>	Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address	<input type="text"/>	
City	<input type="text"/>	
State	<input type="text"/>	
ZIP code	<input type="text"/>	
Type of property (see table)	<input type="text"/>	
Other type of property	<input type="text"/>	
Number of days rented	34	

Percentage of ownership if not 100% (.xxxx)	<input type="text"/>	1=did not actively participate ...	<input type="text"/>
Percentage of tenant occupancy if not 100% (.xxxx)	<input type="text"/>	1=real estate professional	<input type="text"/>
1=spouse, 2=joint	<input type="text"/>	1=rental other than real estate ..	<input type="text"/>
1=qualified joint venture	<input type="text"/>	1=investment	<input type="text"/>
1=nonpassive activity, 2=passive royalty	<input type="text"/>	1=single member limited liability company	<input type="text"/>
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no			<input type="text"/>

INCOME

2025 Amount

Rents or royalties received	<input type="text"/>	<input type="text"/>
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DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising	<input type="text"/>	<input type="text"/>
Association dues	<input type="text"/>	<input type="text"/>
Auto and travel (not entered elsewhere)	<input type="text"/>	<input type="text"/>
Cleaning and maintenance	<input type="text"/>	<input type="text"/>
Commissions	<input type="text"/>	<input type="text"/>
Gardening	<input type="text"/>	<input type="text"/>
Insurance	<input type="text"/>	<input type="text"/>
Legal and professional fees	<input type="text"/>	<input type="text"/>
Licenses and permits	<input type="text"/>	<input type="text"/>
Management fees	<input type="text"/>	<input type="text"/>
Miscellaneous	<input type="text"/>	<input type="text"/>
Mortgage interest (paid to banks, etc.)	<input type="text"/>	<input type="text"/>
Excess mortgage interest	<input type="text"/>	<input type="text"/>
Other interest (not entered elsewhere)	<input type="text"/>	<input type="text"/>
Painting and decorating	<input type="text"/>	<input type="text"/>
Pest control	<input type="text"/>	<input type="text"/>
Plumbing and electrical	<input type="text"/>	<input type="text"/>
Repairs	<input type="text"/>	<input type="text"/>
Supplies	<input type="text"/>	<input type="text"/>
Taxes - real estate	<input type="text"/>	<input type="text"/>
Taxes - other (not entered elsewhere)	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>
Utilities	<input type="text"/>	<input type="text"/>
Wages and salaries	<input type="text"/>	<input type="text"/>
Other:		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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Please enter all pertinent 2025 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region.....	
Foreign postal code.....	
Foreign country.....	

OIL AND GAS

	2025 Amount
Production type (preparer use only).....	
Cost depletion.....	
Percentage depletion rate or amount.....	
State cost depletion, if different (-1 if none).....	
State % depletion rate or amount, if different (-1 if none).....	

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

Number of days personal use.....	
Number of days owned (if optional method elected).....	

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising.....	
Association dues.....	
Auto and travel (not entered elsewhere).....	
Cleaning and maintenance.....	
Commissions.....	
Gardening.....	
Insurance.....	
Legal and professional fees.....	
Licenses and permits.....	
Management fees.....	
Miscellaneous.....	
Mortgage interest (paid to banks, etc.).....	
Excess mortgage interest.....	
Other interest (not entered elsewhere).....	
Painting and decorating.....	
Pest control.....	
Plumbing and electrical.....	
Repairs.....	
Supplies.....	
Taxes - real estate.....	
Taxes - other (not entered elsewhere).....	
Telephone.....	
Utilities.....	
Wages and salaries.....	

Other:

2025	1040	US	Partnership and S corporation Information	20.1,20.2
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Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

S CORPORATION INFORMATION (20.2)

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

Please enter all pertinent 2025 information.

TRADITIONAL IRA CONTRIBUTIONS

2025 Amount

Taxpayer Spouse

IRA contributions you made or expect to make (1=maximum) (\$7,500/\$8,000 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered				
2024 payments from 1/1/25 to 4/15/25				

ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older) ..				
Contributions made to date				

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)				
Defined benefit contributions you expect to make ...				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
Individual 401k: SE elective deferrals (except Roth) (1=max.)				
Individual 401k: SE designated Roth contributions (1=max.)				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)				
Contributions made to date				

ADJUSTMENTS TO INCOME

Self-employed health insurance:				
Total premiums (excluding long-term care)				
Long-term care premiums				
Student loan interest paid (1098-E, box 1)				
Educator expenses (kindergarten thru grade 12)				
Jury duty pay given to employer				
Expenses from rental of personal property				
Other adjustments to income:				

Alimony paid:

Taxpayer

Spouse

Date of divorce or sep. agreement				
Recipient's first name				
Recipient's last name				
Recipient's SSN				
Amount paid				

Please enter all pertinent 2025 information. .

ADJUSTMENTS TO INCOME

Alimony paid:

Taxpayer

Spouse

Date of divorce or sep. agreement

Recipient's first name

Recipient's last name

Recipient's SSN

Amount paid

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

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2025 Amount	TS
Prescription medicines and drugs		
Doctors, dentists and nurses		
Hospitals and nursing homes		
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..		
Long-term care premiums - taxpayer		
Long-term care premiums - spouse		
Insurance reimbursement (enter as a positive number)		
Lodging and transportation:		
Out-of-pocket expenses		
Medical miles driven		
Other medical and dental expenses:		

TAXES PAID (State and local withholding and 2025 estimates are automatic.)

State income taxes - 1/24 payment on 2024 state estimate		
State income taxes - paid with 2024 state return extension		
State income taxes - paid with 2024 state return		
State income taxes - paid for prior years and/or to other state		
City/local income taxes - 1/24 payment on 2024 city/local estimate		
City/local income taxes - paid with 2024 city/local extension		
City/local income taxes - paid with 2024 city/local return		

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)		
Use taxes paid on 2025 purchases		
Use taxes paid with 2024 state return		
Sales tax on autos not included above		
Sales tax on boats, aircraft, other special items		

OTHER TAXES PAID

Real estate taxes - principal residence:		

Real estate taxes - held for investment :		

Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ...		
Foreign income taxes		
Other taxes:		

Please enter all pertinent 2025 amounts.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 5) reported on Form 1098:

2025 Amount

TS

Table with 3 columns: Description, 2025 Amount, TS. Includes rows for home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, city, state, ZIP code, region, postal code, and country.

Table with 3 columns: Description, 2025 Amount, TS. Row for Amount paid.

Points not reported on Form 1098:

Table with 3 columns: Description, 2025 Amount, TS. Row for points not reported on Form 1098.

Investment interest (interest on margin accounts):

Table with 3 columns: Description, 2025 Amount, TS. Row for investment interest.

Passive interest:

Table with 3 columns: Description, 2025 Amount, TS. Row for passive interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2025 Amount, TS. Rows for cash or check contributions to churches, schools, hospitals, etc.

Volunteer expenses (out-of-pocket)

Number of charitable miles

Table with 3 columns: Description, 2025 Amount, TS. Rows for volunteer expenses and charitable miles.

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2025 Amount, TS. Rows for cash or check contributions to veterans' organizations, etc.

Volunteer expenses (out-of-pocket)

Number of charitable miles

Table with 3 columns: Description, 2025 Amount, TS. Rows for volunteer expenses and charitable miles.

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

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2025 Amount

TS

Three horizontal lines for entering 50% limitation amounts.

Table with 3 columns: 2025 Amount, TS, and a blank column. Three rows.

30% limitation (see above):

Three horizontal lines for entering 30% limitation amounts.

Table with 3 columns: 2025 Amount, TS, and a blank column. Three rows.

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

Three horizontal lines for entering 30% capital gain property amounts.

Table with 3 columns: 2025 Amount, TS, and a blank column. Three rows.

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

Three horizontal lines for entering 20% capital gain property amounts.

Table with 3 columns: 2025 Amount, TS, and a blank column. Three rows.

STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT (subject to 2% AGI limit)

Union and professional dues

Table with 3 columns: 2025 Amount, TS, and a blank column. One row.

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Five horizontal lines for entering other unreimbursed employee expenses.

Table with 3 columns: 2025 Amount, TS, and a blank column. Five rows.

Investment expense:

Five horizontal lines for entering investment expense.

Table with 3 columns: 2025 Amount, TS, and a blank column. Five rows.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: 2025 Amount, TS, and a blank column. Two rows.

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

Five horizontal lines for entering miscellaneous deductions.

Table with 3 columns: 2025 Amount, TS, and a blank column. Five rows.

Please enter 2025 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

2025 Amount

Form.....
Number of form (e.g., enter 2 for Schedule C number 2).....
Business use area (square footage).....
Total area of home (square footage).....
Total hours facility used (for daycare facilities only).....
Total hours available (if not 8,760).....
Area of home included above used exclusively for daycare business, if any (sq ft).....
% (.xx) or amount of gross income from home if not 100% (-1 if none).....
% (.xx) or amount of expenses from home if not 100% (-1 if none).....

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest.....
Real estate taxes.....
Casualty losses.....
Insurance.....
Miscellaneous.....
Rent.....
Repairs and maintenance.....
Utilities.....
Excess mortgage interest.....
Excess real estate taxes.....
Other indirect expenses:

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....
Real estate taxes.....
Casualty losses.....
Insurance.....
Miscellaneous.....
Rent.....
Repairs and maintenance.....
Utilities.....
Excess mortgage interest.....
Excess real estate taxes.....
Excess casualty losses.....
Allowable casualty losses.....
Other direct expenses:

2025

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

Please enter all pertinent 2025 amounts.

GENERAL INFORMATION

Occupation, if different from Form 1040

Form

Number of form (1=first Schedule C, 2=second, etc.)

1=spouse

1=performance artist, 2=handicapped, 3=fee-basis government official

1=minister's expenses

EMPLOYEE BUSINESS EXPENSES

Meal expenses in full

Reimbursements for meals not on W-2, box 1

1=Department of Transportation (80% meal allowance)

Local transportation (bus, taxi, train, etc.)

Travel expenses while away from home overnight

Reimbursements not included on Form W-2, box 1

Other business expenses:

2025 Amount	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

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

2025 Amount

VEHICLE 1

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

Actual expenses:

- Gasoline, lube, oil
- Repairs
- Tires
- Insurance
- Miscellaneous
- Auto license (other than personal property taxes)
- Personal property taxes (based on car's value)
- Interest (car loan) (for Schedule C, E & F)
- Vehicle rent or lease payments
- Inclusion amount (enter as positive)
- Value of employer-provided vehicle on Form W-2 (2106)

VEHICLE 2

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

Actual expenses:

- Gasoline, lube, oil
- Repairs
- Tires
- Insurance
- Miscellaneous
- Auto license (other than personal property taxes)
- Personal property taxes (based on car's value)
- Interest (car loan) (for Schedule C, E and F)
- Vehicle rent or lease payments
- Inclusion amount (enter as positive)
- Value of employer-provided vehicle on Form W-2 (2106)

2025

1040

US

Health Savings Accounts (8889)

32.1

Please enter all pertinent 2025 amounts & attach all 1099-SA forms.

HSA CONTRIBUTIONS

	2025 Amount			
	Taxpayer	Spouse		
1=self-only coverage, 2=family coverage				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)				
Contributions included above that were made after you became eligible for Medicare				
Contributions made to date				

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1) ...				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses ...				

32.1

202 1040 US Child and Dependent Care Expenses (Form 2441)

DEPENDENT CARE EXPENSES (33.1)

2025 Amount

Dependent care expenses incurred but not paid in 2024

Employer-provided benefits forfeited in 2024

Taxpayer

Spouse

Table with 4 columns: Taxpayer, Spouse, and two empty columns for amounts.

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

Form for Person 1: No. [] First name, Last name, Title or suffix, Date of birth (m/d/y), Social security number, Qualified dependent care expenses incurred and paid in 2024, 1=over age 12 & disabled at the time care was provided, 1=spouse, 2=joint.

Form for Person 2: No. [] First name, Last name, Title or suffix, Date of birth (m/d/y), Social security number, Qualified dependent care expenses incurred and paid in 2024, 1=over age 12 & disabled at the time care was provided, 1=spouse, 2=joint.

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

Form for Care Provider: No. [] Name of provider, Street address, City, State, ZIP code, Foreign region, Foreign postal code, Foreign country, Identification number (SSN or EIN), Amount paid to care provider in 2024, 1=spouse, 2=joint, 1=care provided ind. above was a household employee.

33.1,33.2