



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?

Is the taxpayer claimed as a dependent on someone else's tax return?

Yes

No

Taxpayer

Spouse

Yes

No

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

Worksheets: Basic Data > General and Return Options > Processing Options

Forms 1, 1A and 2

500131 07-08-25



2025

Dependents

3A

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.



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 federal return using electronic withdrawal? Yes No

If Yes, what amount would you like withdrawn, if not the entire balance due? (Mo/Da/Yr)

Would you like to pay any amount due on your state return(s) using electronic withdrawal? Yes No

If Yes, what amount would you like withdrawn, if not the entire balance due? (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 federal return using electronic withdrawal? Yes No

Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available? Yes No

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: ☐ Checking ☐ Traditional Savings ☐ IRA Savings ☐ Archer MSA Savings ☐ Coverdell Ed. Savings ☐ 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 federal return using electronic withdrawal? Yes No

If Yes, what amount would you like withdrawn, if not the entire balance due? (Mo/Da/Yr)

Would you like to pay any amount due on your state return(s) using electronic withdrawal? Yes No

If Yes, what amount would you like withdrawn, if not the entire balance due? (Mo/Da/Yr)

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Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available? Yes No

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: ☐ Checking ☐ Traditional Savings ☐ IRA Savings ☐ Archer MSA Savings ☐ Coverdell Ed. Savings ☐ 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. ☐



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:

Did you dispose of this business? Yes No
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?
Were you involved in the operations of this business on a regular, continuous and substantial basis?
Have you prepared or will you prepare all required Forms 1099?

	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 and Property & Equipment

Name of Business: _____

Principal Business or Profession: _____

Expenses:

	2025 Amount	2024 Amount
Advertising		
Car and truck expenses		
Parking fees and tolls		
Commissions and fees		
Contract labor		
Employee benefit programs and health insurance (other than pension and profit-sharing plans)		
Insurance (other than health)		
Interest - mortgage (paid to banks, etc.)		
Interest - other		
Legal and professional fees		
Office expense		
Pension and profit-sharing plans		
Rent or lease - vehicles, machinery and equipment		
Rent or lease - other business property		
Repairs and maintenance		
Supplies (not included in Cost of Goods Sold)		
Taxes and licenses		
Travel		
Meals		
Entertainment (deductible only on some state returns)		
Utilities		
Wages		
Dependent care benefits		

Other Expenses:

Description	2025 Amount	2024 Amount

Property and Equipment:

Include a list if more space is needed

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

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price



6B

Principal Business or Profession: . . . _____

Yes	No

If Yes, is the evidence written?

If Yes, is the evidence written?

Yes	No

Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? _____

Do you treat all use of vehicles by employees as personal use?

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?

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?

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use?

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

Total commuting miles for the year . . .

Vehicle rentals/leases

Vehicle 1		Vehicle 2	
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> Yes </div> <div style="text-align: center;"> <input type="checkbox"/> No </div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 20px;"> <div style="text-align: center;"> <input type="checkbox"/> Yes </div> <div style="text-align: center;"> <input type="checkbox"/> No </div> </div>		<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> Yes </div> <div style="text-align: center;"> <input type="checkbox"/> No </div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 20px;"> <div style="text-align: center;"> <input type="checkbox"/> Yes </div> <div style="text-align: center;"> <input type="checkbox"/> No </div> </div>	
2025 Miles	2024 Miles	2025 Miles	2024 Miles
2025 Amount	2024 Amount	2025 Amount	2024 Amount



Business Expenses

6C

Name of Business:
Principal Business or Profession:

Business Expenses: Enter all expenses at 100 percent

If not 100%, please enter the percentage to apply to this business %

Table with 3 columns: Description, 2025 Amount, 2024 Amount. Rows include Parking fees and tolls, Local transportation, Travel expenses, Meals, Entertainment, and Other Business Expenses.

Reimbursements: List only reimbursements NOT reported in Box 1 of your Form W-2

Amount received for other expenses
Amount received for meals
Amount received for entertainment
If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?

Table with 2 columns: 2025 Amount, 2024 Amount. Rows for reimbursement amounts.

Yes No

Vehicle:

If not 100%, please enter the percentage to apply to this business %
Description of vehicle
Date vehicle was placed in service (Mo/Da/Yr)
Do you (or your spouse) have another vehicle available for personal purposes?
Was your vehicle available for personal use during off-duty hours?

Yes No
Yes No

Table with 2 columns: 2025, 2024. Rows include Total miles, Total business miles, Average daily commuting miles, Total commuting miles for the year, Gasoline and oil, Repairs, Insurance, Interest, Taxes, Value of employer provided vehicle, Temporary vehicle rentals, Fair market value of leased vehicle, and Vehicle leases.

Other Vehicle Expenses:

Table with 3 columns: Description, 2025 Amount, 2024 Amount. Rows for other vehicle expenses.



Business Use of Home

6D

Name of Business:

Principal Business or Profession:

Partial Use of Your Home for Business:

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

Table with 2 columns: 2025, 2024

Was your home used for day care purposes for the entire year?
Were improvements made to the home and/or home office since the time you began using the home for business?

Table with 2 columns: Yes, No

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.

Table with 4 columns: Direct Expenses (2025 Amount, 2024 Amount), Indirect Expenses (2025 Amount, 2024 Amount)

Other Expenses:

Table with 4 columns: Description, Direct Expenses (2025 Amount, 2024 Amount), Indirect Expenses (2025 Amount, 2024 Amount)

Seller-Financed Mortgage Interest Information:

Table with 3 columns: Name of Individual to Whom Mortgage Interest Was Paid, Identification Number of Individual, Address of Individual to Whom Mortgage Interest Was Paid

[illegible]



2025 Tax Return Checklist

Client Name: _____

	Prior Year	Current Year
Income:		
Wages (IRS W-2)		
Interest Income (IRS 1099-INT)		
Dividend Income (IRS 1099-DIV)		
Brokerage Statements (Form 1099-A,B,S)		
IRA/Pension/Annuity Income (IRS 1099R)		
Schedule K-1s (IRS K-1)		
Miscellaneous Income and Adjustments (IRS-1099-MISC, NEC, G)		
Rent and Royalty Income		
Digital Asset Proceeds From Broker Transactions (IRS 1099-DA)		
Itemized Deductions:		
Medical/Dental Expenses		
Real Estate Taxes		
Property Taxes		
Mortgage Interest (Form 1098)		
Charitable Contributions		
Other:		
Estimated Tax Payments		

* Provide any tax related information not listed above, e.g. new brokerage statements, K-1 investments, etc.

Tax Organizer Legend:
Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



Wages

[illegible]



2025

General Information:

County or municipality of residence _____

How many dependents do you have attending college? _____

Do you qualify as disabled? _____

Taxpayer	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Spouse	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Did you, your spouse, and all household members have insurance coverage for the entire year? ☐ Yes ☐ No

Attach all Forms 1095 received and/or any applicable exemption information.

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)

If you did not live in New Jersey for all of 2025, enter the dates you did live in New Jersey _____

Enter the state names other than New Jersey where you had income _____

Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to:

Endangered and Nongame Species of Wildlife Conservation Fund	<input type="text"/>
Children's Trust Fund	<input type="text"/>
Breast Cancer Research Fund	<input type="text"/>
Vietnam Veterans' Memorial Fund	<input type="text"/>
USS New Jersey Educational Museum Fund	<input type="text"/>

Other contributions. Choose one fund from the list below and enter the amount you wish to contribute on your 2025 tax return:

Fund _____

Amount

Other contribution funds:

Drug Abuse Education Fund	Northern New Jersey Veterans Memorial Cemetery Development Fund
Korean Veterans' Memorial Fund	New Jersey Farm to School and School Garden Fund
Organ and Tissue Donor Awareness Education Fund	Local Library Support Fund
NJ - AIDS Services Fund	ALS Association Support Fund
Literacy Volunteers of America - New Jersey Fund	Fund for the Support of New Jersey Nonprofit Veterans Organizations
New Jersey Prostate Cancer Research Fund	New Jersey Yellow Ribbon Fund
World Trade Center Scholarship Fund	Autism Programs Fund
New Jersey Veterans Haven Support Fund	Boy Scouts Councils in New Jersey Fund
Community Food Pantry Fund	NJ Memorials to War Veterans Maintenance Fund
Cat and Dog Spay/Neuter Fund	Jersey Fresh Program Fund
New Jersey Lung Cancer Research Fund	NJ World War II Veterans' Memorial Fund
Boys and Girls Clubs in New Jersey Fund	Meals on Wheels in New Jersey Fund
NJ National Guard State Family Readiness Council Fund	New Jersey Pediatric Cancer Research Fund
American Red Cross - NJ Fund	Special Olympics New Jersey Fund
Girl Scouts Councils in New Jersey Fund	New Jersey Ovarian Cancer Research Fund
Homeless Veterans Grant Fund	
Leukemia and Lymphoma Society New Jersey Fund	

Taxpayer	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Spouse	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you want \$1 to go to the Gubernatorial Election Fund? _____

**Property Tax Deduction/Credit Information:**

Property tax paid on principal residence

Rent paid on principal residence

Enter Any Additional New Jersey Information:

[illegible]