BYRT CPAs, LLC

2025 Tax Organizer

A Few Notes:

*The goal of the organizer is to make it easier on you to collect your data. Please complete the first three pages of questions, you may complete the remaining pages if they are helpful to you.

***** We are a paperless office **-** we scan everything you send to us so please **avoid using staples** when possible to ease in the scanning process.

* **We recommend waiting to bring your documents into our office until you have all your documents for the 2025 taxes -** bringing items one by one increase the chance of items being misplaced.

*****If you complete this form you can tell the front desk when you drop it off and **do not need to complete an intake form** when you drop off your information at our office.

The IRS no longer sends paper refunds; if we do not have your bank account, please provide a voided check for refunds.

Thank you for trusting us to prepare your taxes!

Intake Form for 2025

Cell Phone #: ________________________ Email address: _______________________

Cell Phone #(spouse): _________________ Email address (spouse): __________________

Were you or your spouse pregnant in 2025? Yes p No p

At any time during 2025 did you receive, sell, exchange, or otherwise dispose of any financial interest in digital assets? (Cryptocurrency ex. bitcoin/doge/etherium) Yes p No p

Did your mailing address or bank account change from 2024? (please provide voided check for any new bank account) Yes p No p If yes, explain: _______________________________________

Did your dependents change from 2024? (dependents are people you claim on your tax returns; typically children or elderly parents) Yes p No p If yes, explain: ________________________________

Did you pay any Federal or State Estimates for 2025? If yes, list all payments & date paid:

Federal Payment #1 _______________ State Payment #1 ______________
Federal Payment #2 _______________ State Payment #2 ______________
Federal Payment #3 _______________ State Payment #3 ______________
Federal Payment #4 _______________ State Payment #4 ______________

Did you purchase a new **American Made Vehicle** with a loan in 2025? Yes p No p
If yes, we need: Car Loan Interest Paid in 2025 ___________________
Please attach a copy of the purchase documentation showing the VIN#
(leased, used, or foreign made vehicles do not qualify for the new deduction)

If your W2 wage includes overtime, how much? ______________________________________

Please let us know anything unusual about your taxes this year in the space below:

Notes: ____

____

____

____

____

Questions

Please check the appropriate box and include all necessary details and documentation.

Personal Information

	Yes	No
Did your marital status change during the year? If yes, explain: ___________	p	p
Did you live separately from your spouse during the last six months of the year?	p	p
Can you be claimed as a dependent by another taxpayer?	p	p
Did you or a dependent receive an Identity Protection PIN (IP PIN) from the IRS If yes, attach the IRS notice for filing returns in 2026.	p	p

Dependent Information

	Yes	No
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of $2,700?	p	p
Do you have dependents who must file a tax return?	p	p
Did you provide over half the support for any other person(s) other than your dependent children during the year?	p	p
Did you pay for child care during the 2025 year?	p	p
Did you pay any expenses related to the adoption of a child during the year?	p	p
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	p	p
Do you have an eligible child under age 18 and want to open a new tax-deferred investment account called a "Trump Account" that will be available in July 2026?	p	p
If you initiate a Trump Account for any eligible child born in 2025, a contribution pilot program provides a $1,000 contribution. Do you wish to receive the contribution?	p	p

Purchases, Sales and Debt Information

	Yes	No
Did you start a new business or purchase rental property during the year?	p	p
Did you have ownership interest in any type of business, partnership or S Corp?	p	p
Did you sell, exchange, or purchase any assets used in your trade or business?	p	p
Did you sell or purchase any real estate or business interest during the year?	p	p
Did you purchase or sell a principal residence during the year?	p	p
Did you acquire or dispose of any stock during the year?	p	p
Did you lend money and this year it became totally uncollectable?	p	p
Did you have any debts canceled or forgiven this year?	p	p
Did you purchase a new or previously owned clean vehicle this year that is eligible for the new clean vehicle credit? If yes: please attach all documentation of purchase	p	p

Income Information

	Yes	No
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	p	p
Did you receive any income from property sold prior to this year?	p	p
Did you receive any unemployment or disability benefits during the year?	p	p
Did you receive any Medicaid waiver payments as difficulty of care during the year?	p	p
Did any of your life insurance policies mature, or did you surrender any policies?	p	p
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	p	p
Did you receive tips in 2025 in a job where tips are customary? **For example, food service, hospitality, salons, or transportation.**	p	p
Did you receive a Form 1099-K,1099-MISC,1099-NEC,W2-G or 1099-DA?	p	p
Do you expect a large fluctuation in income, deductions, or withholding next year?	p	p

Retirement Information

	Yes	No
Are you an active participant in a pension or retirement plan?	p	p
Did you receive any Social Security benefits during the year?	p	p
Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	p	p

Did you receive any lump-sum payments from a retirement plan p p

Did you receive any birth or adoption distributions, emergency personal expense distributions, domestic abuse distributions, or terminal illness distributions in 2025? p p

Did you repay any prior retirement distributions in 2025? p p

Did you make any qualified charitable dist. (QCD) from your retirement account? p p

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year? p p

If so please include the 1098-T and a listing of all expenses/textbook/fees paid.

If scholarships were received, were any of the scholarship funds used for expenses other than tuition,such as room and board? p p

Did you make any contributions to or withdrawals from an 529 Plan account? p p

Did you pay any student loan interest this year? p p

Did you cash any Series EE or I U.S. Savings bonds issued after 1989? p p

Would you like a worksheet to aid in the FAFSA? p p

Health Care Information

Did you enroll for Marketplace Coverage (Obamacare) through healthcare.gov p p

Did you make any contributions to or distributions from a Health savings account (HSA), Archer MSA, Medicare Advantage MSA, or ABLE account? p p

Did you pay long-term care premiums for yourself or your family? p p

Did you pay health insurance premiums for your employees this year? p p

Itemized Deduction Information

Did you incur a casualty from a Federally declared disaster during the year? p p

Did you receive insurance procedues for property damaged? p p

If so, will you use the insurance proceeds to replace the property within two years? p p

Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)? p p

Did you make any cash or other monetary charitable contributions? p p

Did you make any noncash charitable contributions (clothes, furniture, etc.)? p p

If yes to either of the above charitable contribution questions, please provide documentation

Did you donate a vehicle or boat during the year? p p

Did you pay real estate taxes for your primary home and/or second home? p p

Did you pay any personal property tax, such as vehicle, boat, or RV? p p

Did you pay any mortgage interest on an existing home loan or home equity loan? p p

Did you incur interest expenses associated with any investment accounts you held? p p

Did you make any major purchases during the year (cars, boats, etc.)? p p

Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax? p p

Miscellaneous Information

Did you make gifts of more than $19,000 to any individual? p p

Did you utilize an area of your home for business purposes? p p

Did you retire or change jobs this year? p p

If you were a member of the Armed Forces - did you incur moving costs? p p

Did you pay any individual as a household employee during the year? p p

Did you make energy efficient improvements to your main home this year? **(If so please include invoices & energy efficient certifcate from manufacturer)** p p

Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity? p p

Did you receive correspondence from the State or the IRS? p p

If yes, explain: ____

Do you have previous years of tax returns that are either unfiled or unpaid? p p

Do you want to designate $3 to the Presidential Election Campaign Fund? p p

General: 1040

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) ____

Mark if you were married but living apart all year ____ Mark if your nonresident alien spouse does not have an ITIN ____

	Taxpayer	Spouse
Social security number		
First name		
Last name		
Occupation		
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)		
Mark if legally blind		
Mark if dependent of another taxpayer		
Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N)		
Date of birth		
Date of death		
Work/daytime telephone number/ext number		
Do you authorize us to discuss your return with the IRS (Y, N)		

General: 1040, Contact

Present Mailing Address

Address ____

Apartment number ____

City/State postal code/Zip code ____

Foreign country name ____

Foreign phone number ____

Home/evening telephone number ____

Taxpayer email address ____

Spouse email address ____

General: 1040

Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent

Credits: 2441

Child and Dependent Care Expenses

Provider information:

Business name ____

First and Last name ____

Street address ____

City, state, and zip code ____

Social security number OR Employer identification number ____

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) ____

Amount paid to care provider in 2025 ____

	Taxpayer	Spouse
Employer-provided dependent care benefits that were forfeited		

NOTES/QUESTIONS:

Income: W2

Salary and Wages

Please provide all copies of Form W-2 that you receive.
Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable

Retirement: 1099R

Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.
Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable

Income: K1, K1T

Schedules K-1

Please provide all copies of Schedule K-1 that you receive.
Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable

Income: W2G

Gambling Income

Please provide all copies of Form W-2G that you receive.
Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable

Educate: 1099Q

Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.
Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable

NOTES/QUESTIONS:

Income: B1

Interest Income

Please provide all copies of Form 1099-INT or other statements reporting interest income.

T/S/J	Payer Name	Interest Income	Prior Year Information

Income: B3

Seller Financed Mortgage Interest

T, S, J ___ Payer's name ______ Payer's social security number ______

Payer's address, city, state, zip code ______ ______ ___ ______

Amount received in 20XX ______ Amount received in 20XX ______

Income: B2

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information

Income: D

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis

Income: Income

Other Income

Please provide copies of all supporting documentation.

	2025 Information	Prior Year Information
State and local income tax refunds		

	T/S	Agreement Date	2025 Information	Prior Year Information
Alimony received				

	Taxpayer	Spouse	Prior Year Information
Unemployment compensation			
Unemployment compensation repaid			
Social security benefits			
Medicare premiums to be reported on Schedule A			
Railroad retirement benefits			

T/S/J	Other Income:	Current Year Info	Prior Year Information

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

	Taxpayer	Spouse
Traditional IRA Contributions for 2025 -		
If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	___	___
Enter the total traditional IRA contributions made for use in 2025	________	________
Roth IRA Contributions for 2025 -		
Mark if you want to contribute the maximum Roth IRA contribution	___	___
Enter the total Roth IRA contributions made for use in 2025	________	________

Educate: Educate2

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2025 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2025 Information	Prior Year Information

Complete this section if you paid qualified education expenses for higher education costs in 2025.
Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information

***Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction**
The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home due to service in the armed forces.

Description of move	________
Taxpayer/Spouse/Joint (T, S, J)	___
Mark if the move was due to service in the armed forces	_
Number of miles from old home to new workplace	________
Number of miles from old home to old workplace	________
Mark if move is outside United States or its possessions	_
Transportation and storage expenses	________
Travel and lodging (not including meals)	________
Total amount reimbursed for moving expenses	________

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2025 Information	Prior Year Information

Street address ________

City, State and Zip code ________ ___ ________

*Enter the divorce/separation agreement date

	Taxpayer	Spouse	Prior Year Information
Educator expenses:			
Other adjustments:			

Itemized: A1

Medical and Dental Expenses

T/S/J		2025 Information	Prior Year Information
__	Medical and dental expenses		
__	Medical insurance premiums you paid***		
__	Long-term care premiums you paid***		
__	Prescription medicines and drugs		
__	Miles driven for medical items (1/1/22-6/30/22, 18 cents)		
__	Miles driven for medical items (7/1/22-12/31/22, 22 cents)		

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1

Tax Expenses

T/S/J		2025 Information	Prior Year Information
__	State/local income taxes paid		
__	2024 state and local income taxes paid in 2025		
__	Sales tax paid on actual expenses		
__	Real estate taxes paid		
__	Personal property taxes		
__	Other taxes		

Itemized: A2

Interest Expenses

T/S/J		Information	Prior Year Information
__	Home mortgage interest From Form 1098		

Other home mortgage interest paid to individuals:

T/S/J	Payee's Name	SSN or EIN	2025 Information	Prior Year Information
__				

Address	City	State	Zip Code

T/S/J		2025 Information	Prior Year Information
__	Investment interest expense, other than on Sch K-1s:		

Refinancing Information:	Refinance #1	Refinance #2
T/S/J	__	__
Recipient/Lender name		
Total points paid at time of refinance		
Date of refinance		
Term of new loan (in months)		
Reported on Form 1098 in 2025		

Itemized: A3

Charitable Contributions

T/S/J		2025 Information	Prior Year Information
__	Contributions made by cash or check		
__	Volunteer miles driven		
__	Noncash items, such as: Goodwill, Salvation Army		

Itemized: A3, A-St

Miscellaneous Deductions

T/S/J		2025 Information	Prior Year Information
__	Other expenses		
__	Gambling losses (enter only if you have gambling income)		

*****STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA**

T/S/J		2025 Information	Prior Year Information
__	Unreimbursed expenses***		
__	Union dues, other than amounts reported on Form W-2***		
__	Tax preparation fees***		
	Other expenses, subject to 2% AGI limitation***:		
__			
__			
__	Safe deposit box rental***		
__	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***		

Income Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Form	T/S/J	Description	1 = Attached 2 = N/A

ACA - Health Insurance Marketplace Statement #1

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) __[1]
Marketplace identifier **(Box 1)** ______[6]
Marketplace-assigned policy number **(Box 2)** ______[7]
Policy issuer's name **(Box 3)** ______[2]
Part III Household Information -

	A. 2020 Monthly Premium Amount	Prior Year Information	B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2020 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ ______[12]	______	+ ______[25]	+ ______[38]	______
February	+ ______[13]	______	+ ______[26]	+ ______[39]	______
March	+ ______[14]	______	+ ______[27]	+ ______[40]	______
April	+ ______[15]	______	+ ______[28]	+ ______[41]	______
May	+ ______[16]	______	+ ______[29]	+ ______[42]	______
June	+ ______[17]	______	+ ______[30]	+ ______[43]	______
July	+ ______[18]	______	+ ______[31]	+ ______[44]	______
August	+ ______[19]	______	+ ______[32]	+ ______[45]	______
September	+ ______[20]	______	+ ______[33]	+ ______[46]	______
October	+ ______[21]	______	+ ______[34]	+ ______[47]	______
November	+ ______[22]	______	+ ______[35]	+ ______[48]	______
December	+ ______[23]	______	+ ______[36]	+ ______[49]	______
Annual total	+ ______[24]		+ ______[37]	+ ______[50]	

Control Totals+

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) __[1]
Marketplace identifier **(Box 1)** ______[6]
Marketplace-assigned policy number **(Box 2)** ______[7]
Policy issuer's name **(Box 3)** ______[2]
Part III Household Information -

	A. 2020 Monthly Premium Amount	Prior Year Information	B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2020 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ ______[12]	______	+ ______[25]	+ ______[38]	______
February	+ ______[13]	______	+ ______[26]	+ ______[39]	______
March	+ ______[14]	______	+ ______[27]	+ ______[40]	______
April	+ ______[15]	______	+ ______[28]	+ ______[41]	______
May	+ ______[16]	______	+ ______[29]	+ ______[42]	______
June	+ ______[17]	______	+ ______[30]	+ ______[43]	______
July	+ ______[18]	______	+ ______[31]	+ ______[44]	______
August	+ ______[19]	______	+ ______[32]	+ ______[45]	______
September	+ ______[20]	______	+ ______[33]	+ ______[46]	______
October	+ ______[21]	______	+ ______[34]	+ ______[47]	______
November	+ ______[22]	______	+ ______[35]	+ ______[48]	______
December	+ ______[23]	______	+ ______[36]	+ ______[49]	______
Annual total	+ ______[24]		+ ______[37]	+ ______[50]	

Control Totals+

NOTES/QUESTIONS:

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number , and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _

Primary account:

Financial institution routing transit number ____________
Name of financial institution ____________
Your account number ____________
Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _
Enter the maximum dollar amount, or percentage of total refund Dollar ____________ **or** Percent (xxx.xx) ________

Secondary account #1:

Financial institution routing transit number ____________
Name of financial institution ____________
Your account number ____________
Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _
Enter the maximum dollar amount, or percentage of total refund Dollar ____________ **or** Percent (xxx.xx) ________

Secondary account #2:

Financial institution routing transit number ____________
Name of financial institution ____________
Your account number ____________
Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _
Enter the maximum dollar amount, or percentage of total refund Dollar ____________ **or** Percent (xxx.xx) ________

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) ___
Identification number ____________
Issue date ____________
Expiration date ____________
Location of issuance ___
Document number (New York only) ____________

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) ___
Identification number ____________
Issue date ____________
Expiration date ____________
Location of issuance ___
Document number (New York only) ____________

NOTES/QUESTIONS:

Schedule C - General Information

Preparer use only

	2025 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	[2]	
Employer identification number	[3]	
Business name	[5]	
Principal business/profession	[6]	
Business code	[12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	[15]	
City/State/Zip	[16] [17] [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	[19]	
If other:	[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	[22]	
If other enter explanation:	[24]	
Enter an explanation if there was a change in determining your inventory:	[25]	
Did you "materially participate" in this business? (Y, N)	[26]	
If not, number of hours you did significantly participate	[28]	
Mark if you began or acquired this business in 2025	[30]	
Did you make any payments in 2025 that require you to file Form(s) 1099? (Y, N)	[31]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[33]	
Mark if this business is considered related to qualified services as a minister or religious worker	[35]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	[37]	
Medical insurance premiums paid by this activity	+ [40]	
Long-term care premiums paid by this activity	+ [44]	
Amount of wages received as a statutory employee	+ [47]	

Business Income

	2025 Information	Prior Year Information
Gross receipts and sales		
	+ [52]	
	+	
	+	
	+	
Returns and allowances	+ [55]	
Other income:		
	+ [57]	
	+	
	+	
	+	

Cost of Goods Sold

	2025 Information	Prior Year Information
Beginning inventory	+ [59]	
Purchases	+ [61]	
Labor:		
	+ [63]	
	+	
Materials	+ [65]	
Other costs:		
	+ [67]	
	+	
	+	
	+	
Ending inventory	+ [69]	

Control Totals +

Schedule C - Expenses

Preparer use only

Principal business or profession ____________________

		2025 Information		Prior Year Information
Advertising	+		[6]	
Car and truck expenses	+		[8]	
Commissions and fees	+		[10]	
Contract labor	+		[12]	
Depletion	+		[14]	
Depreciation	+		[16]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit):				
	+		[18]	
	+			
Insurance (Other than health):				
	+		[20]	
	+			
Interest:				
Mortgage (Paid to banks, etc.)				
	+		[22]	
	+			
	+			
Other:				
	+		[24]	
	+			
Legal and professional services	+		[26]	
Office expense	+		[29]	
Pension and profit sharing:				
	+		[31]	
	+			
Rent or lease:				
Vehicles, machinery, and equipment	+		[33]	
Other business property	+		[35]	
Repairs and maintenance	+		[37]	
Supplies	+		[39]	
Taxes and licenses:				
	+		[41]	
	+			
	+			
	+			
	+			
Travel and meals:				
Travel	+		[43]	
Meals (Enter 100% subject to 50% limitation)	+		[45]	
Meals (Enter 100% subject to DOT 80% limit)	+		[47]	
Meals (Fully deductible)	+		[49]	
Utilities	+		[51]	
Wages (Less employment credit):				
	+		[53]	
	+			
Other expenses:				
	+		[55]	
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			

	Control Totals +		

Rent and Royalty Property - General Information

Preparer use only

	2025 Information	Prior Year Information
Description	[2]	
Taxpayer/Spouse/Joint (T, S, J) [3] State postal code	[5]	
Physical address: Street	[6]	
City, state, zip code	[7] [8] [9]	
Foreign country	[11]	
Foreign province/county	[12]	
Foreign postal code	[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty)	[14]	
Description of other type (Type code #8)	[15]	
Did you make any payments in 2025 that require you to file Form(s) 1099? (Y,N)	[16]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[18]	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)	[20]	
Percentage of ownership if not 100%	[22]	
Business use percentage, if not 100% (Not vacation home percentage)	[24]	

Rent and Royalty Income

Rents and royalties	2025 Information	Prior Year Information
	+ [33]	

Rent and Royalty Expenses

	2025 Information	Percent if not 100%	Prior Year Information
Advertising	+ [35]	[36]	
Auto	+ [38]	[39]	
Travel	+ [41]	[42]	
Cleaning and maintenance	+ [44]	[45]	
Commissions:			
	+ [47]	[49]	
	+		
Insurance:			
	+ [50]	[52]	
	+		
Legal and professional fees	+ [54]	[55]	
Management fees:			
	+ [57]	[59]	
	+		
Mortgage interest paid to banks, etc (Form 1098)			
	+ [60]	[62]	
	+		
Other mortgage interest	+ [63]	[65]	
Qualified mortgage insurance premiums	+ [66]	[67]	
Other interest:			
	+ [69]	[71]	
	+		
Repairs	+ [72]	[73]	
Supplies	+ [75]	[76]	
Taxes:			
	+ [78]	[80]	
	+		
Utilities	+ [81]	[82]	
Depreciation	+ [84]	[85]	
Depletion	+ [87]	[88]	
Other expenses:			
	+ [90]		
	+		
	+		
	+		

Control Totals +

Preparer use only

Description

Refinancing Points

Preparer - Enter on Screen Rent

	2025 Information	Prior Year Information
Refinancing points paid -		
Recipient's/Lender's name	[92]	
Date of refinance		
Total # Payments		
Reported on 1098 in 2025		
Total points paid		
Points deemed as paid in current year **(Preparer use only)**		
Refinancing points paid -		
Recipient's/Lender's name		
Date of refinance		
Total # Payments		
Reported on 1098 in 2025		
Total points paid		
Points deemed as paid in current year **(Preparer use only)**		
Refinancing points paid -		
Recipient's/Lender's name		
Date of refinance		
Total # Payments		
Reported on 1098 in 2025		
Total points paid		
Points deemed as paid in current year **(Preparer use only)**		

Vacation Home Information

Preparer - Enter on Screen Rent-3

	2025 Information	Prior Year Information
Number of days home was used personally	[5]	
Number of days home was rented	[7]	
Number of day home owned, if not 365	[9]	
Carryover of disallowed operating expenses into 2025	+ [21]	
Carryover of disallowed depreciation expenses into 2025	+ [22]	

Passive and Other Information

Preparer - Enter on Screen Rent-2

Preparer use only Carryovers	Non-QBI and Tax	For QBI & Tax	AMT
Operating	+ [25]	+ [26]	+ [27]
Short-term capital		+ [28]	+ [29]
Long-term capital		+ [30]	+ [31]
28% rate capital		+ [32]	+ [33]
Section 1231 loss	+ [34]	+ [35]	+ [36]
Ordinary business gain/loss	+ [37]	+ [38]	+ [39]
Section 179	+ [40]	+ [41]	+ [42]

NOTES/QUESTIONS:

Farm Income - General Information

Please provide all Forms 1099-K

Preparer use only

	2025 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	__[2]	
Employer identification number	______[3]	
Description	______[4]	
Principal Product	______[5]	
State postal code	___[6]	
Accounting method (1 = Cash, 2 = Accrual)	__[7]	__
Agricultural activity code	______[9]	______
Did you "materially participate" in this business? (Y, N)	__[12]	__
Did you make any payments in 2025 that require you to file Form(s) 1099? (Y, N)	__[14]	__
If "Yes", did you or will you file all required Forms 1099? (Y, N)	__[16]	__
Mark if Schedule F net income or loss should be excluded from self-employment income	__[18]	__
Medical insurance premiums paid by this activity	+ ______[21]	______
Long-term care premiums paid by this activity	+ ______[25]	

Schedule F Income

Sales Code**	Income description	2025 Information	Prior Year Information
__	______	+ ______[35]	______
__	______	+ ______	______
__	______	+ ______	______
__	______	+ ______	______
__	______	+ ______	

** Sales Codes	
1 = Cash sales of items bought for resale	4 = Custom hire (machine work)
2 = Cash sales of items raised	5 = Other income
3 = Accrual sales	

	2025 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ ______[37]	______
Beginning inventory of livestock and other items (Accrual method)	+ ______[39]	______
Accrual cost of livestock, produce, grains, and other products purchased	+ ______[41]	______
Ending Inventory of livestock and other items (Accrual method)	+ ______[43]	______
Total cooperative distributions you received	+ ______[45]	______
Taxable cooperative distributions you received	+ ______[47]	

Agricultural program payments	2025 Total	2025 Taxable	Prior Year Information
______	+ ______	+ ______[50]	______
______	+ ______	+ ______	______
______	+ ______	+ ______	

	2025 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	+ ______[52]	______
Commodity credit loans reported under election:		
______	______[54]	______
______	______	______
Total commodity credit loans forfeited	+ ______[56]	______
Taxable commodity credit loans forfeited	+ ______[58]	

Total crop insurance proceeds you received in 2025	2025 Total	2025 Taxable	Prior Year Information
______	+ ______	+ ______[61]	______
______	+ ______	+ ______	______
______	+ ______	+ ______	______
Mark if electing to defer crop insurance proceeds to		__[63]	__
2025 Crop insurance proceeds deferred from 2020		+ [65]	

	Control Totals +		

Farm Expenses

Preparer use only

Description ____________________

		2025 Information		Prior Year Information
Car and truck expenses	+		[5]	
Chemicals	+		[7]	
Conservation expenses	+		[9]	
Carryover from prior years	+		[11]	
Custom hire (machine work)	+		[13]	
Depreciation	+		[15]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	+		[17]	
Feed purchased	+		[19]	
Fertilizers and lime	+		[21]	
Freight and trucking	+		[23]	
Gasoline, fuel, and oil	+		[25]	
Insurance (Other than health)				
	+		[28]	
	+			
	+			
Mortgage interest (Paid to banks, etc.)				
	+		[30]	
	+			
	+			
Other interest	+		[32]	
Labor hired (Less employment credit)	+		[34]	
Pension and profit sharing	+		[36]	
Rent - vehicles, machinery, and equipment	+		[38]	
Rent - other	+		[40]	
Repairs and maintenance	+		[42]	
Seed and plants purchased	+		[44]	
Storage and warehousing	+		[46]	
Supplies purchased	+		[48]	
Taxes:				
	+		[50]	
	+			
	+			
	+			
	+			
Utilities	+		[52]	
Veterinary, breeding, and medicine	+		[54]	
Other expenses:				
	+		[56]	
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
Preproductive period expenses	+		[58]	

	Control Totals +		**Form ID: F-2**

Partnerships and S Corporations

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number __________[6]
Name of entity __________[13]
State postal code ___[14]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __[17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number __________[6]
Name of entity __________[13]
State postal code ___[14]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __[17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number __________[6]
Name of entity __________[13]
State postal code ___[14]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __[17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

If you have any questions please contact our office at 912-283-8889 or email us at acb@byrt.com.