

2025

Organizer

**METZGER
MANCINI & LACKNER LLP**

CERTIFIED PUBLIC ACCOUNTANTS

115 S. Eddy Street, South Bend, IN 46617
T 574 232 9973 F 574 232 8863

Personal Information

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

Mark if you were married but living apart all year [3]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) [4]

	Taxpayer	Spouse
Social security number	[5]	[6]
First name	[7]	[8]
Last name	[9]	[10]
Occupation	[11]	[12]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	[13]	[15]
Mark if dependent of another taxpayer	[16]	[17]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	[18]	
Mark if legally blind	[21]	[22]
Date of birth	[24]	[26]
Date of death	[27]	[28]
Work/daytime telephone number/ext number	[29] [30]	[31] [32]
Home/evening telephone number	[33]	[34]
Do you authorize us to discuss your return with the IRS? (Y, N)	[35]	

Present Mailing Address

Address [41]

Apartment number [42]

City, state postal code, zip code [43] [44] [45]

Foreign country name [47]

Foreign phone number [50]

In care of addressee [52]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name ⁵³	Last Name	Date of Birth	Social Security No.	Relationship	Months ^{***} in home	Dep Codes ^{**}	Care expenses paid for dependent

Name of child who lived with you but is not your dependent [54]

Social security number of qualifying person [55]

Dependent Codes

***Basic**

- 1 = Child who lived with you
- 2 = Child who did not live with you due to divorce/separation
- 3 = Other dependent
- 4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)
- 5 = Qualifying child for Earned Income Credit only
- 6 = Children who lived with you, but do not qualify for Earned Income Credit
- 7 = Children who lived with you, but do not qualify for Child Tax Credit
- 8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit

****Other**

- 1 = Student (Age 19 - 23)
- 2 = Disabled dependent
- 3 = Dependent who is both a student and disabled

*****Months**

- 77 = Reported on odd year return
- 88 = Reported on even year return
- 99 = Not reported on return

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

Taxpayer

Spouse

Fax telephone number _____ [11] _____ [20]

Mobile telephone number _____ [12] _____ [21]

Mobile telephone #2 number _____ [13] _____ [22]

Pager number _____ [14] _____ [23]

Other: _____ [15] _____ [24]

Telephone number _____ [16] _____ [25]

Extension _____ [17] _____ [26]

Preferred method of contact:
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 _____ [18] _____ [27]

NOTES/QUESTIONS:

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**See codes below)	Interest Income (1)	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations * \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer							
	Amounts	+						
2	Payer							
	Amounts	+						
3	Payer							
	Amounts	+						
4	Payer							
	Amounts	+						
5	Payer							
	Amounts	+						
6	Payer							
	Amounts	+						
7	Payer							
	Amounts	+						
8	Payer							
	Amounts	+						
9	Payer							
	Amounts	+						
10	Payer							
	Amounts	+						

****Interest Codes**
 Blank = Regular Interest 4 = Accrued Interest 6 = ABP Adjustment
 3 = Nominee Distribution 5 = OID Adjustment 7 = Series EE & I Bond

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code (**See codes below)	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt** \$ or %	Foreign Taxes Paid	Prior Year Information
	1											
		Payer										
		Amounts	+									
	2											
		Payer										
		Amounts	+									
	3											
		Payer										
		Amounts	+									
	4											
		Payer										
		Amounts	+									
	5											
		Payer										
		Amounts	+									
	6											
		Payer										
		Amounts	+									
	7											
		Payer										
		Amounts	+									
	8											
		Payer										
		Amounts	+									
	9											
		Payer										
		Amounts	+									
	10											
		Payer										
		Amounts	+									

**Dividend Codes
 Blank = Other 3 = Nominee

Control Totals +

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S)
State postal code

____ [1]
____ [3]

Social Security Benefits

2025 Information

Prior Year Information

If you received a Form SSA - 1099, please complete the following information:
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

Medicare premiums	+ _____	[7]
Prescription drug (Part D) premiums	+ _____	[9]
Net Benefits for 2025 (Box 3 minus Box 4) (Box 5)	+ _____	[12]
Voluntary Federal Income Tax Withheld (Box 6)	+ _____	[14]

Tier 1 Railroad Benefits

2025 Information

Prior Year Information

If you received a Form RRB - 1099, please complete the following information:

Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2025 (Box 5)	+ _____	[22]
Federal Income Tax Withheld (Box 10)	+ _____	[25]
Medicare Premium Total (Box 11)	+ _____	[27]

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2025 or receive any prior year benefits in 2025. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

_____ [40]
 _____ [41]
 _____ [42]
 _____ [43]
 _____ [44]

NOTES/QUESTIONS:

Preparer use only

	2025 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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]	
_____ [24]		
Enter an explanation if there was a change in determining your inventory:	_____ [25]	
_____ [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	+ _____ [41]	
Long-term care premiums paid by this activity	+ _____ [45]	
Amount of wages received as a statutory employee	+ _____ [48]	

Business Income

	2025 Information	Prior Year Information
Gross receipts and sales	+ _____ [53]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____ [56]	
Other income:	+ _____ [58]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Cost of Goods Sold

	2025 Information	Prior Year Information
Beginning inventory	+ _____ [60]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Purchases	+ _____ [62]	
Labor:	+ _____ [64]	
_____	+ _____	
Materials	+ _____ [66]	
Other costs:	+ _____ [68]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [70]	

Control Totals +

	2025 Information	Prior Year Information
State and local income tax refunds	+ _____ [5]	

	T/S	Agreement Date	2025 Information	Prior Year Information
Alimony received	—	_____	+ _____ [3]	
	—	_____	+ _____ [3]	

****Unemployment benefits are taxable income and should be reported on your return. Your 1099-G should show both the amount received and any amount of tax withheld. You may need to go to your state's Department of Labor website to get your 1099-G from your account.**

	Taxpayer	Spouse	Prior Year Information
Unemployment compensation**	+ _____ [9]	+ _____ [10]	
Unemployment compensation federal withholding	+ _____ [9]	+ _____ [10]	
Unemployment compensation state withholding	+ _____ [9]	+ _____ [10]	
Unemployment compensation repaid	+ _____ [12]	+ _____ [13]	
Alaska Permanent Fund dividends	+ _____ [18]	+ _____ [19]	

	Self-Employment Income ?		2025 Information	Prior Year Information
T/S/J	(Y, N)	Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	+ _____ [15]	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
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—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	

NOTES/QUESTIONS:

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		Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Carryovers			
	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		Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Carryovers			
	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		Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Carryovers			
	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]

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss	[27]	[28]	[29]
	Ordinary business gain/loss	[30]	[31]	[32]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss	[27]	[28]	[29]
	Ordinary business gain/loss	[30]	[31]	[32]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss	[27]	[28]	[29]
	Ordinary business gain/loss	[30]	[31]	[32]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss	[27]	[28]	[29]
	Ordinary business gain/loss	[30]	[31]	[32]

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. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2025. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	+	2025 Interest Paid	[1]	Prior Year Information
-	_____	+	_____		<div style="background-color: #cccccc; border: 1px solid black; padding: 2px;"> _____ _____ _____ _____ </div>
-	_____	+	_____		
-	_____	+	_____		
-	_____	+	_____		

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) _____ [8]
 Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit) _____
 Student's social security number _____
 Student's first name _____
 Student's last name _____

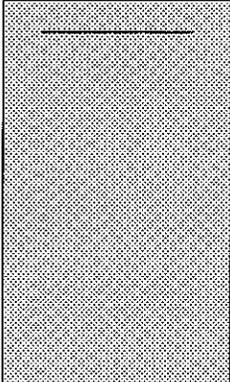
Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution

Institution's federal identification number _____ [8]
 Institution's name _____
 Institution's street address _____
 Institution's city, state, zip code _____

Tuition Paid and Related Information

Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2025. Enter the amount actually paid during 2025.

	2025 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+ _____ [8]	
Educational institution changed its reporting method for 2025 (Box 3)	_____	
Adjustments made for a prior year (Box 4)	_____	
Scholarships or grants (Box 5)	_____	
Adjustments to scholarships or grants for a prior year (Box 6)	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2026 (Box 7)	_____	
At least half-time student (Box 8)	_____	
Graduate student (Box 9) (1=Yes, 2=No)	_____	
Insurance contract reimbursement/refund (Box 10)	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	
1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2025		

NOTES/QUESTIONS:

T/S/J	2025 Information	Prior Year Information	
Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received			
[1]	+ _____ [2]		
	+ _____		
	+ _____		
	+ _____		
	+ _____		
	+ _____		
Medical insurance premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.			
[4]	+ _____ [5]		
	+ _____		
	+ _____		
	+ _____		
Long-term care premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)			
[7]	+ _____ [8]		
	+ _____		
Prescription medicines and drugs:			
[10]	+ _____ [11]		
	+ _____		
	+ _____		
[13] Miles driven for medical items (21 cents)	_____ [14]		

Schedule A - Tax Expenses

T/S/J	2025 Information	Prior Year Information	
State/local income taxes paid:			
[18]	+ _____ [19]		
	+ _____		
	+ _____		
	+ _____		
	+ _____		
2024 state and local income taxes paid in 2025:			
[21]	+ _____ [22]		
	+ _____		
	+ _____		
Real estate taxes paid:			
[24]	+ _____ [25]		
	+ _____		
	+ _____		
Personal property taxes:			
[27]	+ _____ [28]		
	+ _____		
Other taxes, such as: foreign taxes and State disability taxes			
[30]	+ _____ [31]		
	+ _____		
	+ _____		
Sales tax paid on major purchases:			
[36]	+ _____ [37]		
	+ _____		
Sales tax paid on actual expenses:			
[39]	+ _____ [40]		
	+ _____		
	+ _____		

T/S/J	2025 Interest Paid ²	2025 Points Paid	Type*Prior Year Information
Home mortgage interest: From Form 1098			
[1] _____	+ _____	+ _____	[Shaded area]
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

*Mortgage Types

Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	2025 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
[4]	_____	_____	+ _____ [5]	[Shaded area]
	Address _____			
	City, state and zip code _____			
	_____	_____	+ _____	
	Address _____			
	City, state and zip code _____			
	_____	_____	+ _____	
	Address _____			

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

Payer's/Borrower's name _____ [7]
 Street Address _____
 City/State/Zip code _____

Refinancing Points paid in 2025 -
 Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2025 (Preparer use only) + _____ [12]
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2025 _____

Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2025 (Preparer use only) + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2025 _____

T/S/J	2025 Information	Prior Year Information
Investment interest expense, other than on Schedule(s) K-1:		
[15] _____	+ _____ [16]	[Shaded area]
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Please provide all Forms 5498-SA.

	2025 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	[Shaded area for prior year information]
Name of Trustee	_____ [4]	
State postal code	_____ [2]	
Indicate type of health or medical savings account:		
HSA	_____ [6]	
Archer MSA	_____ [7]	
MA (Medicare Advantage) MSA	_____ [9]	
Total HSA/MSA contributions made		
for 2025 (Enter all amounts contributed, including through employer cafeteria plans)	+ _____ [10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	_____ [12]	
Number of months in qualified high deductible health plan in 2025	_____ [13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	_____ [14]	
Total HSA/MSA contribution to be made for 2025	+ _____ [15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____ [16]	
Excess contributions for 2024 taken as constructive contributions for 2025	+ _____ [19]	
Rollover contribution (Form 5498-SA, Box 4)	+ _____ [21]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+ _____ [24]	[Shaded area for prior year information]
Enter compensation from employer maintaining high deductible health plan	+ _____ [27]	
If self-employed, enter earned income from business under which plan was established	+ _____ [31]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2025? (Y, N) _____ [33]

NOTES/QUESTIONS:

Child and Dependent Care Expenses

Please enter all amounts paid in 2025 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2024 employer-provided dependent care benefits used during 2025 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2025	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2025		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2025 + _____ [7]
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2025 + _____ [7]
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2025 + _____ [7]
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
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Control Totals +