Form ID: AL

Alabama General Information

If you moved during the tax year, name of Alabama city moved to _____[1] Zip code _____[2]
If divorced during the tax year, enter former spouse's social security number _____[3]
If you did not file a prior year Alabama tax return, enter reason:

_____[4]
_____
_____
_____

Contributions

Enter the amount of contributions you wish to make:

Political Contributions

	Taxpayer	Spouse
Election campaign fund contribution ($1.00) (1 = Democratic party fund, 2 = Republican party fund)	___ [5]	___ [6]

Charitable Contributions

Senior Services Trust Fund	_____[7]	Military Support Foundation	_____[15]
Arts Development Fund	_____[8]	Spay-Neuter Program	_____[16]
Nongame Wildlife Fund	_____[9]	Cancer Research Institute	_____[17]
Child Abuse Trust Fund	_____[10]	Children First Trust Fund	_____[18]
Veterans Program	_____[11]	State Parks Division	_____[19]
Foster Care Trust Fund	_____[12]	Department of Mental Health	_____[20]
Mental Health	_____[13]	Alabama Medicaid Agency	_____[21]
Breast and Cervical Cancer Program	_____[14]		

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Alabama

Part-year residency dates:
From _____[22]
To _____[23]
If a nonresident of Alabama, enter state of legal residence _____[24]

Credits

Basic Skills Education Credit:
Dept of Education certification number _____[25]
Name of sponsoring employer or firm _____[26]
Name of approved provider _____[27]
Location of provider _____[28]
Total expenses _____[29]
Rural Physician Credit:
Hospital where services provided _____[30]
Community where services provided _____[31]

NOTES/QUESTIONS:

Form ID: AZ

Arizona General Information

Last name on prior returns, if different _____[1]

If you were a part-year resident during the tax year, enter the dates you lived in Arizona

Part-year residency dates:

From _____[2]

To _____[3]

Other state(s) of residency (Part-year residents only) _____[4] _____[5] _____[6] _____[7]

Mark if on active military assignment in Arizona during the year (Part-year residents and Nonresidents only) ___[8]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Political gift _____[9]

Name of party (2 = Democratic, 3 = Libertarian, 4 = Republican) ___[10]

Charitable Contributions

Solutions Teams Assigned to Schools _____[11]

Arizona Wildlife Fund _____[12]

Child Abuse Prevention Fund _____[13]

Domestic Violence Services _____[14]

Neighbors Helping Neighbors Fund _____[15]

Special Olympics Fund _____[16]

Veterans Donation Fund _____[17]

I Didn't Pay Enough Fund _____[18]

Sustainable State Parks and Road Fund _____[19]

Spay/Neuter of Animals _____[20]

Property Tax Credit Information

Full Year Residents Only

Homestead status on December 31 (1 = Rent, 2 = Own) ___[21]

Mark if you:

Received Title 16, SSI payments ___[22]

Lived alone ___[23]

Property taxes paid through rent payments _____[24]

If claimed as a dependent on another's return, enter claimant's information:

Name _____[25]

Social security number _____[26]

Address _____[27] Apartment number _____[28]

City _____[29] State _____[30] Zip code _____[31]

Income earned by other household residents _____[32]

NOTES/QUESTIONS:

Form ID: AR

Arkansas General Information

Taxpayer deaf ___[1]
Spouse deaf ___[2]
Early childhood program - certificate number _____[3]
State political contribution _____[4]

	Taxpayer	Spouse
Contributions to a long-term intergenerational trust	_____[5]	_____[6]

Contributions

Amount of charitable contributions you wish to make to:

Disaster Relief Program _____[7]
Game and Fish Foundation _____[8]
School for the Blind and Deaf _____[9]
Baby Sharon's Children's Catastrophic Illness Program _____[10]
Organ Donor Awareness Education Program _____[11]
Area Agencies on Aging _____[12]
Military Family Relief _____[13]
Newborn Umbilical Cord Blood Initiative _____[14]
Law Enforcement Family Relief Trust Fund _____[15]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Arkansas

Part-year residency dates:
From _____[16]
To _____[17]
State of residency if nonresident of Arkansas _____[18]

NOTES/QUESTIONS:

Form ID: CA

California General Information

Prior year last name
- Taxpayer _____ [1]
- Spouse _____ [2]

Health Care Coverage

Entire family covered for full year with minimum essential health care coverage (1 = Yes, 2 = No) ___ [3]

Use Tax

Item purchased	Purchase price	County (City)	Sales Tax paid
			[4]

Contributions

Amount of contributions you wish to make to:

Seniors Special Fund	[5]	State Parks Protection Fund	[15]
Alzheimer's Disease/Related Dementia Fund	[6]	Protect Our Coast and Oceans Fund	[16]
Rare and Endangered Species Preservation Program	[7]	Prevention of Animal Homelessness Fund	[17]
Breast Cancer Research Fund	[8]	California Senior Citizen Advocacy Fund	[18]
Firefighters' Memorial Fund	[9]	Native California Wildlife Rehabilitation	[19]
Emergency Food for Families Fund	[10]	Mental Health Crisis Prevention Fund	[20]
Peace Officer Memorial Foundation Fund	[11]	California ALS Research Network Fund	[21]
Cancer Research Fund	[12]	California Pediatric Cancer Research Fund	[22]
School Supplies for Homeless Children Fund	[13]	Parkinson's Disease Research Fund	[23]
Parks Pass Purchase ($195) ___	[14]		

Renter Information

Number of months rented principal residence in California in 2025 ____ [33]
Lived with person claiming dependency exemption for more than 6 months (Dependent of another only) ___ [34]
Property rented was exempt from property tax in 2025 ___ [35]
Taxpayer claimed homeowner's property tax exemption in 2025 ___ [36]
Spouse claimed homeowner's property tax exemption during 2025 ___ [37]
Maintained separate residencies for the entire year ___ [38]
Addresses if more than one or different from mailing address

- Address _____ _____ [39]
- City _____ _____
- State ____ ____
- Zip Code _____ _____
- Date Rented From _____ _____
- Date Rented To _____ _____

Landlord information

- Name _____ _____ [40]
- Address _____ _____
- City _____ _____
- State ____ ____
- Zip Code _____ _____
- Telephone _____ _____

NOTES/QUESTIONS:

Form ID: CA2

California Residency Information

Part-year, Nonresident

	Taxpayer	Spouse
State of domicile	[1]	[2]
Number of days spent in California	[3]	[4]
Owned California home or property	[5]	[6]
Part-year resident:		
Date moved into California	[7]	[9]
Prior state of residence	[8]	[10]
Date moved out of California	[11]	[13]
New state of residence	[12]	[14]
Nonresident or full-year resident for entire year:		
State of residence	[15]	[16]

Prior Year Residency Information

	Taxpayer	Spouse
Prior residency information:		
From	[17]	[19]
To	[18]	[20]

Military Personnel

Part-year, Nonresident

	Taxpayer	Spouse
State in which stationed	[21]	[22]

Electronic Filing Information for Military

	Taxpayer	Spouse
Date deployed overseas or entered combat zone/QHDA	[23]	[26]
Date returned from overseas or combat zone/QHDA	[24]	[27]
Duty (A = Military overseas, B = Combat Zone/QHDA, C = NAT Guard)	[25]	[28]
Combat Zone/QHDA Operation/Area served		
Taxpayer	[29]	
Spouse	[30]	

NOTES/QUESTIONS:

Form ID: CO

Colorado General Information

Colorado account number _____[1]

Member of household does not have health insurance; share return information with Connect for Health Colorado and the Department of Health Care Policy and Financing _[2]

Contributions

Amount of charitable contributions you wish to make to:

Nongame Conservation and Wildlife Restoration Cash Fund	_____[3]
Domestic Abuse Fund	_____[4]
Homeless Prevention Activities Fund	_____[5]
Pet Overpopulation Fund	_____[6]
Western Slope Military Veterans Cemetery Fund	_____[7]
Military Family Relief Fund	_____[8]
American Red Cross Colorado Disaster Response, Readiness, and Preparedness Fund	_____[9]
Habitat for Humanity of Colorado Fund	_____[10]
Special Olympics of Colorado	_____[11]
Colorado Healthy Rivers Fund	_____[12]
Alzheimer's Association Fund	_____[13]
Colorado Cancer Fund	_____[14]
Make-A-Wish Foundation of Colorado Fund	_____[15]
Unwanted Horse Fund	_____[16]
Feeding Colorado	_____[17]
Animal Protection Fund	_____[18]
Colorado Nonprofit Fund	_____[19]
Charitable organization Secretary of State registration number	_____[20]

Name of registered organization

_____[21]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Colorado

	Taxpayer	Spouse
Residency status (If taxpayer and spouse are different):		
Resident	___[22]	___[23]
Nonresident	___[24]	___[25]
Part-year resident	___[26]	___[27]
Military nonresident	___[28]	___[29]
Part-year residency dates:		
From	_____[30]	_____[32]
To	_____[31]	_____[33]

NOTES/QUESTIONS:

Form ID: CT

Connecticut Charitable Contributions

Amount of contributions you wish to make to:

AIDS Research	[1]	Safety Net Services	[5]
Organ Transplant	[2]	Military Relief	[6]
Endangered Species/Wildlife Fund	[3]	CHET Baby Scholar	[7]
Breast Cancer Research	[4]	Mental Health Community Investment Acct	[8]

Use Tax Information

Use Tax-Enter any out-of-state purchases made on which sales tax was not paid to the seller:

Purchase 1 Description _____ Date of purchase _____ [9]
Retailer/Service Provider: _____ Purchase price _____
Type Code: ___ Out of state tax paid _____

Purchase 2 Description _____ Date of purchase _____
Retailer/Service Provider: _____ Purchase price _____
Type Code: ___ Out of state tax paid _____

Use Tax Type Codes	
1 = Computer & data processing services	3 = General sales tax
2 = Boats, boat motors and trailers	4 = Luxury items

Property Tax Information

Enter property taxes paid on primary residence and/or motor vehicle:

Primary Residence Description (Enter street address)(Resident only) _____ [10]
Auto 1 Description (Enter year, make and model)(Resident only) _____ [11]
Auto 2 Description (Enter year, make and model)(MFJ Resident only) _____ [12]

	Name of CT Tax Town or District	Date Paid	Date Paid	Amount Paid
Primary Residence (Resident only)	[13]	[14]	[15]	
Auto 1 (Resident only)	[16]	[17]	[18]	[19]
Auto 2 (MFJ Resident only)	[20]	[21]	[22]	[23]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Connecticut:

	Taxpayer	Spouse
Enter residency dates:		
From	[24]	[26]
To	[25]	[27]
Indicate type of move (1 = Moved into Connecticut, 2 = Moved out of Connecticut)	[28]	[31]
Did you earn income from Connecticut sources during nonresident period? (Y, N)	[29]	[32]
State of prior or new residence	[30]	[33]

Enter the following amounts only if you do NOT know the exact amount of your Connecticut source information

Basis for calculating apportionment (1 = Working days, 2 = Sales, 3 = Mileage) ___ [34]
Working days (or other basis) outside Connecticut _____ [35]
Working days (or other basis) inside Connecticut _____ [36]
Nonworking days (holidays, weekends, etc) _____ [37]
Total income being apportioned _____ [38]

NOTES/QUESTIONS:

Form ID: DE

Delaware General Information

	Taxpayer	Spouse
Mark if totally disabled	___[1]	___[2]
Volunteer firefighter Fire Company number (Resident only)	_____[3]	_____[4]

Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Non-Game Wildlife	_____[5]	_____[6]
Beau Biden Foundation	_____[7]	_____[8]
Emergency Housing	_____[9]	_____[10]
Breast Cancer Education	_____[11]	_____[12]
Organ Donations	_____[13]	_____[14]
Diabetes Education	_____[15]	_____[16]
Veteran's Home	_____[17]	_____[18]
Delaware National Guard	_____[19]	_____[20]
Juvenile Diabetes Fund	_____[21]	_____[22]
Multiple Sclerosis Society	_____[23]	_____[24]
Ovarian Cancer Foundation	_____[25]	_____[26]
SL24: Unlocke the Light Foundation	_____[27]	_____[28]
White Clay Creek	_____[29]	_____[30]
Home of the Brave	_____[33]	_____[34]
Veteran's Trust Fund	_____[35]	_____[36]
Protect Delaware's Child Fund	_____[37]	_____[38]
Food Bank of Delaware	_____[39]	_____[40]
DE Habitat for Humanity	_____[41]	_____[42]
B+ Childhood Cancer	_____[43]	_____[44]
Combined Campaign for Justice	_____[45]	_____[46]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Delaware

	Taxpayer	Spouse
Part-year residency dates:		
From	_____[47]	_____[49]
To	_____[48]	_____[50]

NOTES/QUESTIONS:

Form ID: DC

District of Columbia Property Tax Credit Information

If renting, enter rental information below (Residents only)

Type of property (1 = Private home, 2 = Apartment, 3 = Rooming house, 4 = Condominium, 5 = Cooperative) ___[1]
Landlord's name _____[2]
Landlord's address (Number and street) _____[3]
_____[4]
Apartment number _____[5]
City _____[6]
State ____[7]
Zip code _____[8]
Landlord's telephone number _____[9]
Rent paid _____[10]

If property owner, enter real property information below

Square number _____[11]
Suffix number _____[12]
Lot number _____[13]

Use Tax

Purchases subject to use tax
Merchandise, services and rentals _____[14]
Alcoholic beverages _____[15]
Purchases of catered food or drink _____[16]
Rentals of non-commercial vehicles _____[17]

Health Care Shared Responsibility

Mark if entire family has qualifying health insurance coverage for every month in 2025 ___[18]
Mark if exemption applies to health insurance requirements ___[19]

Contribution

Amount of contribution you wish to make to:

DC Statehood Delegation Fund (Political Contribution) _____[20]
Public Trust for Drug Prevention and Children at Risk (Charitable Contribution) _____[21]
Anacostia River Cleanup and Prevention Fund (Charitable Contribution) _____[22]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in the District of Columbia

	From	To
Part-year residency dates	_____[23]	_____[24]

Disability Information

	Name of Employer	Payer, if other than employer	No. of Weeks
Taxpayer	_____[25]	_____[26]	_____[27]
Spouse	_____[28]	_____[29]	_____[30]

	Taxpayer	Spouse
Mark if physician's certification previously filed	__[31]	___[32]

Otherwise, enter:

Taxpayer's physician's name _____[33] ___[34] _____[35]
Address, apartment number _____[36] _____[37]
City, state, zip code _____[38] _____[39] _____[40]
Telephone number _____[41]
Spouse's physician's name _____[42] ___[43] _____[44]
Address, apartment number _____[45] _____[46]
City, state, zip code _____[47] _____[48] _____[49]
Telephone number _____[50]

Form ID: GA

Georgia General Information

	Taxpayer	Spouse
If disabled, enter the following:		
Type of disability	[1]	[2]
Date of disability	[3]	[4]
Number of exemptions for unborn dependents with detectable human heartbeat		[5]

Contributions

Amount of contributions you wish to make to:

Wildlife Conservation Fund	[6]
Fund for Children and Elderly	[7]
Cancer Research Fund	[8]
Land Conservation Program	[9]
National Guard Foundation	[10]
Dog and Cat Sterilization Fund	[11]
Save the Cure Fund	[12]
Realizing Educational Achievement Can Happen Program	[13]
Public Safety Memorial Grant	[14]
Disabled Veterans' Scholarship Fund	[15]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Georgia

	Taxpayer	Spouse
Part-year residency dates:		
From	[16]	[18]
To	[17]	[19]

NOTES/QUESTIONS:

Form ID: HI

Hawaii General Information

Mark if first time filer ___[1]

If you (or spouse) are blind, deaf or totally disabled, has impairment been certified? (Special disability exemption: T = Taxpayer, S = Spouse, B = Both) ___[2]

Current year distributions from an individual housing account not used for home purchase _____[3]

Reservist or National Guard pay included in W-2 income _____[4]

Payments to an individual housing account _____[5]

Contributions

Amount of contributions you wish to make to:

Election campaign fund - taxpayer (Y, N) ___[6]

Election campaign fund - spouse (Y, N) ___[7]

$2 School-Level Minor Repairs and Maintenance Special Fund (T = Taxpayer, S = Spouse, B = Both) ___[8]

$2 Public Libraries Special Fund (T = Taxpayer, S = Spouse, B = Both) ___[9]

$5 Children's Trust, Domestic Violence, and Abuse Special Accounts (T = Taxpayer, S = Spouse, B = Both) ___[10]

Rental Credit Information

Rental credits can only be claimed by persons with Hawaii residence of 9 or more months during the calendar year

Residence Information: Starting Month of Occupancy _____ Ending Month of Occupancy _____[11]

Address _____

City _____

State _____

Zip _____

Owner Information: Name _____

Business Name _____

Address _____

City _____

State _____

Zip _____

Foreign Providence/State _____

Foreign Country Code _____

Foreign Country _____

Foreign Postal Code _____

Tax ID # _____

Total rents received for this unit _____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Hawaii

Part-year residency dates:

From _____[12]

To _____[13]

NOTES/QUESTIONS:

Form ID: ID

Idaho General Information

Mark if:

Taxpayer or spouse is a disabled veteran	___[1]
Receiving Idaho Public Assistance	___[2]

	Taxpayer	Spouse
Number of days eligible for grocery credit if less than full year or total time spent as part year resident	_____[3]	_____[4]

Use Tax

Purchases subject to use tax _____[5]

Contributions

Amount of charitable contributions you wish to make to:

Nongame Wildlife Conservation Fund	_____[6]
Children's Trust Fund and Child Abuse Prevention	_____[7]
Special Olympics Idaho	_____[8]
Idaho Guard and Reserve Family Support Fund	_____[9]
American Red Cross of Idaho	_____[10]
Veterans Support Fund	_____[11]
Idaho Food Bank	_____[12]
Opportunity Scholarship Program Fund	_____[13]
Donate grocery credit to the Cooperative Welfare Fund	___[14]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Idaho

	Taxpayer	Spouse
Residency status (1 = Resident, 2 = Resident on active military, 3 = Nonresident, 4 = Part-year resident, 5 = Military nonresident)	___[15]	___[16]
Part-year residency dates:		
From	_____[17]	_____[19]
To	_____[18]	_____[20]
State of residence	_____[21]	_____[22]

Adjustments and Credits

Energy efficiency upgrades	_____[23]
Adoption expenses	_____[24]
Mark if taxpayer or spouse has a developmental disability (T = Taxpayer, S = Spouse, B = Both)	___[25]

NOTES/QUESTIONS:

Form ID: IL

Illinois General Information

Use Tax

General merchandise purchases _____[1]
Qualifying food, non-prescription drugs and medical appliances purchases _____[2]
Sales tax already paid to another state _____[3]

Contributions

Amount of contributions you wish to make to:

Wildlife Preservation _____[4]
Alzheimer's Disease Research _____[5]
Assistance to the Homeless _____[6]
Diabetes Research Fund _____[7]
Hunger Relief Fund _____[8]
Ronald McDonald House Charities Fund _____[9]

Credits

Qualified Education Expenses

Child's Name	Grade	School Name	School City	School Type	Total Tuition, Books, Lab fees
[10]	[11]	[12]	[13]	[14]	[15]
[16]	[17]	[18]	[19]	[20]	[21]
[22]	[23]	[24]	[25]	[26]	[27]
[28]	[29]	[30]	[31]	[32]	[33]
[34]	[35]	[36]	[37]	[38]	[39]
[40]	[41]	[42]	[43]	[44]	[45]
[46]	[47]	[48]	[49]	[50]	[51]
[52]	[53]	[54]	[55]	[56]	[57]

Property Taxes

Description	Property Index Number
	[58]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Illinois

	Taxpayer	Spouse
Part-year residency dates:		
From	[59]	[60]
To	[61]	[62]

Mark if you were a resident of any of the following states during the tax year: IA ___[63] KY ___[64] MI ___[65] WI ___[66]

In what states other than above did you reside and/or file a tax return during the tax year? [67]

State postal code	State postal code	State postal code
State postal code	State postal code	State postal code
State postal code	State postal code	State postal code
State postal code	State postal code	State postal code

NOTES/QUESTIONS:

Form ID: IN

Indiana General Information

At least one dependent child is being claimed for the first time _____ [3]

	Taxpayer	Spouse
County of residence (as of January 1 of tax year)	_____ [4]	_____ [5]
County of employment (as of January 1 of tax year)	_____ [6]	_____ [7]

Household employment taxes:

Employee Name _____ [8]
Employee SSN _____
Income _____
State Tax Withheld _____
County Tax Withheld _____
County Code _____

Contributions

Amount of contribution you wish to make to:

Nongame Wildlife Fund _____ [9]
Military Family Relief Fund _____ [10]
Public K-12 Education Fund _____ [11]

Credit for Donation to an Indiana College or University

Mark this field if you made a cash or noncash contribution to an Indiana college or university ___ [12]

Renter's Information

Taxpayer, Spouse, Joint (T,S,J) ___
Principal address _____ [13]
City, state, zip code _____ ____ _____
Number of months rented ____
Total rent paid _____

Landlord name _____ [14]
Landlord address _____
Landlord city, state, zip code _____ ____ _____

Part-year Resident and Nonresident Information

Enter the dates you lived in Indiana or in other states.

	Taxpayer	Spouse
State of residency (Use these fields if you or your spouse had only one state of residency)	_____ [15]	_____ [16]

States of residency (Use these fields if you or your spouse had more than one state of residency)

Taxpayer, Spouse(T,S)	State Postal Code	From Date	To Date
___	_____	_____	_____ [17]
___	_____	_____	_____
___	_____	_____	_____
___	_____	_____	_____

NOTES/QUESTIONS:

Form ID: IA

Iowa General Information

County of residence as of December 31st _____[1]
School district _____[2]

Contributions

Amount of charitable contributions you wish to make to:

Fish and Wildlife _____[3]
Child Abuse Prevention _____[4]

Residency Information

Residency code ___[5]

Residency Code	
Blank = Both spouses have the same residency status	4 = Taxpayer nonresident, spouse part-year resident
1 = Taxpayer nonresident, spouse resident	5 = Taxpayer resident, spouse part-year resident
2 = Taxpayer resident, spouse nonresident	6 = Taxpayer part-year resident, spouse resident
3 = Taxpayer part-year resident, spouse nonresident	

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Iowa

	Spouse	Taxpayer
Part-year residency dates:		
Moved into Iowa	_____[6]	_____[8]
Moved out of Iowa	_____[7]	_____[9]

Nonresident Information

Illinois residents:
Iowa wages or salary only ___[10]
Wages or salary and other Iowa source income ___[11]

NOTES/QUESTIONS:

Form ID: KS

Kansas General Information

County of residence _____[1]
School district number _____[2]
Mark if name or address has changed ___[3]

Contributions

Enter the amount of charitable contributions you wish to make to:

Chickadee Checkoff _____[4]
Senior Citizens Meals On Wheels Contribution Program _____[5]
Breast Cancer Research Fund _____[6]
Military Emergency Relief Fund _____[7]
Kansas Hometown Heroes Fund _____[8]
Kansas Creative Arts Industry Fund _____[9]
School District Contribution Fund _____[10]
School district headquarters county _____[11]
School district number _____[12]
Kansas Historic Site Contribution Fund _____[13]
Historic site number _____[14]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Kansas

Part-year residency dates:
From _____[15]
To _____[16]

NOTES/QUESTIONS:

Form ID: KY

Kentucky General Information

National Guard member - taxpayer ___[1]
National Guard member - spouse ___[2]
Enter your state of residency at the end of the tax year (Part-year and Nonresident only) _____[3]

Use Tax

	Description	Date of Purchase	Amount
Enter any out-of-state purchases made on which sales tax was not paid to the seller			[4]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

	Spouse	Taxpayer
Political Party Fund (1 = Democratic, 2 = Republican, 3 = No Designation)	___[5]	___[6]

Charitable Contributions

Nature and Wildlife Fund _____[7]
Child Victims' Trust Fund _____[8]
Veterans' Program Trust Fund _____[9]
Breast Cancer Research and Education Trust Fund _____[10]
Farms to Food Banks Trust Fund _____[11]
Local History Trust Fund _____[12]
Special Olympics Kentucky _____[13]
Pediatric Cancer Research Trust Fund _____[14]
Rape Crisis Center Trust Fund _____[15]
Court Appointed Special Advocate Trust Fund _____[16]
YMCA Youth Association Fund _____[17]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Kentucky

Part-year residency dates:
From _____[18]
To _____[19]
State moved from _____[20]
State moved to _____[21]

Nonresident Information

	Spouse	Taxpayer
Mark if:		
Commuted daily to Kentucky employment (VA resident)	___[22]	___[23]
All Kentucky wage income earned while a resident of a reciprocal state (indicate state(s) below)	___[24]	___[25]

Resident of state(s)

Taxpayer	IL ___[26]	IN ___[27]	MI ___[28]	OH ___[29]	VA ___[30]	WV ___[31]	WI ___[32]
Spouse	IL ___[33]	IN ___[34]	MI ___[35]	OH ___[36]	VA ___[37]	WV ___[38]	WI ___[39]

NOTES/QUESTIONS:

Form ID: LA

Louisiana General Information

Mark if name has changed ___[1]

Use Tax

Enter the amount of any out-of-state purchases on which sales tax was not paid _____[2]

Contributions

Military Family Assistance Fund	_____[3]	Make-A-Wish of Texas Gulf Coast/Louisiana	_____[9]
Coastal Protection and Restoration Fund	_____[4]	American Red Cross	_____[10]
START Program	_____[5]	National Guard Honor Guard for Military Funerals	_____[11]
Wildlife Habitat and Natural Heritage Fund	_____[6]	Dreams Come True	_____[12]
Louisiana Cancer Trust Fund	_____[7]	Sexual Trauma Awareness and Response (STAR)	_____[13]
Louisiana Food Bank Association	_____[8]	Maddie's Footprints	_____[14]

Part-year Resident Information

	Taxpayer	Spouse
Part-year residency dates:		
From	_____[15]	_____[17]
To	_____[16]	_____[18]

Retirement Information

	Taxpayer	Spouse
Date retired as a:		
Louisiana state employee	_____[19]	_____[20]
Louisiana teacher	_____[21]	_____[22]
Federal employee	_____[23]	_____[24]

Other retirement information:

Retirement System Name	Taxpayer Date Retired	Spouse Date Retired
_____	_____	_____[25]
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTES/QUESTIONS:

Form ID: ME

Maine Use Tax

Calculate use tax using .04% of Maine Adjusted Gross Income (For purchases < $1000 per purchase only) ___[1]
Out of state purchases (Enter purchases greater than $999 and less tan $5,000 per purchase) _____[2]
Use tax already paid to another jurisdiction _____[3]
Casual rental income _____[4]

Contributions

Political Contributions

Contribute $3 ($6 if joint) to the Maine Clean Election Fund (1 = Taxpayer, 2 = Spouse, 3 = Joint) ___[5]

Charitable Contributions

Endangered and Nongame Wildlife Fund "Chickadee Check-off" _____[6]
Maine Children's Trust _____[7]
Companion Animal Sterilization Fund _____[8]
Maine Military Family Relief Fund _____[9]
Maine Veterans' Memorial Cemetery Maintenance Fund _____[10]
Maine Public Library Fund _____[11]
Maine Children's Cancer Research Fund _____[12]
Emergency Food Assistance Program Fund _____[13]

State Park Passes

Number of individual park passes _____[14]
Number of vehicle passes _____[15]

Property Tax Fairness Credit

Not required to file federal or Maine tax return (Filing for Property Tax Fairness only) ___[16]
Physical street address if different from mailing address _____[17] _____[18]
City, state, zip code _____[19] _____[20] _____[21]
Social security disability / supplemental security income (If part-year resident, enter portion received during residency) _____[22]
Property tax paid during 2025 (For home up to 10 acres less portion related to business use and special assessments) _____[23]
Rent paid for 2025 _____[24]
Rent includes heat, utilities, furniture, snow plowing, etc. ___[25] Amount related to heat, etc. _____[26]
Landlord #1 name _____ Landlord #1 phone number _____[27]
Landlord #2 name _____ Landlord #2 phone number _____

Part-year Resident Information

	Taxpayer	Spouse
Part-year residency dates:		
From	_____[28]	_____[30]
To	_____[29]	_____[31]
State where stationed	_____[32]	_____[33]
State of prior residency	_____[34]	_____[35]
Nonresident state of residence	_____[36]	_____[37]
Number of days in Maine for any reason	_____[38]	_____[39]
Maine property owners only:		
Municipality where owned, taxpayer	_____[40]	
Municipality where owned, spouse	_____[41]	

NOTES/QUESTIONS:

Form ID: MD

Maryland General Information

	Taxpayer	Spouse
County of residence	[1]	[2]
City of residence		[3]

Contributions

Amount of charitable contributions you wish to make to:

Chesapeake Bay and Endangered Species Fund	[4]
Developmental Disabilities Waiting List Equity Fund	[5]
Maryland Cancer Fund	[6]
Fair Campaign Financing Fund	[7]
Maryland Veterans Trust Fund	[8]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Maryland

Part-year residency dates:

From	[9]
To	[10]

State of legal residence (Other than Maryland) [11]

If Maryland return filed for previous year, indicate type (Nonresident only) (1 = Resident, 2 = Nonresident) [12]

Mark if taxpayer or spouse in military (Nonresident only) [13]

NOTES/QUESTIONS:

Form ID: MA

Massachusetts General Information

Name has changed since last year ___[1]
Noncustodial parent ___[2]
In care of address or address of legal residence or domicile:
Street _____[3]
City, state, zip code _____[4] ___[5] _____[6]
Foreign country name _____[8]
Foreign province or county _____[9]
Foreign postal code _____[10]

Use Tax

Estimate use tax for out of state purchases less than $1,000 ___[11]
Out of state purchases _____[12] Sales tax paid to other state _____[13]

Contributions

Amount of political and charitable contributions you wish to make to:

	Taxpayer	Spouse
Contribute to the State Election Campaign Fund	___[14]	___[15]

Organ Transplant Fund _____[16]
Endangered Wildlife Conservation _____[17]
Public Health HIV and Hepatitis Fund _____[18]
United States Olympic Fund _____[19]
Military Family Relief Fund _____[20]
Homeless Animal Prevention and Care Fund _____[21]

Adjustments and Deductions

Rental Deduction

Residence #1 rented address _____[22]
Landlord's name and address _____
Date from _____ Date to _____ Rent paid _____

Residence #2 rented address _____
Landlord's name and address _____
Date from _____ Date to _____ Rent paid _____

Health Insurance Information

	Taxpayer	Spouse
Enrolled in Minimum Creditable Coverage (MCC) health insurance plan for entire year	___[23]	___[24]
Insurance information has changed from last year	Yes ___[25] No ___[26]	Yes ___[27] No ___[28]
Subscriber number	_____[29]	_____[30]
Name of insurance company (Taxpayer)	_____[31]	
Name of insurance company (Spouse)	_____[32]	

Commuter Deduction

	Tolls paid through Fastlane	MBTA Transit/commuter passes
Taxpayer	_____[33]	_____
Spouse	_____[34]	_____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Massachusetts

Part-year residency dates:
From _____[35]
To _____[36]

Form ID: MI

Michigan General Information

School district name _____[1]
School district code _____[2]
Mark if 2/3 income from seafaring ___[3]

	Taxpayer	Spouse
Do you want $3.00 to go to the state campaign fund? (Y, N)	___[4]	___[5]
Mark the applicable boxes if the following conditions apply to you and/or your spouse:		
Paraplegic, quadriplegic or hemiplegic	___[6]	___[7]
Totally and permanently disabled	___[8]	___[9]
Deaf	___[10]	___[11]
Qualified disabled veteran	___[12]	___[13]
Willing to participate in the anatomical gift donor registry	___[14]	___[15]

Use Tax

Purchases up $1000 per purchase subject to use tax _____[16]
Purchases exceeding $1000 per purchase subject to use tax _____[17]

Contributions

Amount of charitable contribution you wish to make to:
Contributions must be a minimum of $5, $10 or any amount greater than $10

American Red Cross of Michigan _____[18]
Animal Welfare Fund _____[19]
Children's Trust Fund - Preventing Child Abuse in Michigan _____[20]
Military Family Relief Fund _____[21]
United Way Fund _____[22]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Michigan

	Taxpayer	Spouse
From	_____[23]	_____[24]
To	_____[25]	_____[26]
Residency status of spouse (If different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident)		___[27]

NOTES/QUESTIONS:

Form ID: MI2

Michigan Credits - Homestead Property Tax Credit Information

Homeowner

Homestead occupied entire tax year:Taxable value _____[1] Special Assessments _____[3]

Homestead property taxes levied, if different from that entered on Organizer Form ID: A1 (or Lite-5)

TSJ	Description	Amount
___	_____	_____[4]
___	_____	_____

Address at end of tax year, if different from that entered on Organizer Form ID: 1040 (or Lite-1):

Street address _____[5] Taxable value _____[9]
City _____[6] Number of days occupied _____[10]
State _____[7] Zip code _____[8] Property taxes levied for the year _____[11]

Address of homestead sold during tax year:

Street address _____[12] Taxable value _____[16]
City _____[13] Number of days occupied _____[17]
State _____[14] Zip code _____[15] Property taxes levied for the year _____[18]

Rental Information [19]

Rental #1 Address City Zip code	No. months	Monthly rent	Mobile home
Landlord #1 Name Address City State Zip Code			
Rental #2 Address City Zip code	No. months	Monthly rent	Mobile home
Landlord #2 Name Address City State Zip Code			

Household Income

Enter amounts of nontaxable income received during the tax year by any member of your household

Child support and foster parent payments _____[20]
Worker's compensation and Veteran's benefits _____[21]
Family Independence Agency and other public assistance payments _____[22]
Gifts or expenses paid on your behalf _____[23]
Other nontaxable income (inheritances, etc):

_____ _____[24]
_____ _____
_____ _____

NOTES/QUESTIONS:

Form ID: MI3

Michigan Cities General Information

	Taxpayer	Spouse
Mark the applicable boxes if the following conditions apply to you and/or your spouse:		
Disabled	___[1]	___[2]
Deaf	___[3]	___[4]

NOTES/QUESTIONS:

Form ID: MN

Minnesota General Information

County _____[1]
Authorize information sharing with MNsure regarding reduced-cost health insurance eligibility ___[2]
Mark if you or your spouse are disabled ___[3]
Welfare amounts received _____[4]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

	Taxpayer	Spouse
State campaign fund (Enter the appropriate code for the $5 political party contribution on Form M1 or Form M1PR from the list below)	_____[5]	_____[6]

Political Parties		
11 = Republican	16 = Libertarian	99 = General Campaign Fund
12 = Democratic Farmer-Labor	17 = Legalize Marijuana Now	
14 = Grassroots-Legalize Cannabis	18 = Independence-Alliance	

Charitable Contribution

Nongame Wildlife Fund _____[7]

Credits and Subtractions

Long Term Care Insurance Credit

Name of insurance company (Taxpayer) _____[8]
Name of insurance company (Spouse) _____[9]
Policy Number (Taxpayer) _____[10]
Policy Number (Spouse) _____[11]

K-12 Education Expenses

Child's Name	Grade	Class Fees	Individual Fees	Textbook Material	Transport Costs	Hardware Software	Qualified Tuition
_____[12]	___[13]	_____[14]	_____[15]	_____[16]	_____[17]	_____[18]	_____[19]
_____[20]	___[21]	_____[22]	_____[23]	_____[24]	_____[25]	_____[26]	_____[27]
_____[28]	___[29]	_____[30]	_____[31]	_____[32]	_____[33]	_____[34]	_____[35]

	Child One	Child Two	Child Three
Class name	_____[36]	_____[37]	_____[38]
Class type	_____[39]	_____[40]	_____[41]
Ind. instr name	_____[42]	_____[43]	_____[44]
Ind. instr type	_____[45]	_____[46]	_____[47]
Music ins type	_____[48]	_____[49]	_____[50]
Musical ins cost	_____[51]	_____[52]	_____[53]
Type of school attended	_____[54]	_____[55]	_____[56]
Transp provider	_____[57]	_____[58]	_____[59]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Minnesota

	Taxpayer	Spouse
Part-year residency dates:		
From	_____[60]	_____[62]
To	_____[61]	_____[63]
Other state of residence (State/Foreign country required for other nonresidents)	___[64]	___[65]

NOTES/QUESTIONS:

Form ID: MS

Mississippi General Information

County of residence _____ [1]

Contributions

Amount of contributions you wish to make to:

Military Family Relief Fund	_____ [2]
Commission for Volunteer Service Fund	_____ [3]
Wildlife Heritage Fund	_____ [4]
Educational Trust Fund	_____ [5]
Wildlife Fisheries and Parks Foundation	_____ [6]
Burn Care Fund	_____ [7]

NOTES/QUESTIONS:

Form ID: MO

Missouri General Information

County of residence name _____[1]
County of residence _____[2]

Contributions

Amount of contributions you wish to make to:

Children's Trust Fund	[3]
Veterans Trust Fund	[4]
Elderly Home Delivered Meals Trust Fund	[5]
Missouri National Guard Trust Fund	[6]
Workers' Memorial Trust Fund	[7]
Childhood Lead Testing Trust Fund	[8]
Missouri Military Family Relief Trust Fund	[9]
General Revenue Trust Fund	[10]
Organ Donor Program Trust Fund	[11]
Kansas City Regional Law Enforcement Memorial Foundation Trust Fund	[12]
Soldiers Memorial Military Museum in St. Louis Trust Fund	[13]
Metal of Honor Fund	[14]
Additional Fund [15]	[16]
Additional Fund [17]	[18]

Trust Fund Codes	
01 = American Cancer Society	07 = Muscular Dystrophy Association
02 = American Diabetes Association	08 = March of Dimes
03 = American Heart Association	09 = National Arthritis Foundation
05 = ALS (Lou Gehrig's Disease)	10 = National Multiple Sclerosis Society

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Missouri

	Taxpayer	Spouse
Missouri residency dates:		
From	[19]	[20]
To	[21]	[22]
Other state residency dates:		
From	[23]	[24]
To	[25]	[26]
Other state of residency	[27]	[28]

If your reason for residence in Missouri was to serve in the military, enter Missouri place of station:
Taxpayer _____[29]
Spouse _____[30]

Property Tax Information

Residents only

Mark if you are a 100% disabled veteran ___[31]
Mark if you are disabled per section 135.010(2), RSMo ___[32]
Mark if surviving spouse social security benefits were received during the tax year ___[33]

NOTES/QUESTIONS:

Form ID: MT

Montana Contributions

Amount of contributions you wish to make to:

Nongame Wildlife Program	[1]
Child Abuse and Neglect Prevention Program	[2]
Agriculture in Montana Schools Program	[3]
Montana Military Family Relief Fund	[4]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Montana

Part-year residency dates:	
From	[5]
To	[6]
State moved to	[7]
State moved from	[8]

Elderly Homeowner or Renter Credit

Please provide copies of property tax bills

Mark if owned or rented a Montana residence for 6 months or more during the current tax year	[9]
Only member in house claiming credit	[10]
Taxpayer, Spouse, Joint	[11]
Number of people living in household	[12]
Rent paid	[13]

NOTES/QUESTIONS:

Form ID: NE

Nebraska General Information

County of residence _____ [1]

Public school district _____ [2]

Contributions

Amount of charitable contributions you wish to make to:

Wildlife Conservation Fund _____ [3]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Nebraska

Part-year residency dates:

From _____ [4]

To _____ [5]

NOTES/QUESTIONS:

Form ID: NJ

New Jersey General Information

County or Municipality code _____[1]

In care of address _____[2]

Mark if:

Tax forms, instructions and booklet are not needed ___[3]

You are not eligible for the property tax deduction or credit ___[4]

You maintain the same residence as your spouse (Married filing separate returns ONLY) ___[5]

Mark if:	Taxpayer	Spouse
Contributed to the Social Security Fund (Eligible to receive benefits)	___[6]	___[7]
You want to designate $1 to the gubernatorial election campaign fund	___[8]	___[9]

Contributions

Amount of contribution you wish to make to:

Endangered Wildlife Fund		_____[10]
Children's Trust Fund to prevent child abuse		_____[11]
New Jersey Vietnam Veterans' Memorial Fund		_____[12]
Breast Cancer Research Fund		_____[13]
USS New Jersey Educational Museum Fund		_____[14]
Other (see codes below)	_____[15]	_____[16]
Other (see codes below)	_____[17]	_____[18]
Other (see codes below)	_____[19]	_____[20]

Other Funds

01 = Drug Abuse Educate	08 = Veterans Haven Support	15 = Girl Scouts Council in NJ	22 = Non-Profit Veterans Org
02 = Korean Veterans'	09 = Community Food Pantry	16 = Homeless Veterans Grant	23 = NJ Yellow Ribbon
03 = Organ Donor	10 = Cat and Dog Spay and Neuter	17 = Leukemia and Lymphoma - NJ	24 = Autism Programs
04 = AIDS Services	11 = Lung Cancer Research	18 = North NJ Vet Memorial Cemetery	25 = Boy Scouts Councils in NJ
05 = Literacy Vol	12 = Boys and Girls Club	19 = NJ Farm to School / School Garden	26 = NJ Memorial To War Veterans
06 = Prostate Cancer	13 = NJ National Guard State Family	20 = Local Library Support	27 = Jersey Fresh Program
07 = World Trade Center	14 = American Red Cross NJ	21 = ALS Association Support	28 = NJ World War II Vet's Memorial

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in New Jersey

Part-year residency dates:

From _____[21]

To _____[22]

State of residency (Nonresidents only) _____[23]

NOTES/QUESTIONS:

Form ID: NJ2

New Jersey Property Information

For principal residences owned or rented in New Jersey during the tax year, enter address information

General Information

Principal residence for 2025 ___[1]

Property tax credit not claimed with homestead benefit, claim on NJ-1040 ___[2]

	Part 1	Part 2
Block number	_____[3]	_____[4]
Lot number	_____[5]	_____[6]
Qualifier number (Condos)		_____[7]
Co-op or continuing care retirement facility resident		___[8]
Municipal code at the end of if different from current residence		_____[9]

Homeowner Information

Total property taxes paid _____[10]

Street _____[11]

City _____[12]

Number of days as an owned property _____[13]

Your share of property owned _____[14]

Share used as principal residence _____[15]

Your share of property taxes _____[16]

Renter and Mobile Home Owner Information

Total rent paid or mobile home fees _____[17]

Street _____[18]

Apartment number _____[19]

City _____[20]

Days you were a tenant during 2025 _____[21]

Total number of tenants _____[22]

Your share of rent paid _____[23]

Other Tenant Information

First name _____[24]

Middle initial ___

Last name _____

Social security number _____

Property Tax Reimbursements

	2024	2025
Taxpayer received social security disability	___[25]	___[26]
Spouse received social security disability	___[27]	___[28]
Meets the "Lived continuously in New Jersey" requirement		___[29]
Meets the "Owned and lived in the home" requirement		___[30]
You are a mobile home owner		___[31]
Mobile home park site number		_____[32]
Taxpayer needs a PTR-A or PTR-B to take tax collector/mobile home part owner or manager to verify taxes paid		___[33]

NOTES/QUESTIONS:

Form ID: NM

New Mexico General Information

If you were a part-year resident during the tax year, enter the dates you lived in New Mexico

First year resident ___[1]

	From	To
Part-year residency dates:		
Taxpayer	_____[2]	_____[3]
Spouse	_____[4]	_____[5]

Do NOT have a commercial domicile in New Mexico ___[6]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

	Taxpayer	Spouse
Political party (1 = Democratic, 2 = Republican, 3 = Libertarian, 4 = Green, 5 = Better for America, 6 = Constitution)	___[7]	___[8]

Charitable Contributions

New Mexico Housing Trust Fund	_____[9]
Share with Wildlife	_____[10]
Veterans' State Cemetery Fund	_____[11]
Substance Abuse Education Fund	_____[12]
Forest Re-Leaf Program	_____[13]
National Guard Member and Family Assistance	_____[14]
Kids 'N Parks Transportation Grant Program	_____[15]
Amyotrophic Lateral Sclerosis Research Fund	_____[16]
Vietnam Veterans Memorial	_____[17]
Veterans Enterprise Fund	_____[18]
Lottery Tuition Fund	_____[19]
Equine Shelter Rescue Fund	_____[20]
Animal Care and Facility Fund	_____[21]
Supplemental Senior Services	_____[22]
Healthy Soil Program	_____[23]

Additions and Deductions

Income of an Indian	_____[24]
Name of the taxpayer's Indian nation, tribe, or pueblo	_____[25]
Name of the spouse's Indian nation, tribe, or pueblo	_____[26]
Contributions refunded from the New Mexico approved Section 529 College Savings Plan	_____[27]

Rebate and Credit Schedule

Public assistance, AFDC, welfare benefits	_____[28]
Supplemental security income (SSI)	_____[29]
Amount of rent paid during the tax year on principal place of residence	_____[30]
Mark if rent includes amount paid on your behalf by a government entity	___[31]
Resident county (1 = Los Alamos, 2 = Santa Fe, 3 = Doña Ana, 4 = Bernalillo)	___[32]

NOTES/QUESTIONS:

Form ID: NY

New York General Information

If you received unemployment benefits or any of the special unemployment compensation authorized under the Coronavirus Relief Act, both are taxable income and must be reported on your return. You may need to go to the New York Department of Labor's website (labor.ny.gov) to get your 1099-G from your account. The 1099-G should show both the amount received and any amount of tax withheld.

	Taxpayer	Spouse
Mark if you were a resident of New York City at any time during the current tax year	___[1]	___[3]
Mark if you were a resident of Yonkers at any time during the current tax year	___[2]	___[4]
County of residence	_____[5]	
School district	_____[6]	

Use Tax

Use tax due but receipts or records not available ___[7]

Contributions

Amount of contributions you wish to make to:

Return a Gift to Wildlife	_____[8]	CUNY Fund	_____[26]
Missing or Exploited Children Clearinghouse Fund	_____[9]	Life Pass it on Fund	_____[27]
Breast Cancer Research and Education Fund	_____[10]	ALS Research Fund	_____[28]
Alzheimer's Disease Fund	_____[11]	School-based Health Centers	_____[29]
Olympic Fund (Maximum $2 per filer)	___[12]	Gifts to Food Banks Fund	_____[30]
Prostate and Testicular Cancer Research and Education Fund	_____[13]	Meals on Wheels for Seniors	_____[31]
9/11 Memorial	_____[14]	Gifts to the Arts Fund	_____[32]
Volunteer Firefighting and EMS Recruitment Fund	_____[15]	Leukemia, Lymphoma, and Myeloma Fund	_____[33]
Teen Health Education Fund	_____[16]	State Campaign Finance Fund (Maximum $40 per filer)	____[34]
Veterans Remembrance and Cemetery Fund	_____[17]	William B. Hoyt memorial children family trust fund	_____[35]
Homeless Veterans Assistance Fund	_____[18]	Gun violence research fund	_____[36]
Mental Illness Anti-Stigma Fund	_____[19]	Substance use disorder education and recovery fund	_____[37]
Women's Cancers Education and Prevention Fund	_____[20]	Retired and Rescued Thoroughbred Horse Aftercare	_____[38]
Autism Awareness and Research Fund	_____[21]	Retired and Rescued Standardbred Horse Aftercare	_____[39]
Veterans' Homes Assistance Fund	_____[22]	Gifts for the State Library System	_____[40]
Love Your Library Fund	_____[23]	Gift for Lyme and Tick-Bourne Diseases	_____[41]
Lupus Fund	_____[24]	Diabetes Research and Education Fund	_____[42]
Military Family Fund	_____[25]	Childhood Cancer Research Fund	_____[43]

Property Tax Credit Information

Resident who lived six or more months in same taxable residence with market value $85,000 or less ___[44]

Mark if you lived in a nursing home and qualify for credit ___[45]

Homeowners:

Enter the amount of special assessments you and all qualified household members paid during the current tax year _____[46]

Tenants:

Enter the total rent you and all members of your household paid during current tax year _____[47]

Rent includes charges for (Specify) ___[48]

4 = Heat, gas, electricity, furnishings and board
3 = Heat, gas, electricity and furnishings
2 = Heat, gas and electricity
1 = Heat or heat and gas
0 = Nothing included

NOTES/QUESTIONS:

Form ID: NY2

New York - Part-year Resident and Nonresident Information

		Taxpayer		Spouse	
	New York State	New York City	Yonkers	New York City	Yonkers
Part-year residency dates:					
From	[1]	[3]	[5]	[7]	[9]
To	[2]	[4]	[6]	[8]	[10]
County of residence while a nonresident of New York City		[11]		[12]	

Nonresident Information for Apartment or Living Quarters Maintained in the State/City

Address #1

Mark if this address is still maintained by or for you [13]

Number of days in NYC

Street address

City, State and Zip code

Is this address within city limits? Specify city (YON = Yonkers, NYC = New York City)

Address #2

Mark if this address is still maintained by or for you

Number of days in NYC

Street address

City, State and Zip code

Is this address within city limits? Specify city (YON = Yonkers, NYC = New York City)

NOTES/QUESTIONS:

Form ID: NC

North Carolina General Information

County of residence _____[1]

Contributions

Amount of charitable contributions you wish to make to:

Endangered Wildlife Fund _____[2]
Education Endowment Fund _____[3]
Breast and Cervical Cancer Control Program _____[4]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in North Carolina

	Taxpayer	Spouse
Part-year residency dates:		
From	_____[5]	_____[7]
To	_____[6]	_____[8]

NOTES/QUESTIONS:

Form ID: ND

North Dakota General Information

School district code _____[1]
Income source code _____[2]

Income source code			
1 = Farming, ranching	4 = Public, private education	7 = Manufacturing	10 = Finance, banking, insur
2 = Retail, wholesale trade	5 = Personal, business services	8 = Communication, trnspn, utilities	11 = Military
3 = Government service	6 = Construction	9 = Gas, oil, coal	12 = Retirement

Contributions

Amount of contributions you wish to make to:

Watchable Wildlife Fund _____[3]
Trees for North Dakota Fund _____[4]
Veterans Postwar Trust Fund _____[5]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in North Dakota

	Taxpayer	Spouse
Part-year residency dates:		
From	_____[6]	_____[8]
To	_____[7]	_____[9]
Other state of residency	_____[10]	_____[11]

NOTES/QUESTIONS:

Form ID: OH

Ohio General Information

Enter your current Ohio county of residence _____[1]
School district number _____[2]

Use Tax

Purchases subject to use tax _____[3]

Contributions

Amount of charitable contributions you wish to make to:

Military injury relief fund _____[4]
Nature preserves and scenic rivers _____[5]
Wildlife species and endangered wildlife _____[6]
Ohio History Fund _____[7]
Breast and cervical cancer project _____[8]
Wishes for sick children _____[9]

Credits

	Taxpayer	Spouse
Displaced worker training expenses for 12-month period since loss of job	_____[10]	_____[11]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Ohio

	Taxpayer	Spouse
Part-year residency dates:		
From	_____[12]	_____[14]
To	_____[13]	_____[15]

	Taxpayer	Spouse
Residency status (If taxpayer and spouse are different) (R = Resident, P = Part-year resident, N = Nonresident)	___[16]	___[17]
State of residency while not a resident of Ohio	_____[18]	_____[19]
If foreign, enter country of residency	_____[20]	_____[21]

NOTES/QUESTIONS:

Form ID: OK

Oklahoma Use Tax

Mark if not subject to Use Tax ___[1]

Contributions

Amount of charitable contributions you wish to make to:

Court Appointed Advocates _____[2]

Wildlife Diversity Fund _____[3]

[5]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Oklahoma

Part-year residency dates:

From _____[4]

To _____[5]

Nonresident state of residence _____[6] Nonresident country of residence _____[7]

Resident and part-year or nonresident spouse:

Taxpayer's residence				Spouse's residence			
State postal code	[8]	Country code	[9]	State postal code	[10]	Country code	[11]
State postal code		Country code		State postal code		Country code	
State postal code		Country code		State postal code		Country code	
State postal code		Country code		State postal code		Country code	

Property Tax and Sales Tax Credits

Mark if you were not an Oklahoma resident for the entire tax year ___[12]

Mark if you (or spouse) were disabled for the entire tax year ___[13]

Home real estate tax _____[14]

Workmen's compensation/loss of time insurance _____[15]

Support money _____[16]

Cash public assistance _____[17]

NOTES/QUESTIONS:

Form ID: OR

Oregon General Information

Indicate if severely disabled (T = Taxpayer, S = Spouse, B = Both) ___[1]

	Taxpayer	Spouse
Number of months of federal service before 10/01/1991 (Federal employees)	_____[2]	_____[3]
Total number of months of federal service (Federal employees)	_____[4]	_____[5]

Contributions

Amount of charitable contributions you wish to make to:

Cascade AIDS Project	_____[6]	Oregon Humane Society	_____[21]
Veterans Suicide Prevention	_____[7]	The Salvation Army	_____[22]
Oregon Non-game Wildlife	_____[8]	Doernbecher Children's Hospital	_____[23]
Prevent Child Abuse	_____[9]	Oregon Veteran's Home	_____[24]
Alzheimer's Disease Research	_____[10]	ALS Association	_____[25]
Stop Domestic and Sexual Violence	_____[11]	Planned Parenthood	_____[26]
Habitat for Humanity	_____[12]	Lions Sight & Hearing Foundation	_____[27]
Head Start Association	_____[13]	Shriners Hospitals for Children	_____[28]
American Diabetes Association	_____[14]	Special Olympics	_____[29]
SMART - Start Making A Reader Today	_____[15]	Military Assistance Program	_____[30]
Oregon Coast Aquarium	_____[16]	Historical Society	_____[31]
SOLVE - Stop Oregon Litter and Vandalism	_____[17]	Food Bank	_____[32]
The Nature Conservancy	_____[18]	Albertina Kerr Kid's Crisis Care	_____[33]
St. Vincent DePaul Society of Oregon	_____[19]	American Red Cross	_____[34]
Girl Scouts of Oregon & SW Washington	_____[20]		

Political party you wish to make contributions to:

	Taxpayer	Spouse
Political Party	_____[35]	_____[36]

Political Party Contributions

500 = Constitution Party of Oregon	503 = Libertarian Party of Oregon	506 = Progressive Party
501 = Democratic Party of Oregon	504 = Oregon Republican Party	507 = Working Families Party of Oregon
502 = Independent Party of Oregon	505 = Pacific Green Party of Oregon	508 = We the People Party

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Oregon

	Taxpayer	Spouse
Dates of residency:		
From	_____[37]	_____[39]
To	_____[38]	_____[40]

NOTES/QUESTIONS:

Form ID: PA

Pennsylvania General Information

County of residence _____[1]

School district name _____[2]

	Taxpayer	Spouse
Final return	___[3]	___[4]

Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Breast and Cervical Cancer	_____[5]	_____[6]
Wild Resource Conservation Fund	_____[7]	_____[8]
Military Family Relief Assistance	_____[9]	_____[10]
Governor Robert P. Casey Memorial Organ/Tissue Trust Fund	_____[11]	_____[12]
Juvenile (Type 1) Diabetes Cure Research Fund	_____[13]	_____[14]
Children's Trust Fund	_____[15]	_____[16]
American Red Cross	_____[17]	_____[18]
Pediatric Cancer Research Fund	_____[19]	_____[20]
Veterans' Trust Fund	_____[21]	_____[22]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania

	Taxpayer	Spouse
Part-year residency dates:		
From	_____[23]	_____[25]
To	_____[24]	_____[26]

NOTES/QUESTIONS:

Form ID: RI

Rhode Island General Information

Enter city or town of legal residence _____[1]

Use Tax

Purchases subject to use tax _____[2]
Total sales tax paid to other states _____[3]
Purchases subject to use tax is unknown except purchases greater than or equal to $1,000 (Use tax table based on federal AGI) ___[4]
Purchases subject to use tax greater than or equal to $1,000:

Description	Purchases Subject to Use or sales Tax	Sales Tax Paid to Other State
_____	_____[5]	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Mark to make an electoral system contribution (NOTE: This will NOT increase your tax or decrease your refund) ___[6]
If you wish for a portion of your electoral contribution to be paid to a political party, enter name of party _____[7]

Charitable Contributions

Drug Program Account _____[8]
Mark if you wish to make an Olympic Contribution ___[9]
Organ Transplant Fund _____[10]
Council on the Arts _____[11]
Nongame Wildlife Fund _____[12]
Childhood Disease Victims' Fund _____[13]
Military Family Relief Fund _____[14]
Behavioral Health Fund _____[15]

Part-year Resident Information

Part-year residency dates:
From _____[16]
To _____[17]

Property Tax Relief Claim

Mark if disabled and received social security disability payments during the tax year ___[18]
Live in household or rent dwelling subject to property tax? (Y, N) ___[19]
Current for property taxes and rent due for 2025 and all prior years (Y, N) ___[20]
Rent paid (Enter 100%) _____[21]
If renting, Landlord name: _____[22]
Landlord Address: _____[23]
Landlord city, state and zip code _____[24] _____[25] _____[26]
Landlord phone number: _____[27]

NOTES/QUESTIONS:

Form ID: SC

South Carolina General Information

County code number, if known _____[1]
Authorize discussion with Department of Revenue (Y, N) ___[2]
Purchases subject to use tax _____[3]

Additions and Subtractions

Expenses related to reserve income _____[4]
National guard reserve pay _____[5]
Law enforcement subsistence (Number of days) _____[6]
Volunteer deduction code
Taxpayer ___[7]
Spouse ___[8]

Volunteer Deduction Codes	
1 = Volunteer Firefighter	5 = Reserve Police officer
2 = HAZMAT team member	6 = State Guard member
3 = Rescue Squad worker	7 = State Constable
4 = DNR officer	

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in South Carolina

Part-year residency dates:
From _____[9]
To _____[10]

Contributions

Amount of contributions you wish to make to:

Endangered Wildlife Fund _____[11]
Children's Trust Fund _____[12]
Eldercare Trust Fund _____[13]
Veterans' Trust Fund _____[14]
Donate Life South Carolina _____[15]
First Steps to School Readiness Fund _____[16]
War Between States Heritage Trust Fund _____[17]
Litter Control Enforcement Program _____[18]
Law Enforcement Assistance Program _____[19]
K-12 Public Education Fund _____[20]
State Parks Fund _____[21]
Military Family Relief Fund _____[22]
Conservation Bank Trust Fund _____[23]
Financial Literacy Trust Fund _____[24]
State Forests Fund _____[25]
Department of Natural Resources Fund _____[26]
Association of Habitat Affiliates _____[27]
SC Department of Archives and History _____[28]

NOTES/QUESTIONS:

Tennessee General Information

County _____ [1]
City _____ [2]
Account number _____ [3]

NOTES/QUESTIONS:

Form ID: UT

Utah General Information

If you were a part-year resident during the tax year, enter the dates you lived in Utah

Part-year residency dates:

From _____[1]

To _____[2]

State of residency (Nonresidents) _____[3]

Use Tax

	County/City	Purchases
Use tax	_____	_____[4]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

	Taxpayer	Spouse
Election campaign fund	___[5]	___[6]

Enter the appropriate code for the political party from the list below:

Political Party	
C = Constitution	L = Libertarian
D = Democratic	M = Independent American
F = Utah Forward	R = Republican
G = Green	N = No Contribution

Making a selection from this list will designate $2 to the party of your choice. Your refund or amount of tax due will not be affected

Charitable Contributions

Pamela Atkinson Homeless Trust Account _____[7]

Kurt Oscarson Children's Organ Transplant Account _____[8]

School district code _____[9]

School District and Nonprofit School District Foundation _____[10]

School district code						
01 = Alpine	07 = Davis	13 = Iron	19 = Morgan	25 = Park City	31 = Sevier	37 = Wasatch
02 = Beaver	08 = Duchesne	14 = Jordan	20 = Murray	26 = Piute	32 = S. Sanpete	38 = Washington
03 = Box Elder	09 = Emery	15 = Juab	21 = Nebo	27 = Provo	33 = S. Summit	39 = Wayne
04 = Cache	10 = Garfield	16 = Kane	22 = North Sanpete	28 = Rich	34 = Tintic	40 = Weber
05 = Carbon	11 = Grand	17 = Logan	23 = North Summit	29 = Salt Lake City	35 = Tooele	41 = Utah Assistive Technology
06 = Daggett	12 = Granite	18 = Millard	24 = Ogden	30 = San Juan	36 = Uintah	42 = Canyons

Clean Air Fund _____[11]

Governor's Suicide Prevention Fund _____[12]

Nonprofit Capacity Fund _____[13]

Diapering Supplies Fund _____[14]

Statewide Hunger Relief Fund _____[15]

NOTES/QUESTIONS:

Form ID: VT

Vermont General Information

School district name _____ [1]
School district code _____ [2]

Contributions and Use Tax

Use Tax

Calculate use tax using the reporting table ___ [3]
Total out-of-state purchases for items that cost less than $1,000 _____ [4]
Total out-of-state purchases for items that cost $1,000 or more _____ [5]
Sales tax paid on out-of-state purchases _____ [6]

Contributions

Amount of charitable contributions you wish to make to:

Nongame Wildlife Fund _____ [7]
Children's Trust Fund _____ [8]
Vermont Veterans' Fund _____ [9]
Green Up Day Vermont _____ [10]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Vermont

Part-year residency dates:
From _____ [11]
To _____ [12]

Other state of residency _____ [13]

Property Tax Information

Homeowners

Anticipate selling Vermont housesite on or before April 1st ___ [14]
SPAN number from 2025/2026 property tax bill _____ [15]
Housesite value _____ [16]
Housesite education tax _____ [17]
Housesite municipal tax _____ [18]
Ownership percentage of property _____ [19]
Mobile home lot rent _____ [20]

NOTES/QUESTIONS:

Form ID: VA

Virginia General Information

Virginia city or county of residence on January 1, 2026; last lived in or business location _____ [1]
Mark to indicate 1099-G to be received electronically ___ [2]
Mark to indicate name has changed from last year (Resident and nonresident only) ___ [3]
Mark to indicate filing status has changed from last year (Resident only) ___ [4]
Mark to indicate address has changed from last year (Resident and nonresident only) ___ [5]
Mark to indicate that a Virginia return was not filed last year (Resident only) ___ [6]

	Taxpayer	Spouse
Identity theft PIN	_____ [7]	_____ [8]
Health care coverage contact information (1 = Email, 2 = Daytime phone, 3 = Mailing address, 4 = Address, if different)	___ [9]	___ [10]

Address, if different _____ [11]
City, state, zip code _____ [12] ____ [13] _____ [14]

Use Tax

Consumer's Use Tax _____ [15]

Contributions

Amount of charitable contributions you wish to make to:
If you contributed to a public school foundation, provide the supporting information to your accountant

Virginia Nongame and Endangered Wildlife Program	_____ [16]	Federation of Food Banks	_____ [25]
Virginia Housing Program	_____ [17]	Chesapeake Bay Restoration Fund	_____ [26]
Department for Aging and Rehabilitative Services	_____ [18]	Family and Children's Trust Fund (FACT)	_____ [27]
Virginia Arts Foundation	_____ [19]	Virginia's State Forests Fund	_____ [28]
Open Space Recreation and Conservation	_____ [20]	Virginia Military Family Relief Fund	_____ [29]
Children of America Finding Hope	_____ [21]	Endowment Fund for the Blind and Visually Impaired	_____ [30]
Virginia Federation of Humane Societies	_____ [22]	Virginia Democratic Political Party	_____ [31]
Spay and Neuter Fund	_____ [23]	Virginia Republican Political Party	_____ [32]
Virginia Cancer Centers	_____ [24]		

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Virginia

	Spouse	Taxpayer
Part-year residency dates:		
From	_____ [33]	_____ [35]
To	_____ [34]	_____ [36]

Nonresident Information

	Spouse	Taxpayer
State of residence (Nonresidents only)	_____ [37]	_____ [38]

NOTES/QUESTIONS:

Form ID: WV

West Virginia General Information

County of residence _____[1]
Notice received for mandatory electronic payments ___[2]

Use Tax

Purchases _____[3]

	Municipality	Purchases
Municipality purchases	_____	_____[4]
Municipality purchases	_____	_____

Contributions

Amount of contributions you wish to make to:

West Virginia Children's Trust Fund _____[5]
West Virginia Department of Veterans Assistance _____[6]
Donel C. Kinnard Memorial State Veterans Cemetery _____[7]

Part-year Resident and Nonresident Information

Part-year residency status ___[8]

1 = Moved into West Virginia
2 = Moved out of West Virginia with West Virginia source income during period of nonresidency
3 = Moved out of West Virginia with no West Virginia source income during period of nonresidency

If you were a part-year resident during the tax year, enter the dates you lived in West Virginia

Part-year residency dates:
From _____[9]
To _____[10]

State of residence _____[11]
If state of residence is Virginia or Pennsylvania, enter number of days in West Virginia (Nonresidents only) _____[12]

NOTES/QUESTIONS:

Form ID: WI

Wisconsin General Information

City of residence [1]
Village of residence [2]
Town of residence [3]
County of residence [4]
School district [5]
Mark if divorce decree [6]
Enter rent paid:
Heat included [7]
Heat not included [8]

Use Tax

Mark if not subject to Use Tax [9]

	County	Purchases
Sales and use tax on out-of-state purchases		[10]
Sales and use tax on out-of-state purchases		
Sales and use tax on out-of-state purchases		

Contributions

Amount of charitable contributions you wish to make to:

Cancer research [11]
Endangered resources [12]
Military family relief [13]
Multiple sclerosis [14]
American Red Cross Badger Chapter [15]
Second Harvest / Feeding America [16]
Special Olympics Wisconsin [17]
Veterans trust fund [18]

Part-year Resident and Nonresident Information

Residency code [19]

Residency code	
Blank = Both spouses have the same residency status (Default)	4 = Taxpayer nonresident, spouse part-year
1 = Taxpayer nonresident, spouse resident	5 = Taxpayer resident, spouse part-year
2 = Taxpayer resident, spouse nonresident	6 = Taxpayer part-year, spouse resident
3 = Taxpayer part-year, spouse nonresident	

If you were a part-year resident during the tax year, enter the dates you lived in Wisconsin

	Taxpayer	Spouse
Part-year residency dates:		
From	[20]	[22]
To	[21]	[23]
State of residency (Nonresidents only)	[24]	[25]
Country of residency (Nonresidents only)	[26]	[27]
Nonresident aliens:		
Taxpayer or Spouse is a U.S. citizen or a resident alien		[28]

Resident of: IL [29] IN [30] KY [31] MI [32]

NOTES/QUESTIONS: