

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 _____ [2]
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) _____ [3]

	Taxpayer		Spouse
Social security number	_____ [4]		_____ [5]
First name	_____ [6]		_____ [7]
Last name	_____ [8]		_____ [9]
Occupation	_____ [10]		_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]		_____ [14]
Mark if dependent of another taxpayer	_____ [15]		_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]		
Mark if legally blind	_____ [20]		_____ [21]
Date of birth	_____ [22]		_____ [24]
Date of death	_____ [26]		_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]		_____ [30] _____ [31]
Home/evening telephone number	_____ [32]		_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [34]		

Present Mailing Address

Address _____ [40]
 Apartment number _____ [41]
 City, state postal code, zip code _____ [42] _____ [43] _____ [44]
 Foreign country name _____ [46]
 Foreign phone number _____ [49]
 In care of addressee _____ [51]

Dependent Information

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

First Name ^[52]	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 _____ [53]
 Social security number of qualifying person _____ [54]

Dependent Codes

- | | |
|---|---|
| <p>*Basic</p> <ul style="list-style-type: none"> 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 <p>***Months</p> <ul style="list-style-type: none"> 77 = Reported on odd year return 88 = Reported on even year return 99 = Not reported on return | <p>**Other</p> <ul style="list-style-type: none"> 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled |
|---|---|

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:

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. _____ [1]

Primary account:

Financial institution routing transit number _____ [5]

Name of financial institution _____ [6]

Your account number _____ [7]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [8]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [11]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [12]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [13] or Percent (xxx.xx) _____ [14]

Secondary account #1:

Financial institution routing transit number _____ [23]

Name of financial institution _____ [24]

Your account number _____ [25]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [26]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [29]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [30]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [15] or Percent (xxx.xx) _____ [16]

Secondary account #2:

Financial institution routing transit number _____ [31]

Name of financial institution _____ [32]

Your account number _____ [33]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [34]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [37]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [38]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [17] or Percent (xxx.xx) _____ [18]

*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.

NOTES/QUESTIONS:

Please provide copies of all Forms 1042-S, SSA-1042S, 8288A, and 8805

Country where you are a citizen or national during the tax year _____ [2]
 Foreign address to use for refund check, if different than mailing address entered on Screen 1040:
 Foreign address _____ [3]
 Foreign city _____ [4]
 Foreign country name _____ [6]
 Foreign province or county _____ [7]
 Foreign postal code _____ [8]
 Country of permanent residence for tax purposes _____ [10]
 Scholarships and fellowship grants received during tax year: _____ [15]
 U.S. real property interests that were disposed at a gain during the tax year _____ + _____ [18]

Income Not Effectively Connected with a U.S. Trade or Business

Payer / Description	Tax Rate	Income	U.S. Fed Withholding
Dividends paid by U.S. corporations:			
_____	_____ +	_____ [21]	+ _____
_____	_____ +	_____	+ _____
Dividends paid by foreign corporations:			
_____	_____ +	_____ [23]	+ _____
_____	_____ +	_____	+ _____
Interest received on mortgages:			
_____	_____ +	_____ [27]	+ _____
_____	_____ +	_____	+ _____
Interest paid by foreign corporations:			
_____	_____ +	_____ [29]	+ _____
_____	_____ +	_____	+ _____
Other Interest received:			
_____	_____ +	_____ [31]	+ _____
_____	_____ +	_____	+ _____
Industrial royalties (patents, trademarks, etc.)			
_____	_____ +	_____ [33]	+ _____
Motion picture or T.V. copyright royalties			
_____	_____ +	_____ [35]	+ _____
Other royalties (copyrights, recording, publishing, etc.)			
_____	_____ +	_____ [37]	+ _____
Real property income and natural resources royalties			
_____	_____ +	_____ [39]	+ _____
Pensions and annuities:			
_____	_____ +	_____ [41]	+ _____
Gambling - Residents of Canada only:-			
Winnings _____ [42] Losses _____ [44]			+ _____ [43]
Gambling - Residents of countries other than Canada:			
_____	_____ +	_____ [47]	+ _____
Other income:			
_____	_____ +	_____ [49]	+ _____
_____	_____ +	_____	+ _____

Capital Gains & Losses Not Effectively Connected with a U.S. Trade or Business

Description of Property [51]	Date Acquired	Date Sold	Sales Price	Cost/Basis	U.S. Fed W/H
_____	_____	_____	+ _____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____	+ _____

Control Totals +

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____ [1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) _____ [2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____ [9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes. This is not the same as an IRS assigned six-digit Identity Protection PIN (IP PIN).

Taxpayer self-selected Personal Identification Number (PIN) (Not an IRS assigned six-digit IP PIN) _____ [7]

Spouse self-selected Personal Identification Number (PIN) (Not an IRS assigned six-digit IP PIN) _____ [8]

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____ [1]
Identification number _____ [3]
Issue date _____ [4]
Expiration date (mm/dd/yyyy) _____ [5]
Location of issuance (State issued only) _____ [6]
Document number (New York only) _____ [7]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____ [10]
Identification number _____ [12]
Issue date _____ [13]
Expiration date (mm/dd/yyyy) _____ [14]
Location of issuance (State issued only) _____ [15]
Document number (New York only) _____ [16]

NOTES/QUESTIONS:

If you have an overpayment of 2024 taxes, do you want the excess:

Refunded _____ [52]

Applied to 2025 estimated tax liability _____ [53]

Do you expect a considerable change in your 2025 income? (Y, N) _____ [54]

If yes, please explain any differences:

_____ [55]

_____ [56]

_____ [57]

_____ [58]

Do you expect a considerable change in your deductions for 2025? (Y, N) _____ [59]

If yes, please explain any differences:

_____ [60]

_____ [61]

_____ [62]

_____ [63]

Do you expect a considerable change in the amount of your 2025 withholding? (Y, N) _____ [64]

If yes, please explain any differences:

_____ [65]

_____ [66]

_____ [67]

_____ [68]

Do you expect a change in the number of dependents claimed for 2025? (Y, N) _____ [69]

If yes, please explain any differences:

_____ [70]

_____ [71]

_____ [72]

_____ [73]

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) _____ [74]

2024 Federal Estimated Tax Payments

2023 overpayment applied to 2024 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	04/15/24	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	06/17/24	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	09/16/24	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	01/15/25	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]	_____	_____

*Method of payment indicated in prior year

EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System

Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J)

____[1]

State postal code

____[2]

Amount paid with 2023 return

+ _____[3]

2023 overpayment applied to '24 estimates

+ _____[4]

Treat calculated amounts as paid

____[8]

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	_____[9]	+ _____[10]	<div style="border: 1px solid black; padding: 5px;"> _____ _____ _____ _____ </div>
2nd quarter payment	_____[11]	+ _____[12]	
3rd quarter payment	_____[13]	+ _____[14]	
4th quarter payment	_____[15]	+ _____[16]	
Additional payment	_____[17]	+ _____[18]	

2024 City Estimated Tax Payments

City #1		City #2	
City name	_____[28]	City name	_____[50]
Amount paid with 2023 return	+ _____[31]	Amount paid with 2023 return	+ _____[53]
2023 overpayment applied to '24 estimates	+ _____[32]	2023 overpayment applied to '24 estimates	+ _____[54]
Treat calculated amounts as paid	_____[36]	Treat calculated amounts as paid	_____[58]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment	_____[37] + _____[38]	1st quarter payment	_____[59] + _____[60]
2nd quarter payment	_____[39] + _____[40]	2nd quarter payment	_____[61] + _____[62]
3rd quarter payment	_____[41] + _____[42]	3rd quarter payment	_____[63] + _____[64]
4th quarter payment	_____[43] + _____[44]	4th quarter payment	_____[65] + _____[66]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3		City #4	
City name	_____[72]	City name	_____[94]
Amount paid with 2023 return	+ _____[75]	Amount paid with 2023 return	+ _____[97]
2023 overpayment applied to '24 estimates	+ _____[76]	2023 overpayment applied to '24 estimates	+ _____[98]
Treat calculated amounts as paid	_____[80]	Treat calculated amounts as paid	_____[102]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment	_____[81] + _____[82]	1st quarter payment	_____[103] + _____[104]
2nd quarter payment	_____[83] + _____[84]	2nd quarter payment	_____[105] + _____[106]
3rd quarter payment	_____[85] + _____[86]	3rd quarter payment	_____[107] + _____[108]
4th quarter payment	_____[87] + _____[88]	4th quarter payment	_____[109] + _____[110]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Wages and Salaries #1

Please provide all copies of Form W-2.

2024 Information

Prior Year Information

Taxpayer/Spouse (T, S)		[1]	
Employer name	_____	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard, 5 = Diff of Care)		[5]	
Mark if this is your current employer		[6]	
Mark if this is the last year for this employer		[9]	
Federal wages and salaries (Box 1)	+ _____	[10]	
Federal tax withheld (Box 2)	+ _____	[12]	
Social security wages (Box 3) (if different than federal wages)	+ _____	[14]	
Social security tax withheld (Box 4)	+ _____	[16]	
Medicare wages (Box 5) (if different than federal wages)	+ _____	[18]	
Medicare tax withheld (Box 6)	+ _____	[21]	
SS tips (Box 7)	+ _____	[23]	
Allocated tips (Box 8)	+ _____	[25]	
Dependent care benefits (Box 10)	+ _____	[27]	
Box 13 -			
Statutory employee		[29]	
Retirement plan		[30]	
Third-party sick pay		[31]	
State postal code (Box 15)		[32]	
State wages (Box 16) (if different than federal wages)	+ _____	[34]	
State tax withheld (Box 17)	+ _____	[36]	
Local wages (Box 18)	+ _____	[38]	
Local tax withheld (Box 19)	+ _____	[40]	
Name of locality (Box 20)	_____	[43]	

Control Totals +

Wages and Salaries #2

Please provide all copies of Form W-2.

2024 Information

Prior Year Information

Taxpayer/Spouse (T, S)		[1]	
Employer name	_____	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard, 5 = Diff of Care)		[5]	
Mark if this your current employer		[6]	
Mark if this is the last year for this employer		[9]	
Federal wages and salaries (Box 1)	+ _____	[10]	
Federal tax withheld (Box 2)	+ _____	[12]	
Social security wages (Box 3) (if different than federal wages)	+ _____	[14]	
Social security tax withheld (Box 4)	+ _____	[16]	
Medicare wages (Box 5) (if different than federal wages)	+ _____	[18]	
Medicare tax withheld (Box 6)	+ _____	[21]	
SS tips (Box 7)	+ _____	[23]	
Allocated tips (Box 8)	+ _____	[25]	
Dependent care benefits (Box 10)	+ _____	[27]	
Box 13 -			
Statutory employee		[29]	
Retirement plan		[30]	
Third-party sick pay		[31]	
State postal code (Box 15)		[32]	
State wages (Box 16) (if different than federal wages)	+ _____	[34]	
State tax withheld (Box 17)	+ _____	[36]	
Local wages (Box 18)	+ _____	[38]	
Local tax withheld (Box 19)	+ _____	[40]	
Name of locality (Box 20)	_____	[43]	

Control Totals +

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 [1] Income	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 Type J Code	(**See codes below)	Ordinary Dividends [2]	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 +

Consolidated Broker Statement

Please provide copies of the Consolidated Broker Statement - Include all pages and all inserts

Preparer use only

T/S/J

Broker Name _____
 Account number _____

Employer identification number _____
 Margin interest _____
 Investment management/advisory fees _____

*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.

Type Code	1099-INT	Interest Income	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 +							

Type Code	1099-DIV	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distr	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	US Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Tax Paid	Prior Year Information
1	Payer											
	Amounts +											
2	Payer											
	Amounts +											
3	Payer											
	Amounts +											
4	Payer											
	Amounts +											
5	Payer											
	Amounts +											

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____

Description of Account - Aggregate profit/-loss on contracts -Loss/Gain Entire Yr 1099-B Adjustment Net 1256 loss carryback

Control Totals +

Nonemployee Compensation #1

Please provide all Forms 1099-NEC

Preparer use only

Preparer use only

2024 Information

Prior Year Information

Name of payer _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]
 State postal code _____ [6]
 Nonemployee compensation (Box 1) + _____ [13]
 Payer made direct sales of \$5,000 or more of consumer products (Box 2) _____ [15]
 Federal income tax withheld (Box 4) + _____ [17]
 State tax withheld (Box 5) + _____ [19]
 State/Payer's state no. (Box 6) _____ [21]
 State income (Box 7) + _____ [22]

Prior Year Information grid

Control Totals +

Nonemployee Compensation #2

Please provide all Forms 1099-NEC

Preparer use only

Preparer use only

2024 Information

Prior Year Information

Name of payer _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]
 State postal code _____ [6]
 Nonemployee compensation (Box 1) + _____ [13]
 Payer made direct sales of \$5,000 or more of consumer products (Box 2) _____ [15]
 Federal income tax withheld (Box 4) + _____ [17]
 State tax withheld (Box 5) + _____ [19]
 State/Payer's state no. (Box 6) _____ [21]
 State income (Box 7) + _____ [22]

Prior Year Information grid

Control Totals +

NOTES/QUESTIONS:

Payment Card and Third Party Network Transactions #1

Please provide all Forms 1099-K

Preparer use only

2024 Information

Prior Year Information

Name of payer _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]
 State postal code _____ [6]
 Gross amount of payment card/third party network transactions (Box 1) + _____ [17]
 Card not present transactions (Box 1b) _____ [19]
 Federal income tax withheld (Box 4) + _____ [21]
 State postal code (Box 6) _____ [23]
 State identification number (Box 7) _____ [25]
 State tax withheld (Box 8) + _____ [26]

Control Totals +

Payment Card and Third Party Network Transactions #2

Please provide all Forms 1099-K

Preparer use only

2024 Information

Prior Year Information

Name of payer _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]
 State postal code _____ [6]
 Gross amount of payment card/third party network transactions (Box 1) + _____ [17]
 Card not present transactions (Box 1b) _____ [19]
 Federal income tax withheld (Box 4) + _____ [21]
 State postal code (Box 6) _____ [23]
 State identification number (Box 7) _____ [25]
 State tax withheld (Box 8) + _____ [26]

Control Totals +

NOTES/QUESTIONS:

Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [51]

Taxpayer/Spouse/Joint (T, S, J) _____ [5]

State postal code _____ [6]

Name of creditor/lender _____ [3]

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) _____ [10]

Amount of debt discharged (Box 2) + _____ [11]

Interest if included in box 2 (Box 3) + _____ [12]

Personally liable for repayment of the debt (if checked) (Box 4) _____ [13]

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate
F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) _____ [14]

Fair market value of property (Box 7) + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [16]

Balance of principal outstanding (Box 2) + _____ [17]

Fair market value of property (Box 4) + _____ [18]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [19]

Control Totals +

Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [51]

Taxpayer/Spouse/Joint (T, S, J) _____ [5]

State postal code _____ [6]

Name of creditor _____ [3]

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) _____ [10]

Amount of debt discharged (Box 2) + _____ [11]

Interest if included in box 2 (Box 3) + _____ [12]

Personally liable for repayment of the debt (if checked) (Box 4) _____ [13]

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate
F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) _____ [14]

Fair market value of property (Box 7) + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [16]

Balance of principal outstanding (Box 2) + _____ [17]

Fair market value of property (Box 4) + _____ [18]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [19]

Control Totals +

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2024 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [6]
 Gross distributions received (Box 1) + _____ [8]
 Taxable amount received (Box 2a) + _____ [10]
 Federal withholding (Box 4) + _____ [12]
 Distribution code (Box 7) _____ [15]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [17]
 State withholding (Box 14) + _____ [18]
 Local withholding (Box 17) + _____ [20]
 Amount of rollover + _____ [22]
 Mark if distribution was due to a pre-retirement age disability _____ [24]

Control Totals +

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2024 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [6]
 Gross distributions received (Box 1) + _____ [8]
 Taxable amount received (Box 2a) + _____ [10]
 Federal withholding (Box 4) + _____ [12]
 Distribution code (Box 7) _____ [15]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [17]
 State withholding (Box 14) + _____ [18]
 Local withholding (Box 17) + _____ [20]
 Amount of rollover + _____ [22]
 Mark if distribution was due to a pre-retirement age disability _____ [24]

Control Totals +

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2024 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [6]
 Gross distributions received (Box 1) + _____ [8]
 Taxable amount received (Box 2a) + _____ [10]
 Federal withholding (Box 4) + _____ [12]
 Distribution code (Box 7) _____ [15]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [17]
 State withholding (Box 14) + _____ [18]
 Local withholding (Box 17) + _____ [20]
 Amount of rollover + _____ [22]
 Mark if distribution was due to a pre-retirement age disability _____ [24]

Control Totals +

NOTES/QUESTIONS:

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

Taxpayer/Spouse (r, s) [1]
State postal code [3]

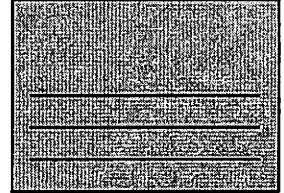
Social Security Benefits

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 2024 (Box 3 minus Box 4) (Box 5) + [12]
Voluntary Federal Income Tax Withheld (Box 6) + [14]

2024 Information

Prior Year Information



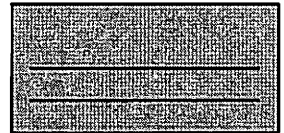
Tier 1 Railroad Benefits

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

Net Social Security Equivalent Benefit:
Portion of Tier 1 Paid in 2024 (Box 5) + [22]
Federal Income Tax Withheld (Box 10) + [25]
Medicare Premium Total (Box 11) + [27]

2024 Information

Prior Year Information



Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2024 or receive any prior year benefits in 2024. 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:

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	___[1]	___[2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	___[3]	___[4]
Enter the total traditional IRA contributions made for use in 2024	+ _____[5]	+ _____[6]

	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2024	+ _____[5]	+ _____[6]
Enter the nondeductible contribution amount made in 2025 for use in 2024	+ _____[7]	+ _____[8]
Traditional IRA basis	+ _____[17]	+ _____[18]
Value of all your traditional IRA's on December 31, 2024:	+ _____[19]	+ _____[20]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

Please provide copies of any 1998 through 2023 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	___[29]	___[30]
Enter the total Roth IRA contributions made for use in 2024	+ _____[31]	+ _____[32]
Enter the amount a 2024 Roth IRA conversion should be adjusted by	+ _____[39]	+ _____[40]
Enter the total contribution Roth IRA basis on December 31, 2023	+ _____[43]	+ _____[44]
Enter the total Roth IRA contribution recharacterizations for 2024	+ _____[45]	+ _____[46]
Enter the Roth conversion IRA basis on December 31, 2023	+ _____[47]	+ _____[48]
Value of all your Roth IRA's on December 31, 2024:	+ _____[49]	+ _____[50]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

Preparer use only

Business activity or profession name _____ [3]
 Taxpayer/Spouse (T, S) _____ [4]
 State postal code _____ [5]
 Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____ [6]
 Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]
 Enter the total amount of contributions made to a Keogh plan in 2024 + _____ [8]
 Enter the total amount of contributions made to a Solo 401(k) plan in 2024 + _____ [9]
 Enter the total amount of contributions made to a SEP plan in 2024 + _____ [10]
 Enter the total amount of contributions made to a SARSEP plan in 2024 + _____ [11]
 Enter the total amount of contributions made to a defined benefit plan in 2024 + _____ [12]
 Enter the total amount of contributions made to a profit-sharing plan in 2024 + _____ [13]
 Enter the total amount of contributions made to a money purchase plan in 2024 + _____ [14]
 Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2024 + _____ [15]
 Enter the total amount of contributions to a SIMPLE IRA plan in 2024 + _____ [16]

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2024 + _____ [17]
 Enter the amount of catch-up contributions made to a SIMPLE Plan in 2024 + _____ [18]

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2024 + _____ [19]
 Enter the amount of elective deferrals designated as Roth contributions in 2024 + _____ [20]

NOTES/QUESTIONS:

Preparer use only

2024 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 2024 _____ [30]
 Did you make any payments in 2024 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

2024 Information

Prior Year Information

Gross receipts and sales
 _____ + _____ [52]
 _____ + _____
 _____ + _____
 _____ + _____
 Returns and allowances + _____ [55]
 Other income:
 _____ + _____ [57]
 _____ + _____
 _____ + _____
 _____ + _____

Cost of Goods Sold

2024 Information

Prior Year Information

Beginning inventory + _____ [59]
 Purchases + _____ [61]
 Labor:
 _____ + _____ [63]
 _____ + _____
 Materials + _____ [65]
 Other costs:
 _____ + _____ [67]
 _____ + _____
 _____ + _____
 _____ + _____
 Ending inventory + _____ [69]

Control Totals +

Preparer use only

Principal business or profession _____

2024 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 +

Preparer use only

		2024 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 2024 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	2024 Information	Prior Year Information
_____	+ _____ [33]	_____
_____	_____	_____

Rent and Royalty Expenses

	2024 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

	2024 Information	Prior Year Information	
Refinancing points paid -			
Recipient's/Lender's name	_____ [92]		
Date of refinance	_____		
Total # Payments	_____		
Reported on 1098 in 2024	_____		
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 2024	_____		
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 2024	_____		
Total points paid	_____		
Points deemed as paid in current year (Preparer use only)	_____		

Vacation Home Information

Preparer - Enter on Screen Rent-3

	2024 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 366	_____ [9]	
Carryover of disallowed operating expenses into 2024	+ _____ [21]	
Carryover of disallowed depreciation expenses into 2024	+ _____ [22]	

Passive and Other Information

Preparer - Enter on Screen Rent-2

Preparer use only Carryovers	Non-QBI and Tax	For QBI & Tax	AMT
Operating	+ _____ [24]	+ _____ [25]	+ _____ [26]
Short-term capital		+ _____ [27]	+ _____ [28]
Long-term capital		+ _____ [29]	+ _____ [30]
28% rate capital		+ _____ [31]	+ _____ [32]
Section 1231 loss	+ _____ [33]	+ _____ [34]	+ _____ [35]
Ordinary business gain/loss	+ _____ [36]	+ _____ [37]	+ _____ [38]
Section 179	+ _____ [39]	+ _____ [40]	+ _____ [41]

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 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]

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]

Description _____ [1]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]
 State postal code _____ [6]
 Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) _____ [7]
 Date former residence was acquired _____ [9]
 Date former residence was sold _____ [10]
 Selling price of former residence + _____ [11]
 Expenses related to the sale of your old home + _____ [12]
 Original cost of home sold including capital improvements + _____ [13]

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) _____ [19]

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [21]	_____ [22]
Number of days each person owned property used as main home	_____ [23]	_____ [24]
Number of days between date of sale of the other home and date of sale of this home	_____ [25]	_____ [26]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____ [28]
 Total current year payments received + _____ [29]

Form 6252 - Related Party Installment Sale Information

Related party name _____ [30]
 Address _____ [31]
 City, State and Zip _____ [32] [33] _____ [34]
 Identifying number of related party _____ [35]
 Was the property sold as a marketable security? (Y, N) _____ [36]
 Enter date of second sale if more than 2 years after the first sale _____ [37]
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____ [38]
 Selling price of property sold by a related party + _____ [40]

NOTES/QUESTIONS:

This form is used to report financial accounts in foreign countries, as required by the Internal Revenue Service.

Taxpayer/Spouse/Joint (T, S, J)

__[1]

	2024 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)	__[4]	[Shaded area for prior year information]
Type of Account:		
Bank	__[5]	
Securities	__[6]	
Other	_____[7]	
Maximum value of account (in US dollars)	_____[8]	
Account number or other designation	_____[10]	
Financial institution	_____[12]	
Address of financial institution	_____[13]	
City, state, zip code	_____[14] ____ [15] ____ [16]	
Foreign country code/name	____ [17] ____ [18]	
For addresses in Mexico, enter state	____ [20]	
Foreign province/county	____ [23]	
Foreign postal code	____ [24]	
Account jointly owned with spouse	__ [25]	
Account opened during the tax year	__ [47]	
Account closed during the tax year	__ [49]	
Information is reported for a financial account which is:	__ [27]	

2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest

Complete this section if there is a joint owner other than the spouse, or you have signature authority only over the account

Taxpayer identification number of account holder/joint owner	_____[28]
Foreign identification number of account holder/joint owner (If no Taxpayer identification number)	_____[29]
Last name or organization name of account holder/joint owner	_____[30]
First name and middle initial of account holder/joint owner	_____[31] ____ [32]
Address and apartment	_____[33] ____ [34]
City, state, zip code	_____[35] ____ [36] ____ [37]
Foreign country code/name	____ [38] ____ [39]
For addresses in Mexico, enter state	____ [41]
Foreign postal code	____ [44]
Number of joint owners (Not including taxpayer, if applicable)	____ [45]
Filer's title with this owner (if applicable)	____ [46]

NOTES/QUESTIONS:

Preparer use only

Taxpayer/Spouse (T, S) _____ [2]
 Occupation in which expenses were incurred _____ [3]
 State postal code _____ [5]
 If the employee expenses were from an occupation listed below, enter the applicable code _____ [6]
 1 = Qualified performing artist, 2 = Impairment-related work expenses, 3 = Fee-basis official, 5 = Reservist

Parking fees and tolls + _____ [18]
 Local transportation + _____ [20]
 Travel expenses + _____ [23]

Other business expenses:
 _____ + _____ [26]
 _____ + _____
 _____ + _____
 _____ + _____
 _____ + _____
 _____ + _____
 _____ + _____
 _____ + _____
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 _____ + _____

Nonvehicle depreciation + _____ [29]
 Meals + _____ [32]
 Meals for individuals subject to DOT hours of service limitation (certain state returns) _____ [35]

Prior Year Information

Employer Reimbursements

Enter Reimbursements not entered on Screen W2, Box 12, Code L

Reimbursements for other expenses not included on Form W-2 + _____ [62]
 Reimbursements for meals not included on Form W-2 + _____ [64]
 Reimbursements for meals for DOT service limitation not included on Form W-2 + _____ [66]

Prior Year Information

Control Totals +

Preparer use only

Taxpayer/Spouse (T, S) _____ [2]
 Occupation in which expenses were incurred _____ [3]
 State postal code _____ [4]

Vehicle Questions

If you used your automobile for work purposes, please answer the following questions:

Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	_____ [5]	[6] _____ [7] _____ [8] _____
Was another vehicle available for personal use? (Y, N)	_____ [7]	
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	_____ [9]	

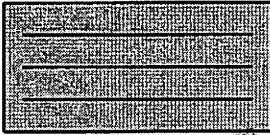
Vehicle Information

Vehicle 1 -	Date placed in service _____ [11]
	Description _____ [12]
	Comments _____
Vehicle 2 -	Date placed in service _____ [59]
	Description _____ [60]
	Comments _____
Vehicle 3 -	Date placed in service _____ [107]
	Description _____ [108]
	Comments _____
Vehicle 4 -	Date placed in service _____ [155]
	Description _____ [156]
	Comments _____

Vehicles Actual Expenses

Mileage Information	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year _____ [18]			_____ [66]		_____ [114]		_____ [162]	
Business miles _____ [20]			_____ [68]		_____ [116]		_____ [164]	
Average daily round trip commuting mileage _____ [23]			_____ [71]		_____ [119]		_____ [167]	
Total commuting mileage _____ [25]			_____ [73]		_____ [121]		_____ [169]	
Gasoline + _____ [27]			+ _____ [75]		+ _____ [123]		+ _____ [171]	
Oil + _____ [29]			+ _____ [77]		+ _____ [125]		+ _____ [173]	
Repairs + _____ [31]			+ _____ [79]		+ _____ [127]		+ _____ [175]	
Maintenance + _____ [33]			+ _____ [81]		+ _____ [129]		+ _____ [177]	
Tires + _____ [35]			+ _____ [83]		+ _____ [131]		+ _____ [179]	
Car washes + _____ [37]			+ _____ [85]		+ _____ [133]		+ _____ [181]	
Insurance + _____ [39]			+ _____ [87]		+ _____ [135]		+ _____ [183]	
Interest + _____ [41]			+ _____ [89]		+ _____ [137]		+ _____ [185]	
Registration + _____ [43]			+ _____ [91]		+ _____ [139]		+ _____ [187]	
Licenses + _____ [45]			+ _____ [93]		+ _____ [141]		+ _____ [189]	
Property taxes (Plates, tags, etc) _____ [47]			+ _____ [95]		+ _____ [143]		+ _____ [191]	
Vehicle rentals + _____ [49]			+ _____ [97]		+ _____ [145]		+ _____ [193]	
Inclusion amt (Preparer only) _____ [51]			+ _____ [99]		+ _____ [146]		+ _____ [195]	
Other vehicle expenses + _____ [53]			+ _____ [101]		+ _____ [149]		+ _____ [197]	
Value of employer provided vehicle + _____ [55]			+ _____ [103]		+ _____ [151]		+ _____ [199]	
Depreciation + _____ [57]			+ _____ [105]		+ _____ [153]		+ _____ [201]	

Complete this section if you paid interest on a qualified student loan in 2024 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 2024. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	+	2024 Interest Paid	[1]	Prior Year Information
---	_____	+	_____		
---	_____	+	_____		
---	_____	+	_____		
---	_____	+	_____		

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 2024.
 Enter the amount actually paid during 2024.

	2024 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+ _____ [8]	[]
Educational institution changed its reporting method for 2024 (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 2025 (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 2024

NOTES/QUESTIONS:

Qualified Education Programs
Please provide all copies of Form 1099Q

Taxpayer/Spouse (r, s) _____ [1]
 Payer name _____ [3]
 State postal code _____ [4]
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) _____ [6]
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____ [7]
 Final distribution _____ [8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____ [11]
 First name _____ [12]
 Last name _____ [13]

	2024 Information	Prior Year Information				
Amount contributed in current year	+ _____ [14]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>				
Basis of this account at 12/31/23	+ _____ [17]					
Value of this account at 12/31/24	+ _____ [19]					
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____ [24]					

Payments from Qualified Education Programs

	2024 Information	Prior Year Information										
Gross distribution (Box 1)	+ _____ [30]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>										
Earnings (Box 2)	+ _____ [32]											
Basis (Box 3)	+ _____ [34]											
Trustee-to-trustee rollover (Box 4)	_____ [36]											
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]											
Box 5 -												
Private QTP	_____ [39]											
State QTP	_____ [40]											
Coverdell ESA	_____ [41]											
Check if the recipient is not the designated beneficiary (Box 6)	_____ [42]											
Qualified education expenses	+ _____ [43]											
Elementary and secondary education expenses	+ _____ [45]											

NOTES/QUESTIONS:

T/S/J	2024 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	2024 Information	Prior Year Information
	State/local income taxes paid:	
__ [18]	_____ + _____ [19]	
—	_____ + _____	
—	_____ + _____	
—	_____ + _____	
—	_____ + _____	
	2023 state and local income taxes paid in 2024:	
__ [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	2024 Interest Paid ^[2]	2024 Points Paid	Type*	Prior Year Information
	Home mortgage interest: From Form 1098			
[1]	+	+		
	+	+		
	+	+		
	+	+		
	+	+		
	+	+		
	+	+		
	+	+		
	+	+		
	+	+		

*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	2024 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
[4]			+	[5]
	Address			
	City, state and zip code			
			+	
	Address			
	City, state and zip code			

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 2024 -

Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2024 (Preparer use only) + _____ [12]
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2024 _____

Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2024 (Preparer use only) + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2024 _____

T/S/J	2024 Information	Prior Year Information
	Investment interest expense, other than on Schedule(s) K-1:	
[15]	+	[16]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

T/S/J 2024 Information Prior Year Information

Contributions made by cash or check (including out-of-pocket expenses)

Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.

Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

Table with 3 columns: T/S/J, 2024 Information, and Prior Year Information. Rows include contributions by cash or check, volunteer miles driven, and noncash items.

Miscellaneous Deductions

T/S/J 2024 Information Prior Year Information

Other expenses

Table with 3 columns: T/S/J, 2024 Information, and Prior Year Information. Rows include other expenses and gambling losses.

NOTES/QUESTIONS:

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)	_____	[1]
Donated property description	_____	[4]
Name of donee organization	_____	[5]
Address of donee organization	_____	[6]
City	_____	[7]
State postal code	_____	[8]
Zip code	_____	[9]
Date contributed	_____	[10]
Date acquired by donor	_____	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	_____	[12]
Donor's cost or basis	+ _____	[13]
Fair market value	+ _____	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	_____	[15]
If other:	_____	[16]

Control Totals +

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)	_____	[1]
Donated property description	_____	[4]
Name of donee organization	_____	[5]
Address of donee organization	_____	[6]
City	_____	[7]
State postal code	_____	[8]
Zip code	_____	[9]
Date contributed	_____	[10]
Date acquired by donor	_____	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	_____	[12]
Donor's cost or basis	+ _____	[13]
Fair market value	+ _____	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	_____	[15]
If other:	_____	[16]

Control Totals +

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)	_____	[1]
Donated property description	_____	[4]
Name of donee organization	_____	[5]
Address of donee organization	_____	[6]
City	_____	[7]
State postal code	_____	[8]
Zip code	_____	[9]
Date contributed	_____	[10]
Date acquired by donor	_____	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	_____	[12]
Donor's cost or basis	+ _____	[13]
Fair market value	+ _____	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	_____	[15]
If other:	_____	[16]

Control Totals +

Please provide all Forms 1098-C. If you received a different acknowledgment from the donee organization in lieu of Form 1098-C, enter the equivalent donation information in the fields provided below.

Taxpayer/Spouse (T, S) _____ [1]

Donee's name _____ [4]

State postal code _____ [3]

Date of contribution (Box 1) _____ [9]

Odometer mileage (Box 2a) _____ [10]

Year of vehicle (Box 2b) _____ [11]

Make of vehicle (Box 2c) _____ [12]

Model of vehicle (Box 2d) _____ [13]

Vehicle or other identification number (Box 3) _____ [14]

Donee certifies that vehicle was sold in arm's length transaction to unrelated party (Box 4a) _____ [15]

Date of sale (Box 4b) _____ [16]

Gross proceeds from sale (Box 4c) + _____ [17]

Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use (Box 5a) _____ [18]

Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose (Box 5b) _____ [19]

Detailed description of material improvements or significant intervening use and duration of use (Box 5c) _____ [20]

_____ [20]

_____ [20]

Did you provide goods or services in exchange for the vehicle? (Box 6a) Yes ___ [21] No ___ [22]

Value of goods and services provided in exchange for the vehicle (Box 6b) + _____ [23]

Donee certifies that the goods and services consisted solely of intangible religious benefits (Box 6c) _____ [24]

Description of goods and services (Box 6c) _____ [25]

_____ [25]

_____ [25]

Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked (Box 7) _____ [26]

Other Information for Donated Property

Overall physical condition of property _____ [31]

Date property was acquired by donor _____ [32]

How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [33]

Donor's cost or basis + _____ [34]

Fair market value on date of contribution + _____ [35]

Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [36]

If other: _____ [37]

Bargain sale amount received + _____ [38]

Donee's address, and ZIP code _____ [42]

_____ [43] _____ [44] _____ [45]

Donee's telephone number _____ [46]

NOTES/QUESTIONS:

Preparer use only

Principal business or profession [3]
Taxpayer/Spouse/Joint (T, S, J) [4]
State postal code [5]

Business Use of Home

2024 Information
Prior Year Information
Total area of home [14]
Area used exclusively for business [16]
Information for day-care facilities only:
Total hours used for day-care during this year [18]
Total hours used this year, if less than 8784 [20]
Special computation for certain day-care facilities:
Area used regularly and exclusively for day-care business [22]
Area used partly for day-care business [24]

List as direct expenses any expenses which are attributable only to the business part of your home.
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

2024 Information
Prior Year Information
Direct Expenses Indirect Expenses
Mortgage interest: + [29] + [31]
Real estate taxes: + [37] + [39]
Excess mortgage interest + [42] + [43]
Insurance + [48] + [50]
Rent + [54] + [55]
Repairs & maintenance + [57] + [58]
Utilities + [60] + [61]
Other expenses, such as: Supplies & Security system + [63] + [64]
Excess casualty losses + [66]
Carryovers:
Operating expenses + [67]
Casualty losses + [68]
Depreciation + [70]
Business expenses not from business use of home, such as:
Travel, Supplies, Business telephone expenses + [71]
Depreciation + [75]

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____ [3]

Vehicles

Vehicle 1 -	Date placed in service	_____	[4]
	Description	_____	[5]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[9]
	Description	_____	[10]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[14]
	Description	_____	[15]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[19]
	Description	_____	[20]
	Comments	_____	

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	___ [60]	___	___ [62]	___	___ [64]	___	___ [66]	___
Was another vehicle available for personal use? (Y, N)	___ [68]	___	___ [70]	___	___ [72]	___	___ [74]	___
Do you have evidence to support your deduction? (Y, N)	___ [76]	___	___ [78]	___	___ [80]	___	___ [82]	___
Is this evidence written? (Y, N)	___ [84]	___	___ [86]	___	___ [88]	___	___ [90]	___

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____ [32]		_____ [34]		_____ [36]		_____ [38]	
Commuting miles	_____ [40]		_____ [42]		_____ [44]		_____ [46]	
Business miles	_____ [48]		_____ [50]		_____ [52]		_____ [54]	
Parking fees	+ _____ [92]		+ _____ [94]		+ _____ [96]		+ _____ [98]	
Tolls	+ _____ [100]		+ _____ [102]		+ _____ [104]		+ _____ [106]	
Gasoline	+ _____ [108]		+ _____ [110]		+ _____ [112]		+ _____ [114]	
Oil	+ _____ [116]		+ _____ [118]		+ _____ [120]		+ _____ [122]	
Repairs	+ _____ [124]		+ _____ [126]		+ _____ [128]		+ _____ [130]	
Maintenance	+ _____ [132]		+ _____ [134]		+ _____ [136]		+ _____ [138]	
Tires	+ _____ [140]		+ _____ [142]		+ _____ [144]		+ _____ [146]	
Car washes	+ _____ [148]		+ _____ [150]		+ _____ [152]		+ _____ [154]	
Insurance	+ _____ [156]		+ _____ [158]		+ _____ [160]		+ _____ [162]	
Interest	+ _____ [164]		+ _____ [166]		+ _____ [168]		+ _____ [170]	
Registration	+ _____ [172]		+ _____ [174]		+ _____ [176]		+ _____ [178]	
Licenses	+ _____ [180]		+ _____ [182]		+ _____ [184]		+ _____ [186]	
Property taxes	+ _____ [188]		+ _____ [190]		+ _____ [192]		+ _____ [194]	
Other vehicle expenses	+ _____ [196]		+ _____ [198]		+ _____ [200]		+ _____ [202]	
Vehicle rentals	+ _____ [204]		+ _____ [206]		+ _____ [208]		+ _____ [210]	
Inclusion amt (Preparer only)	_____ [212]		+ _____ [214]		+ _____ [216]		+ _____ [218]	
Depreciation	+ _____ [220]		+ _____ [222]		+ _____ [224]		+ _____ [226]	

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. 2024 Monthly Premium Amount	Prior Year Information	B. 2024 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2024 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. 2024 Monthly Premium Amount	Prior Year Information	B. 2024 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2024 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:

Please provide all Forms 5498-SA.

	2024 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [1]	[]
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 2024 (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 2024	____ [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 2024	+ _____ [15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____ [16]	
Excess contributions for 2023 taken as constructive contributions for 2024	+ _____ [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]	[]
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 2024? (Y, N) _____ [33]

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

	2024 Information	Prior Year Information
Taxpayer/Spouse (r, s)	____[1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of Trustee _____	____[4]	
State postal code _____	____[2]	
Gross distributions received (Box 1)	+ _____[7]	
Earnings on excess contributions (Box 2)	+ _____[9]	
Distribution code (Box 3)	____[11]	
Fair Market Value on date of death (Box 4)	+ _____[12]	
Box 5 -		
HSA	____[13]	
Archer MSA	____[14]	
MA MSA	____[15]	
All distributions were used to pay unreimbursed qualified medical expenses	____[17]	
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2024	+ _____[19]	
Withdrawal of excess contributions by the due date of the return	+ _____[21]	
Amount of distribution rolled over for 2024	+ _____[23]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ _____[26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/23	+ _____[27]	
For HSA accounts:		
Was the high deductible health plan coverage started in 2023 and in effect for the month of December 2023? (Y, N)	____[29]	
Was the high deductible health plan coverage ended before 12/31/24? (Y, N)	____[30]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2024 Information	Prior Year Information
Name of the insured chronically ill individual _____	____[39]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Social security number of insured _____	____[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+ _____[42]	
Accelerated death benefits paid (Box 2)	+ _____[44]	
Check one (Box 3)		
Per diem	____[46]	
Reimbursed amount	____[47]	
Qualified contract (Box 4)	____[48]	
Check, if applicable (Box 5)		
Chronically ill	____[49]	
Terminally ill	____[50]	
Are there other individuals who received LTC payments during 2024? (Y, N)	____[52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	____[53]	
Number of days during the long-term care period _____	____[54]	
Cost incurred for qualified long-term care services during the long-term care period	+ _____[55]	

NOTES/QUESTIONS:

Enter parent's information for children under age 19 on 1/1/25 or a full-time student under age 24 with unearned income of more than \$2600.

Parent's social security number (Enter the name and social security number of the parent listed first on the return) _____ [1]
 Parent's first name _____ [2]
 Parent's last name _____ [3]
 Parent's filing status (1 = Single, 2 = Married/filing jointly, 3 = Married separately, 4 = Head of household, 5 = Qualifying widow(er)) _____ [4]

All Other Children's Information

Enter information for each child with unearned income of more than \$2600.
Preparer - Enter on Screen 8615Sib

Child #1 social security number _____ [1] Child #2 social security number _____ [1]
 Child #1 first name _____ [2] Child #2 first name _____ [2]
 Child #1 last name _____ [3] Child #2 last name _____ [3]
 Child #1 date of birth (mm/dd/yyyy) _____ [4] Child #2 date of birth (mm/dd/yyyy) _____ [4]

Child #3 social security number _____ [1] Child #4 social security number _____ [1]
 Child #3 first name _____ [2] Child #4 first name _____ [2]
 Child #3 last name _____ [3] Child #4 last name _____ [3]
 Child #3 date of birth (mm/dd/yyyy) _____ [4] Child #4 date of birth (mm/dd/yyyy) _____ [4]

Child #5 social security number _____ [1] Child #6 social security number _____ [1]
 Child #5 first name _____ [2] Child #6 first name _____ [2]
 Child #5 last name _____ [3] Child #6 last name _____ [3]
 Child #5 date of birth (mm/dd/yyyy) _____ [4] Child #6 date of birth (mm/dd/yyyy) _____ [4]

Child #7 social security number _____ [1] Child #8 social security number _____ [1]
 Child #7 first name _____ [2] Child #8 first name _____ [2]
 Child #7 last name _____ [3] Child #8 last name _____ [3]
 Child #7 date of birth (mm/dd/yyyy) _____ [4] Child #8 date of birth (mm/dd/yyyy) _____ [4]

Child #9 social security number _____ [1] Child #10 social security number _____ [1]
 Child #9 first name _____ [2] Child #10 first name _____ [2]
 Child #9 last name _____ [3] Child #10 last name _____ [3]
 Child #9 date of birth (mm/dd/yyyy) _____ [4] Child #10 date of birth (mm/dd/yyyy) _____ [4]

Child #11 social security number _____ [1] Child #12 social security number _____ [1]
 Child #11 first name _____ [2] Child #12 first name _____ [2]
 Child #11 last name _____ [3] Child #12 last name _____ [3]
 Child #11 date of birth (mm/dd/yyyy) _____ [4] Child #12 date of birth (mm/dd/yyyy) _____ [4]

NOTES/QUESTIONS:

Children's Interest Income

Please provide copies of all Form 1099-INT or other statements reporting child's 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.
 Complete a separate Organizer Form ID: 8814 for each child.

Child's social security number _____ (1)
 Child's date of birth _____ (2)
 Child's name _____ (4)
 Taxpayer/Spouse/Joint (T, S, J) _____ (5)

Type Code (**See codes below)	Payer	Interest (6) Income	Tax Exempt Income	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information
---	_____	+	_____	_____	_____	
---	_____	+	_____	_____	_____	
---	_____	+	_____	_____	_____	
---	_____	+	_____	_____	_____	
---	_____	+	_____	_____	_____	
---	_____	+	_____	_____	_____	

****Interest Codes**
 Blank = Regular Interest 3 = Nominee Distribution 4 = Accrued Interest 5 = OID Adjustment 6 = ABP Adjustment

Children's Dividend Income

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

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

****Dividend Codes**
 Blank = Other 3 = Nominee

Alaska Permanent Fund dividends:

	2024 Information ^[10]	Prior Year Information
_____	+ _____	
_____	+ _____	

Complete if you paid cash wages of \$1,000 or more to any household employee.

Taxpayer/Spouse (T, S)		__ [1]
Employer identification number		[2]
Total cash wages subject to social security taxes	+ _____	[4]
Total cash wages subject to Medicare taxes	+ _____	[5]
Total cash wages subject to Additional Medicare Tax withholding	+ _____	[6]
Federal income tax withheld	+ _____	[7]
State disability plan social security & Medicare withheld	+ _____	[8]
Did you:		
(A) pay any household employee cash wages of \$2,700 or more in 2024? (Y, N)		__ [9]
(B) withhold Federal income tax for any household employee? (Y, N)		__ [10]
(C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2023 or 2024? (Y, N)		__ [11]

Federal Unemployment (FUTA) Tax

If you answered "Yes" to question (C) above, complete the following information.
 Complete only items marked with an asterisk (*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.

Total cash wages subject to FUTA tax		+ _____ [12]
State #1 information		
State postal code where you have to pay unemployment contributions *		_____ [14]
State reporting number as shown on state unemployment tax return		[15]
Taxable wages (as defined in state act)	+ _____	[16]
State experience rate period:		
From		[17]
To		[18]
State experience rate (xxx.xx)		_____ [19]
Contributions paid to state unemployment fund *	+ _____	[20]
Contributions for 2024 paid after 04/15/25	+ _____	[21]
State #2 information		
State postal code where you have to pay unemployment contributions		_____ [22]
State reporting number as shown on state unemployment tax return		[23]
Taxable wages (as defined in state act)	+ _____	[24]
State experience rate period:		
From		[25]
To		[26]
State experience rate (xxx.xx)		_____ [27]
Contributions paid to state unemployment fund	+ _____	[28]
Contributions for 2024 paid after 04/15/25	+ _____	[29]

NOTES/QUESTIONS:

Please enter all amounts paid in 2024 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
2023 employer-provided dependent care benefits used during 2024 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2024	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2024		_____ [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 2024 + _____ [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 2024 + _____
 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 2024 + _____
 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 2024 + _____
 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 2024 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Control Totals +

Credit For The Elderly or Disabled

Please complete if you were age 65 or older at the end of 2024, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

	Taxpayer	Spouse
Nontaxable disability/pension income received in 2024	+ _____ [7]	+ _____ [8]
Taxable disability income received in 2024	+ _____ [9]	+ _____ [10]

NOTES/QUESTIONS:

The Inflation Reduction Act of 2022 provides credits for clean energy and energy efficient improvements made to personal residences.

Taxpayer/Spouse/Joint (T, S, J)		_ [1]
Enter the total amount of costs for qualified solar electric property	+	_____ [3]
Enter the total amount of costs for qualified solar water heating property	+	_____ [4]
Enter the total amount of costs for qualified small wind energy property	+	_____ [5]
Enter the total amount of costs for qualified geothermal heat pump property	+	_____ [6]
Enter the total amount of costs for qualified battery technology costs with capacity of at least 3 kilowatt hours	+	_____ [7]
Were the costs incurred made to your main home located in the United States? (Y, N)		_ [8]
Enter the total amount of costs for qualified fuel cell property	+	_____ [9]
Enter the total amount of kilowatt capacity of the qualified fuel cell property		_____ [10]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)		_ [16]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+	_____ [17]
Enter the total amount of costs for the most expensive exterior door bought		_____ [18]
Enter the total amount of costs for all other exterior doors bought	+	_____ [19]
Enter the total amount of costs for exterior windows and skylights	+	_____ [20]
Enter the total amount of costs for central air conditioner	+	_____ [22]
Enter the total amount of costs for natural gas, propane or oil hot water heaters	+	_____ [23]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+	_____ [24]
Enter the total amount of costs for panelboards, subpanelboards, branch circuits or feeders	+	_____ [25]
Enter the total amount of costs for qualified home energy audit costs	+	_____ [26]
Enter the total amount of costs for electric or natural gas heat pumps	+	_____ [27]
Enter the total amount of costs for electric or natural gas heat pump water heaters	+	_____ [28]
Enter the total amount of costs for biomass stoves and biomass boilers	+	_____ [29]

NOTES/QUESTIONS:

Qualified Conservation Contribution Carryover Items

Enter carryovers from prior year(s) as positive numbers. Enter utilizations from prior year(s) as negative numbers.

Prior C/O Year	50% Qualified Conservation Contributions	50% AMT Qual Conservation Contributions	100% Qualified Conservation Contributions	100% AMT Qual Conservation Contributions
2009	+ _____ [1]	+ _____ [16]	+ _____ [31]	+ _____ [46]
2010	+ _____ [2]	+ _____ [17]	+ _____ [32]	+ _____ [47]
2011	+ _____ [3]	+ _____ [18]	+ _____ [33]	+ _____ [48]
2012	+ _____ [4]	+ _____ [19]	+ _____ [34]	+ _____ [49]
2013	+ _____ [5]	+ _____ [20]	+ _____ [35]	+ _____ [50]
2014	+ _____ [6]	+ _____ [21]	+ _____ [36]	+ _____ [51]
2015	+ _____ [7]	+ _____ [22]	+ _____ [37]	+ _____ [52]
2016	+ _____ [8]	+ _____ [23]	+ _____ [38]	+ _____ [53]
2017	+ _____ [9]	+ _____ [24]	+ _____ [39]	+ _____ [54]
2018	+ _____ [10]	+ _____ [25]	+ _____ [40]	+ _____ [55]
2019	+ _____ [11]	+ _____ [26]	+ _____ [41]	+ _____ [56]
2020	+ _____ [12]	+ _____ [27]	+ _____ [42]	+ _____ [57]
2021	+ _____ [13]	+ _____ [28]	+ _____ [43]	+ _____ [58]
2022	+ _____ [14]	+ _____ [29]	+ _____ [44]	+ _____ [59]
2023	+ _____ [15]	+ _____ [30]	+ _____ [45]	+ _____ [60]

NOTES/QUESTIONS:

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]	Parks Pass Purchase (\$195)	_____ [15]
Alzheimer's Disease/Related Dementia Fund	_____ [6]	State Parks Protection Fund	_____ [16]
Rare and Endangered Species Preservation Program	_____ [7]	Protect Our Coast and Oceans Fund	_____ [17]
Breast Cancer Research Fund	_____ [8]	Keep Arts in Schools Fund	_____ [18]
Firefighters' Memorial Fund	_____ [9]	Prevention of Animal Homelessness Fund	_____ [19]
Emergency Food for Families Fund	_____ [10]	California Senior Citizen Advocacy Fund	_____ [20]
Peace Officer Memorial Foundation Fund	_____ [11]	Native California Wildlife Rehabilitation	_____ [21]
Sea Otter Fund	_____ [12]	Mental Health Crisis Prevention Fund	_____ [22]
Cancer Research Fund	_____ [13]	California ALS Research Network Fund	_____ [32]
School Supplies for Homeless Children Fund	_____ [14]		

Renter Information

Number of months rented principal residence in California in 2024 _____ [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 2024 _____ [35]

Taxpayer claimed homeowner's property tax exemption in 2024 _____ [36]

Spouse claimed homeowner's property tax exemption during 2024 _____ [37]

Maintained separate residences for the entire year _____ [38]

Addresses if more than one or different from mailing address _____ [39]

Address _____ [39]

City _____

State _____

Zip Code _____

Date Rented From _____

Date Rented To _____

Landlord information

Name _____ [40]

Address _____

City _____

State _____

Zip Code _____

Telephone _____

NOTES/QUESTIONS: