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Market Tax Services

110 E Waterman Ste 100

Wichita KS 67202

Telephone number: 316-803-1040

Fax number: 316-252-2529

E-mail address:

Tax Return Appointment

Date:

Time:

Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2024 tax return. Please enter all pertinent 2024 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMATION**Taxpayer****Spouse**

First name and initial.....		
Last name.....		
Title/suffix.....		
Social security number.....		
Occupation.....		
Date of birth (m/d/y).....		
Date of death (m/d/y).....		
1=blind.....		
Home phone.....		
Work phone.....		
Work extension.....		
Cell phone.....		
E-mail address.....		

Address	In care of.....	
	Street address.....	
	Apartment number.....	
	City.....	
	State.....	
	ZIP code.....	

DEPENDENTS**Dependent No.****Dependent No.**

First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number.....		
Relationship.....		
Months lived at home.....		

Dependent No.**Dependent No.**

First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number.....		
Relationship.....		
Months lived at home.....		

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Please enter all pertinent 2024 information. If you have attached a government form for an item, check the box and do not enter a 2024 amount.

WAGES, SALARIES AND TIPS

Employer name:

<input type="checkbox"/>	

2024 Amount

2023 Amount

Attach Forms W-2

Attach Forms 1099-INT

INTEREST INCOME

Payer name:

<input type="checkbox"/>	

DIVIDEND INCOME

Payer name:

<input type="checkbox"/>	

Attach Forms 1099-DIV

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

<input type="checkbox"/>	

Attach Forms 1099-R & W-2G

Winnings not reported on W-2G

Total gambling losses

OTHER GOVERNMENT FORMS - INCOME

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history)
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements)

Attach Forms 1099

<input type="checkbox"/>	Form 1099-G - State tax refunds
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Attach Forms 1099

<input type="checkbox"/>	Form SSA-1099 - Social security benefits
<input type="checkbox"/>	Form 1099-G - Unemployment compensation
<input type="checkbox"/>	Form 1099-Q (529 Plan)
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts)

Attach Forms 1099

<input type="checkbox"/>	Form SSA-1099 - Social security benefits
<input type="checkbox"/>	Form 1099-G - Unemployment compensation
<input type="checkbox"/>	Form 1099-Q (529 Plan)
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts)

Attach Forms 1099

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Tax Organizer**MISCELLANEOUS INCOME**

Taxpayer: Alimony received

Spouse: Alimony received

Other: _____

RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum)

2024 Amount	2023 Amount

Roth IRA contributions (1=maximum)

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

Spouse: Traditional IRA contributions (1=maximum)

Roth IRA contributions (1=maximum)

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest

Form 1098-T - Tuition and related expenses

Attach Forms 1098

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AFFORDABLE CARE ACT

Form 1095-A - Health Insurance Marketplace Statement

Attach Forms 1095

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ADJUSTMENTS TO INCOME

Taxpayer:

Self-employed health insurance premiums

Educator expenses

Other adjustments to income:

Alimony paid - Recipient name & SSN

Spouse:

Self-employed health insurance premiums

Educator expenses

Other adjustments to income:

Alimony paid - Recipient name & SSN

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs

Doctors, dentists and nurses

Hospitals and nursing homes

Insurance premiums

Long-term care premiums - taxpayer

Long-term care premiums - spouse

Insurance reimbursement

Out-of-pocket lodging and transportation expenses

Number of medical miles

Other: _____

TAXES PAID

State income taxes - 1/24 payment on 2023 state estimate

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US

Client Information

1

Market Tax Services

110 E Waterman Ste 100

Wichita KS 67202

Telephone number: 316-803-1040

Fax number: 316-252-2529

E-mail address:

Tax Return Appointment

Date:

Time:

Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2024 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table).....	
	1=married filing separate and lived with spouse	
	Year spouse died, if qualifying surviving spouse (2022 or 2023)	
Taxpayer	First name and initial.....	
	Last name.....	
	Title/suffix.....	
	Social security number.....	
	Occupation.....	
	Date of birth (m/d/y).....	
	Date of death (m/d/y).....	
	1=blind.....	
Spouse	First name and initial.....	
	Last name.....	
	Title/suffix	
	Social security number.....	
	Occupation.....	
	Date of birth (m/d/y).....	
	Date of death (m/d/y).....	
	1=blind.....	
Address	In care of.....	
	Street address.....	
	Apartment number.....	
	City.....	
	State.....	
	ZIP code.....	
Foreign Address	Region.....	
	Postal code.....	
	Country.....	

Filing Status

1 = Single
 2 = Married filing joint
 3 = Married filing separate
 4 = Head of household
 5 = Qualifying surviving spouse (QSS)

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Client Information (continued)

1 p2

Please add, change or delete information for 2024.**CLIENT INFORMATION**

Taxpayer Contact Information	Home phone.....		Daytime Phone 1 = Work 2 = Home 3 = Mobile
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Fax number.....		
	E-mail address.....		
Spouse Contact Information	Home phone.....		
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Fax number.....		
	E-mail address.....		
Taxpayer Authentication	Driver's license no.....		
	Driver's license state.....		
	Issue date (m/d/y).....		
	Expiration date (m/d/y).....		
	Theft protection PIN.....		
Spouse Authentication	Driver's license no.....		
	Driver's license state.....		
	Issue date (m/d/y).....		
	Expiration date (m/d/y).....		
	Theft protection PIN.....		

1 p2

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Dependents

2

Please add, change or delete information for 2024.

DEPENDENTS

	Dependent	Dependent	
First name.....			Type of Dependent 1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household or qualifying surviving spouse (QSS) only. not a dependent 5 = Earned income credit only, not a dependent
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse			
IRS theft protection PIN			
	Dependent	Dependent	Earned Income Credit 1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse			
IRS theft protection PIN			
	Dependent	Dependent	NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of: 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse			
IRS theft protection PIN			

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Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2024, please check the appropriate box and provide additional information if necessary.

YES

NO

PERSONAL INFORMATION

Did your marital status change during the year?

Did your address change during the year?

In 2023, could you be claimed as a dependent on another person's tax return?

DEPENDENTS

Were there any changes in dependents?

Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2024?

Did you have any children under age 19 or full-time students under age 24 at the end of 2024, with interest and dividend income in excess of \$1,300, or total investment income in excess of \$2,600?

HEALTH CARE COVERAGE

Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach.

INCOME

Did you receive unreported tip income of \$20 or more in any month?

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

Did you receive any disability income?

Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

In 2023, did you buy or sell any stocks, bonds or other investment property?

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

Did you have any debts cancelled or forgiven?

Does anyone owe you money which has become uncollectible?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2024, please check the appropriate box and provide additional information if necessary.

YES**NO****RETIREMENT PLANS**

Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

Did you transfer or rollover any amount from one retirement plan to another retirement plan?

EDUCATION

Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

ITEMIZED DEDUCTIONS

Did you incur a loss because of damaged or stolen property?

Did you work out of town for part of the year?

Did you use your car on the job (other than to and from work)?

ESTIMATED TAXES

Did you apply an overpayment of 2023 taxes to your 2024 estimated tax (instead of being refunded)?

If you have an overpayment of 2024 taxes, do you want the excess applied to your 2025 estimated tax (instead of being refunded)?

Do you expect your 2025 taxable income and withholdings to be different from 2024?

MISCELLANEOUS

Do you want to allocate \$3 to the Presidential Election Campaign Fund?

Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?

May the IRS discuss your tax return with your preparer?

Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

2024

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US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2024, please check the appropriate box and provide additional information if necessary.

YES	NO	MISCELLANEOUS (continued)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$18,000, or any gifts to a trust?
<input type="checkbox"/>	<input type="checkbox"/>	Did your bank account information change within the last twelve months?
<input type="checkbox"/>	<input type="checkbox"/>	At any time during 2024, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

2024

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US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2024, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you and your dependents have health care coverage for the full-year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive an IRS document 1095-A (Health Insurance Marketplace Statement)? If so, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the IRS or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	At any time during the tax year, did you: receive or sell, exchange, gift, or otherwise dispose of digital asset?

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2024 information.

APPLICATION OF 2024 OVERPAYMENT (7.1)

If you have an overpayment of 2024 taxes, do you want the excess refunded? or applied to 2025 estimate?

Other (please explain):

2025 ESTIMATED TAX INFORMATION

Do you expect your 2025 taxable income to be different from 2024? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.:

Do you expect your 2025 withholding to be different from 2024? Yes No

If "yes" explain any differences:

2024	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
------	------	----	------------------------------------	----------------

Please enter all pertinent 2024 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13) 1=spouse	Wages, Tips, Other Compensation (Box 1)	Tax Withheld				2023 Wages
				Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2 Distribution code #1 1=IRA/SEP/SIMPLE 1=spouse	Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/24	2023 Distribution
					Federal (Box 4)	State (Box 14)		

GAMBLING Winnings (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2023 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

GAMBLING LOSSES & Winnings (NON W-2G) (13.2)

2024 Amount TS 2023 Amount

Total gambling losses.....

Winnings not reported on Form W-2G.....

10, 13.1, 13.2

2024 1040 US Interest & Dividend Income 11,12

**Please enter all pertinent 2024 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.**

INTEREST INCOME (11)

<div[](https://www.irs.gov/efile/2023-2024/2023-2024-Form-1040-Part-1-Interest-and-Rental-Income-Table.png)

DIVIDEND INCOME (12)

<div[](https://www.irs.gov/efile/2023/2023-efile-form-1040-1041-1041-n.pdf#page=11)

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Miscellaneous Income

14.1

Please enter all pertinent 2024 amounts and attach all 1099-MISC, 1099-NEC, 1099-K, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2024 Amount		2023 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
1=treat Medicare premiums paid as SE health ins.				
Tier 1 RR retirement benefits (RRB-1099, box 5)				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Activity not engaged in for profit income				
Olympic & Paralympic medals & USOC prize money				
Prizes and awards				
Stock Options				
Strike or lockout benefits (other than bona fide gifts)				
Non-tuition fellowship and stipend payments entered above to include as taxable compensation for IRA purposes				
Wages earned while incarcerated not on W-2				
Income subject to S/E tax: (1099-NEC, box 1)				
Other income (1099-MISC, box 3, 8)				

Form 1099-K

Amount of sale proceeds from Form 1099-K for personal item(s) sold at a loss		
Amount from Form 1099-K that was incorrectly reported		

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld		
State income tax withheld		
Local income tax withheld		

14.1

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State & Local Tax Refunds / Unemployment Compensation

14.2

**Please add, change or delete 2024 information as appropriate.
Be sure to attach all 1099-G forms.**

**STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2024 1099-G Amount

No. <input type="text"/>	Name of payer.....	
	1=spouse.....	
	Unemployment compensation:	
	Total received (Box 1).....	
	2024 Overpayment repaid	
	State and local refunds:	
	State and local income tax refund, credit or offsets (Box 2)	
	1=city or local income tax refund	
	Tax year for box 2 if not 2023 (Box 3)	
	Federal income tax withheld (Box 4)	
	RTAA payments (Box 5).....	
	Taxable grants:	
Federal taxable amount (Box 6).....		
State taxable amount, if different.....		
Farm amounts:		
Agriculture payments (Box 7).....		
1=agriculture payments are from conservation reserve program		
Market gain (Box 9).....		
Number of farm.....		
1=box 2 is trade or business income (Box 8)		
State income tax withheld (Box 11)		

No. <input type="text"/>	Name of payer.....	
	1=spouse.....	
	Unemployment compensation:	
	Total received (Box 1).....	
	2024 Overpayment repaid	
	State and local refunds:	
	State and local income tax refund, credit or offsets (Box 2)	
	1=city or local income tax refund	
	Tax year for box 2 if not 2023 (Box 3)	
	Federal income tax withheld (Box 4)	
	RTAA payments (Box 5).....	
	Taxable grants:	
Federal taxable amount (Box 6).....		
State taxable amount, if different.....		
Farm amounts:		
Agriculture payments (Box 7).....		
1=agriculture payments are from conservation reserve program		
Market gain (Box 9).....		
Number of farm.....		
1=box 2 is trade or business income (Box 8)		
State income tax withheld (Box 11)		

14.2

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Education Distributions (ESA's and QTP's)

14.3

Please enter all pertinent 2024 amounts and attach all 1099-Q forms.
 Enter qualified education expenses below that are not entered elsewhere.
 Last year's amounts are provided for your reference.

ESA'S AND QTP'S (Form 1099-Q)

2024 Amount

2023 Amount

No. <input type="text"/>	Name of payer.....	
	1=spouse.....	
	Qualified expenses:	
	Higher education (net of nontaxable benefits)	
	Elementary & secondary education (net of nontaxable benefits)	
	Form 1099-Q:	
	Gross distributions (Box 1).....	
	Earnings (Box 2).....	
	Basis (Box 3).....	
	Rollover: 1=nontaxable, 2=taxable (Box 4)	
Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
ESA's only:		
2024 contributions to this ESA		
Value of this account at 12/31/24 (plus outstanding rollovers)		
Basis in this ESA as of 12/31/23		

No. <input type="text"/>	Name of payer.....	
	1=spouse.....	
	Qualified expenses:	
	Higher education (net of nontaxable benefits)	
	Elementary & secondary education (net of nontaxable benefits)	
	Form 1099-Q:	
	Gross distributions (Box 1).....	
	Earnings (Box 2).....	
	Basis (Box 3).....	
	Rollover: 1=nontaxable, 2=taxable (Box 4)	
Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
ESA's only:		
2024 contributions to this ESA		
Value of this account at 12/31/24 (plus outstanding rollovers)		
Basis in this ESA as of 12/31/23		

No. <input type="text"/>	Name of payer.....	
	1=spouse.....	
	Qualified expenses:	
	Higher education (net of nontaxable benefits)	
	Elementary & secondary education (net of nontaxable benefits)	
	Form 1099-Q:	
	Gross distributions (Box 1).....	
	Earnings (Box 2).....	
	Basis (Box 3).....	
	Rollover: 1=nontaxable, 2=taxable (Box 4)	
Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
ESA's only:		
2024 contributions to this ESA		
Value of this account at 12/31/24 (plus outstanding rollovers)		
Basis in this ESA as of 12/31/23		

14.3

2024

1040

US

Business Income (Schedule C)No.

16

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession
 Principal business code
 Business name, if different from Form 1040
 Business address, if different from Form 1040
 City, if different from Form 1040
 State, if different from Form 1040
 ZIP code, if different from Form 1040
 Foreign region
 Foreign postal code
 Foreign country
 Employer identification number
 Other accounting method

Principal business/profession
Principal business code
Business name, if different from Form 1040
Business address, if different from Form 1040
City, if different from Form 1040
State, if different from Form 1040
ZIP code, if different from Form 1040
Foreign region
Foreign postal code
Foreign country
Employer identification number
Other accounting method

Accounting method: 1=cash, 2=accrual
 Inventory method: 1=cost, 2=lower cost/market, 3=other
 1=change of inventory method

1=spouse, 2=joint

1=first Schedule C filed for this business

If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no ..

1=not subject to self-employment tax

1=did not "materially participate"

1=personal services is not a material income producing factor

1=investment

1=minister's Schedule C

1=single member limited liability company

1=trader in financial instruments or commodities

Accounting method: 1=cash, 2=accrual
Inventory method: 1=cost, 2=lower cost/market, 3=other
1=change of inventory method
1=spouse, 2=joint
1=first Schedule C filed for this business
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no ..
1=not subject to self-employment tax
1=did not "materially participate"
1=personal services is not a material income producing factor
1=investment
1=minister's Schedule C
1=single member limited liability company
1=trader in financial instruments or commodities

INCOME

Gross receipts or sales (Form 1099-NEC)

Returns and allowances

Other income:

2024 Amount	2023 Amount

COST OF GOODS SOLD

Inventory at beginning of the year

Purchases

Cost of items for personal use

Cost of labor

Materials and supplies

Other costs:

Inventory at beginning of the year
Purchases
Cost of items for personal use
Cost of labor
Materials and supplies
Other costs:

Inventory at end of the year

Inventory at end of the year

2024	1040	US	Business Income (Schedule C) (cont.)	No. <input type="text"/>	16 p2
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Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

EXPENSES

Accounting.....
 Advertising.....
 Answering service.....
 Bad debts from sales or service.....
 Bank charges.....
 Car and truck expenses (not entered elsewhere).....
 Commissions.....
 Contract labor.....
 Delivery and freight.....
 Dues and subscriptions.....
 Employee benefit programs.....
 Insurance (other than health).....
 Mortgage interest (paid to banks, etc.).....
 Other interest (not entered elsewhere).....
 Janitorial.....
 Laundry and cleaning.....
 Legal and professional.....
 Miscellaneous.....
 Office expense.....
 Outside services.....
 Parking and tolls.....
 Pension and profit sharing plans - contributions.....
 Pension and profit sharing plans - admin. and education costs.....
 Postage.....
 Printing.....
 Rent - vehicles, machinery, & equipment (not entered elsewhere).....
 Rent - other.....
 Repairs.....
 Security.....
 Supplies.....
 Taxes - real estate.....
 Taxes - payroll.....
 Taxes - sales tax included in gross receipts.....
 Taxes - other (not entered elsewhere).....
 Telephone.....
 Tools.....
 Travel.....
 Meals in full (50%).....
 Department of Transportation meals in full (80%).....
 Uniforms.....
 Utilities.....
 Wages.....

	2024 Amount	2023 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Meals in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2024 1040 US Capital Gains & Losses (Schedule D) 17

If you sold any stocks, bonds, or other investment property in 2024, please list the pertinent information for each sale below or provide a spreadsheet file with this information. Be sure to attach all 1099-B forms and brokerage statements.

<div[](https://www.irs.gov/pub/irs-pdf/f5496.pdf)

17

2024	1040	US	Rental & Royalty Income (Schedule E)	No. <input type="text"/>	18
------	------	----	--------------------------------------	--------------------------	----

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Description of property	2024 Amount	2023 Amount
Street address		
City		
State		
ZIP code		
Type of property (see table)		
Other type of property		
Number of days rented	34	

Percentage of ownership if not 100% (.xxxx)	1=did not actively participate...	
Percentage of tenant occupancy if not 100% (.xxxx)	1=real estate professional	
1=spouse, 2=joint	1=rental other than real estate	
1=qualified joint venture	1=investment	
1=nonpassive activity, 2=passive royalty	1=single member limited liability company	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no		

INCOME

Rents or royalties received	2024 Amount	2023 Amount

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other:		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2024 1040 US Rental & Royalty Income (Sch. E) (cont.) No. 18 p2

No.

18 p2

expense column should on

Foreign region.....
Foreign postal code.....
Foreign country.....

OIL AND GAS

Production type (preparer use only)
Cost depletion
Percentage depletion rate or amount
State cost depletion, if different (-1 if none)
State % depletion rate or amount, if different (-1 if none)

2024 Amount	2023 Amount

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

Number of days personal use
Number of days owned (if optional method elected)

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising.....
Association dues.....
Auto and travel (not entered elsewhere).....
Cleaning and maintenance.....
Commissions.....
Gardening.....
Insurance.....
Legal and professional fees.....
Licenses and permits.....
Management fees.....
Miscellaneous.....
Mortgage interest (paid to banks, etc.).....
Excess mortgage interest.....
Other interest (not entered elsewhere).....
Painting and decorating.....
Pest control.....
Plumbing and electrical.....
Repairs.....
Supplies.....
Taxes - real estate.....
Taxes - other (not entered elsewhere).....
Telephone.....
Utilities.....
Wages and salaries.....

Other:

18 p2

2024	1040	US	Farm Income (Schedule F/Form 4835)	No. <input type="text"/>	19
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Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal product.....

Principal product.....
Employer ID number.....

Agricultural activity code.....

Agricultural activity code.....

Accounting method: 1=cash, 2=accrual

Accounting method: 1=cash, 2=accrual
--

1=spouse, 2=joint

1=spouse, 2=joint

1=farm rental (Form 4835)

1=farm rental (Form 4835)

Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other

Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other
--

1=crop insurance proceeds election

1=crop insurance proceeds election
--

If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no

If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no

1=did not "materially participate" (Schedule F only)

1=did not "materially participate" (Schedule F only)
--

1=did not actively participate (Farm rental only)

1=did not actively participate (Farm rental only)

1=real estate professional (farm rental only)

1=real estate professional (farm rental only)

1=single member limited liability company

1=single member limited liability company

% of ownership if not 100% (.xxxx) (Farm rental only).....

% of ownership if not 100% (.xxxx) (Farm rental only).....
--

FARM INCOME

Cash method:

2024 Amount 2023 Amount

Sales of livestock and other resale items

Sales of livestock and other resale items

Cost or basis of livestock or other resale items

Cost or basis of livestock or other resale items
--

Sales of products raised.....

Sales of products raised.....

Accrual method:

Sales of livestock, produce, etc.....

Sales of livestock, produce, etc.....

Beginning inventory of livestock, etc.....

Beginning inventory of livestock, etc.....
--

Cost of livestock, etc. purchased.....

Cost of livestock, etc. purchased.....
--

Ending inventory of livestock, etc.....

Ending inventory of livestock, etc.....

Other farm income:

Total cooperative distributions.....

Total cooperative distributions.....

Taxable cooperative distributions.....

Taxable cooperative distributions.....
--

Total agricultural program payments (other than CRP)

Total agricultural program payments (other than CRP)
--

Taxable agricultural program payments (other than CRP)

Taxable agricultural program payments (other than CRP)
--

Total conservation reserve program payments

Total conservation reserve program payments

Taxable conservation reserve program payments

Taxable conservation reserve program payments

Commodity credit loans reported under election

Commodity credit loans reported under election
--

Total commodity credit loans forfeited or repaid

Total commodity credit loans forfeited or repaid
--

Taxable commodity credit loans forfeited or repaid

Taxable commodity credit loans forfeited or repaid
--

Total crop insurance proceeds received in 2024

Total crop insurance proceeds received in 2024
--

Taxable crop insurance proceeds received in 2024

Taxable crop insurance proceeds received in 2024
--

Taxable crop insurance proceeds deferred from 2023

Taxable crop insurance proceeds deferred from 2023
--

Custom hire (machine work) income not included above

Custom hire (machine work) income not included above
--

2024

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US

Vehicle Expenses

No.

22 p3

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Description of vehicle.....
 1=no evidence to support your deduction.....
 1=no written evidence to support your deduction.....
 1=vehicle is available for off-duty personal use.....
 1=no other vehicle is available for personal use.....
 1=vehicle used primarily by more than 5% owner.....
 Number of months of business use if changed from 100% personal use.....

	2024 Amount	2023 Amount
Description of vehicle.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=vehicle used primarily by more than 5% owner.....		
Number of months of business use if changed from 100% personal use.....		

AUTOMOBILE MILEAGE

Total mileage (for the tax year).....
 Business mileage.....
 Commuting mileage (for the tax year).....
 Average daily round-trip commute.....

Total mileage (for the tax year).....	
Business mileage.....	
Commuting mileage (for the tax year).....	
Average daily round-trip commute.....	

ACTUAL EXPENSES

Parking fees and tolls (business portion only).....
 Gasoline, lube, oil.....
 Repairs.....
 Tires.....
 Insurance.....
 Miscellaneous.....
 Auto license (other than personal property taxes).....
 Personal property taxes (based on car's value).....
 Interest (car loan) (for Schedule C, E & F).....
 Vehicle rent or lease payments.....
 Inclusion amount (enter as positive).....
 Value of employer-provided vehicle on Form W-2 (2106).....

Parking fees and tolls (business portion only).....	
Gasoline, lube, oil.....	
Repairs.....	
Tires.....	
Insurance.....	
Miscellaneous.....	
Auto license (other than personal property taxes).....	
Personal property taxes (based on car's value).....	
Interest (car loan) (for Schedule C, E & F).....	
Vehicle rent or lease payments.....	
Inclusion amount (enter as positive).....	
Value of employer-provided vehicle on Form W-2 (2106).....	

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US

Adjustments to Income

24

Please enter all pertinent 2024 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older)
 Contributions made to date
 1=covered by plan, 2=not covered
 2024 payments from 1/1/25 to 4/15/25

2024 Amount
Taxpayer Spouse

2023 Amount
Taxpayer Spouse

ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older) ...
 Contributions made to date

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)
 Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)
 Defined benefit contributions you expect to make ...
 Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)
 Plan contribution rate if not .25 (.xxxx)
 Individual 401k: SE elective deferrals (except Roth) (1=max.) ...
 Individual 401k: SE designated Roth contributions (1=max.)

SIMPLE contributions:

Self-employed SIMPLE contributions you made or expect to make (1=maximum)
 Employer matching rate if not .03 (.xxxx)
 1=nonelective contributions (2%)
 Contributions made to date

ADJUSTMENTS TO INCOME

Self-employed health insurance:

Total premiums (excluding long-term care)
 Long-term care premiums
 Student loan interest paid (1098-E, box 1)
 Educator expenses (kindergarten thru grade 12)
 Jury duty pay given to employer
 Expenses from rental of personal property

Other adjustments to income:

Alimony paid:

Taxpayer

Spouse

Date of divorce or sep. agreement

Recipient's first name....

Recipient's last name....

Recipient's SSN....

Amount paid.....

2023 amt:

2023 amt:

2024	1040	US	Adjustments to Income	24 p2
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Please enter all pertinent 2024 information. Last year's amounts are provided for your reference.

ADJUSTMENTS TO INCOME

Alimony paid:

Date of divorce or sep. agreement

Recipient's first name.....

Recipient's last name.....

Recipient's SSN.....

Amount paid.....

Taxpayer

2023 amt:

Spouse

2023 amt:

2024	1040	US	Itemized Deductions	25
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**Please enter all pertinent 2024 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

Prescription medicines and drugs.....
Doctors, dentists and nurses.....
Hospitals and nursing homes.....
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..
Long-term care premiums - taxpayer.....
Long-term care premiums - spouse.....
Insurance reimbursement (enter as a positive number).....
Lodging and transportation:
 Out-of-pocket expenses.....
 Medical miles driven

2024 Amount	TS	2023 Amount

Other medical and dental expenses:

_____	_____	_____
_____	_____	_____
_____	_____	_____

TAXES PAID (State and local withholding and 2024 estimates are automatic.)

State income taxes - 1/24 payment on 2023 state estimate

State income taxes - paid with 2023 state return extension

State income taxes - paid with 2023 state return

State income taxes - paid for prior years and/or to other state

City/local income taxes - 1/24 payment on 2023 city/local estimate

City/local income taxes - paid with 2023 city/local extension

City/local income taxes - paid with 2023 city/local return

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)

Use taxes paid on 2024 purchases

Use taxes paid with 2023 state return

Sales tax on autos not included above

Sales tax on boats, aircraft, other special items

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER TAXES PAID

Real estate taxes - principal residence:

_____	_____	_____
_____	_____	_____

Real estate taxes - held for investment :

_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal property taxes (including auto fees in some states. Provide a copy of tax notice)

_____	_____	_____
_____	_____	_____

Foreign income taxes.....

_____	_____	_____
_____	_____	_____

Other taxes:

_____	_____	_____
_____	_____	_____

2024

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US

Itemized Deductions (continued)

25 p2

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 5) reported on Form 1098:

2024 Amount	TS	2023 Amount

Home mortgage interest not reported on Form 1098:

Payee's name.....

Payee's name.....		
Payee's SSN or FEIN....		
Payee's street address...		
Payee's city.....		
Payee's state.....		
Payee's ZIP code.....		
Payee's region.....		
Payee's postal code....		
Payee's country.....		
Amount paid.....		

Points not reported on Form 1098:

Investment interest (interest on margin accounts):

Passive interest.....

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket).....

Number of charitable miles.....

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket).....

Number of charitable miles.....

2024	1040	US	Itemized Deductions (continued)	25 p3
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Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2024 Amount	TS	2023 Amount

30% limitation (see above):

2024 Amount	TS	2023 Amount

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

2024 Amount	TS	2023 Amount

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

2024 Amount	TS	2023 Amount

STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT (subject to 2% AGI limit)

Union and professional dues

--	--

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

2024 Amount	TS	2023 Amount

Investment expense:

2024 Amount	TS	2023 Amount

Tax return preparation fee

--	--

Safe deposit box rental

--	--

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

2024 Amount	TS	2023 Amount

2024

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US

Itemized Deductions (continued)

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Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

OTHER MISCELLANEOUS DEDUCTIONS

Estate tax, section 691(c).....

Other miscellaneous deductions:

2024 Amount	TS	2023 Amount

2024	1040	US	Itemized Deductions (continued)	25 p5
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If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded \$100,000 at any time during 2024 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
2. Total home acquisition debt exceeded \$750,000 at any time during 2024 (\$375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

**Please enter all pertinent 2024 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

	2024 Amount	TS	2023 Amount
Fair market value of the property on the date that the last debt was secured .			
Home acquisition and grandfather debt on the date that the last debt was secured			

LOAN INFORMATION

Loan #1

Lender's name.....
Form (see table).....
Number of form.....
1=taxpayer, 2=spouse, blank=joint.....
Interest paid.....
Points paid.....
Total principal paid.....
Lump sum principal payment (if paid off).....
Months outstanding (if not 12).....
1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17)

Home acquisition debt balance - beginning of year

Home acquisition debt borrowed in 2024

Home equity debt balance - beginning of year

Home equity debt borrowed in 2024

Grandfather debt balance - beginning of year

Loan #2

Lender's name.....
Form (see table).....
Number of form.....
1=taxpayer, 2=spouse, blank=joint.....
Interest paid.....
Points paid.....
Total principal paid.....
Lump sum principal payment (if paid off).....
Months outstanding (if not 12).....
1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17).....
Home acquisition debt balance - beginning of year.....
Home acquisition debt borrowed in 2024.....
Home equity debt balance - beginning of year.....
Home equity debt borrowed in 2024.....
Grandfather debt balance - beginning of year.....

Form

- 1 = Schedule A (default)
- 2 = Business use of home
- 3 = Schedule E

25 p5

2024	1040	US	Itemized Deductions (continued)	25 p5 cont
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Please enter all pertinent 2024 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

LOAN INFORMATION (continued)

Loan #3

Lender's name.....
 Form (see table).....
 Number of form.....
 1=taxpayer, 2=spouse, blank=joint.....
 Interest paid.....
 Points paid.....
 Total principal paid.....
 Lump sum principal payment (if paid off).....
 Months outstanding (if not 12).....
 1=home acquisition debt incurred after 12/15/17.....
 Home acquisition debt balance - beginning of year.....
 Home acquisition debt borrowed in 2024.....
 Home equity debt balance - beginning of year.....
 Home equity debt borrowed in 2024.....
 Grandfather debt balance - beginning of year.....

	2024 Amount	TS	2023 Amount
Lender's name.....			
Form (see table).....			
Number of form.....			
1=taxpayer, 2=spouse, blank=joint.....			
Interest paid.....			
Points paid.....			
Total principal paid.....			
Lump sum principal payment (if paid off).....			
Months outstanding (if not 12).....			
1=home acquisition debt incurred after 12/15/17.....			
Home acquisition debt balance - beginning of year.....			
Home acquisition debt borrowed in 2024.....			
Home equity debt balance - beginning of year.....			
Home equity debt borrowed in 2024.....			
Grandfather debt balance - beginning of year.....			

Loan #4

Lender's name.....
 Form (see table).....
 Number of form.....
 1=taxpayer, 2=spouse, blank=joint.....
 Interest paid.....
 Points paid.....
 Total principal paid.....
 Lump sum principal payment (if paid off).....
 Months outstanding (if not 12).....
 1=home acquisition debt incurred after 12/15/17.....
 Home acquisition debt balance - beginning of year.....
 Home acquisition debt borrowed in 2024.....
 Home equity debt balance - beginning of year.....
 Home equity debt borrowed in 2024.....
 Grandfather debt balance - beginning of year.....

	2024 Amount	TS	2023 Amount
Lender's name.....			
Form (see table).....			
Number of form.....			
1=taxpayer, 2=spouse, blank=joint.....			
Interest paid.....			
Points paid.....			
Total principal paid.....			
Lump sum principal payment (if paid off).....			
Months outstanding (if not 12).....			
1=home acquisition debt incurred after 12/15/17.....			
Home acquisition debt balance - beginning of year.....			
Home acquisition debt borrowed in 2024.....			
Home equity debt balance - beginning of year.....			
Home equity debt borrowed in 2024.....			
Grandfather debt balance - beginning of year.....			

Form

1 = Schedule A (default)
 2 = Business use of home
 3 = Schedule E

2024

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US

Noncash Contributions (Form 8283)

26.1,26.2

If your total noncash contributions are in excess of \$500 in 2024, please complete the information below for each donee using the following guidelines:

* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.

* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

No. <input type="text"/>	Name of charitable organization (donee)				
	Street address				
	City				
	State				
	ZIP code				
	1=spouse, 2=joint				
	Property description (other than vehicle)				
	Vehicle	Identification number (VIN)			
		Year (yyyy)			
		Make			
Model					
Odometer mileage					
Date of contribution (m/d/y)					
Date acquired by donor (m/y)					
How acquired by donor (Table 1 or describe)					
Donor's cost or basis					
Fair market value					
Method used to determine FMV (Table 2 or describe)					

No. <input type="text"/>	Name of charitable organization (donee)				
	Street address				
	City				
	State				
	ZIP code				
	1=spouse, 2=joint				
	Property description (other than vehicle)				
	Vehicle	Identification number (VIN)			
		Year (yyyy)			
		Make			
Model					
Odometer mileage					
Date of contribution (m/d/y)					
Date acquired by donor (m/y)					
How acquired by donor (Table 1 or describe)					
Donor's cost or basis					
Fair market value					
Method used to determine FMV (Table 2 or describe)					

1	How Property was Acquired		2	Method Used to Determine FMV	
	1 = Purchase 2 = Gift	3 = Inheritance 4 = Exchange		1 = Appraisal 2 = Thrift shop value	3 = Catalog 4 = Comparable sales
For other methods, see IRS Pub. 561.					

26.1,26.2

2024

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US

Business Use of Home (Form 8829)

No.

29

Please enter 2024 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2024 Amount	2023 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,760).....		
Area of home included above used exclusively for daycare business, if any (sq ft).....		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....		

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest.....	
Real estate taxes.....	
Casualty losses.....	
Insurance.....	
Miscellaneous.....	
Rent.....	
Repairs and maintenance.....	
Utilities.....	
Excess mortgage interest.....	
Excess real estate taxes.....	
Other indirect expenses:	

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....	
Real estate taxes.....	
Casualty losses.....	
Insurance.....	
Miscellaneous.....	
Rent.....	
Repairs and maintenance.....	
Utilities.....	
Excess mortgage interest.....	
Excess real estate taxes.....	
Excess casualty losses.....	
Allowable casualty losses.....	
Other direct expenses:	

2024	1040	US	Health Savings Accounts (8889)	32.1
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**Please enter all pertinent 2024 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.**

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2024, a high deductible health plan is one with an annual deductible that is not less than \$1,600 for self-only coverage or \$3,200 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$8,050 for self-only coverage or \$16,100 for family coverage.

	2024 Amount		2023 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)				
Contributions included above that were made after you became eligible for Medicare				
Contributions made to date				

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1) ...		
Distributions included above that were rolled over to another HSA		
Total unreimbursed qualified medical expenses		

2024

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US

Child and Dependent Care Expenses (Form 2441)

33.1,33.2

Please enter all pertinent 2024 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

Dependent care expenses incurred but not paid in 2024
Employer-provided benefits forfeited in 2024

2024 Amount		2023 Amount	
Taxpayer	Spouse	Taxpayer	Spouse

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input type="text"/>	First name	
	Last name	
	Title or suffix	
	Date of birth (m/d/y)	
	Social security number	
	Qualified dependent care expenses incurred and paid in 2024	2023 amt:
	1=over age 12 & disabled at the time care was provided 1=spouse, 2=joint	

No. <input type="text"/>	First name	
	Last name	
	Title or suffix	
	Date of birth (m/d/y)	
	Social security number	
	Qualified dependent care expenses incurred and paid in 2024	2023 amt:
	1=over age 12 & disabled at the time care was provided 1=spouse, 2=joint	

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input type="text"/>	Name of provider	
	Street address	
	City	
	State	
	ZIP code	
	Foreign region	
	Foreign postal code	
	Foreign country	
	Identification number (SSN or EIN)	
	Amount paid to care provider in 2024	2023 amt:
1=spouse, 2=joint		
1=care provided ind. above was a household employee		

33.1,33.2

2024

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US

Education Credits

No.

38

Please complete the information below if you paid qualified education expenses in 2024 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

STUDENT INFORMATION

1=taxpayer, 2=spouse.....

First name.....

Last name.....

Social security number.....

Number of prior years AOC claimed.....

1=student was NOT enrolled at least half-time for at least one academic period that began in 2024 (or the first 3 months of 2025 if the qualified expenses were made in 2024) at an eligible institution in a qualified program.....

1=student completed first four years of post-secondary education before 2024.....

1=student was convicted, before the end of 2024, of a felony for possession or distribution of a controlled substance.....

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name.....

Street address.....

City.....

State.....

ZIP code.....

1=2024 Form 1098-T was NOT received.....

1=2024 Form 1098-T received with Box 7 completed.....

1=2023 Form 1098-T received with Box 7 completed.....

Federal ID number from Form 1098-T.....

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name.....

Street address.....

City.....

State.....

ZIP code.....

1=2024 Form 1098-T was NOT received.....

1=2024 Form 1098-T received with Box 7 completed.....

1=2023 Form 1098-T received with Box 7 completed.....

Federal ID number from Form 1098-T.....

QUALIFIED EDUCATION EXPENSES

Qualified tuition & fees paid in 2024 (net of refund or assistance, & not entered elsewhere).....

Books & supplies required to be purchased from institution.....

Books & supplies not entered above.....

Amount of prior year refund or assistance *.....

2024 Amount	2023 Amount

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

2024

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US

Additional Information

Please furnish any additional information or supporting details not provided elsewhere in this tax organizer.