WARNING!

BLANK ORGANIZER PAGES DO NOT INCLUDE YOUR PRIOR YEAR INFORMATION. PLEASE ONLY USE THE BLANK ORGANIZER TO PRINT ADDITIONAL PAGES OR TO PRINT PAGES THAT WERE NOT INCLUDED IN YOUR PREVIOUSLY PROVIDED ORGANIZER.

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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)

2024	1040	US	Client Information (continued)	1 p2

Please add, change or delete information for 2024.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone	
	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	

Daytime Phone

1 = Work
2 = Home
3 = Mobile

2024	1040	US	Dependents	2

Please add, change or delete information for 2024.

DEPENDENTS

	Dependent	Dependent
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
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
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		

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

Earned Income Credit

1 = When applicable (default)
2 = Student age 19 to 23
3 = Disabled
4 = Force
5 = Suppress

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

NOTE: If your child is disabled, please provide one of the following forms of proof of disability:

1. Doctor statement
2. Other health care provider statement
3. Social services agency or program statement

2024	1040	US	Direct Deposit & Estimates (Form 1040 ES)	3, 6

Please enter all pertinent 2024 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account	18		
1=electronic payment of balance due	34		
1=electronic payment of estimated tax	36		

BANK INFORMATION

	Name of Bank	Percent to Deposit (xx.xx)		Routing Number		Account Number		Type of Account (Table 1)		Type of Invest. (Table 2)	
19		24		20		21		22		71	
44		45		47		48		49		72	
50		51		67		68		69		73	

2024 ESTIMATED TAX / 1040-ES (6)

Federal

		Amount Paid		Date Paid	TS	2024 Voucher Amount	
Overpayment applied from 2023	1						
1st quarter payment	2		3			13	
2nd quarter payment	4		5			14	
3rd quarter payment	6		7			15	
4th quarter payment	8		9			16	
Additional Estimated Tax Payments	38		39				
	40		41				
	42		43				
	44		45				
Paid with extension	10		11			802	
Former spouse SSN if joint estimates	12						

State

		Amount Paid		Date Paid	TS	2024 Voucher Amount	
Overpayment applied from 2023	101						
1st quarter payment	102		103			113	
2nd quarter payment	104		105			114	
3rd quarter payment	106		107			115	
4th quarter payment	108		109			116	
Additional Estimated Tax Payments	138		139				
	140		141				
	142		143				
	144		145				
Paid with extension	110		111			804	

1 Type of Account

1 = Savings
2 = Checking

2 Type of Investment

1 = Checking or savings (default)
2 = Taxpayer's IRA (next year limits)
3 = Spouse's IRA (next year limits)
4 = Health savings account (HSA)
5 = Archer MSA
6 = Coverdell savings account (ESA)
7 = Other
8 = Taxpayer's IRA (current year limits)
9 = Spouse's IRA (current year limits)

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)	Local (Box 19)	
	800	1	2	3	4	6	8	14	18	

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)		
	800	1	2	810	196	3	4	6	9	34	

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)	
	800	1	3	6	9	152	

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

		2024 Amount	TS	2023 Amount
Total gambling losses	12			
Winnings not reported on Form W-2G	10			

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)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2023 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller-Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		
	800 (801, 802, 803)	1	2	3	4	19	5	18	

DIVIDEND INCOME (12)

No.	Name of Payer	1=taxpayer 2=spouse	Dividend Income					Tax-Exempt Interest		Foreign Tax Paid (Box 7)	2023 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	SubSection 199A (Box 5)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		
	800	1	2	30	3	122	502	18	503	16	

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)	2		52			
Medicare premiums paid (SSA-1099)	13		63			
1=treat Medicare premiums paid as SE health ins.	34		84			
Tier 1 RR retirement benefits (RRB-1099, box 5)	3		53			
1=lump-sum election for SS benefits	12		62			
Alimony received	5		55			
Taxable scholarships and fellowships	8		58			
Jury duty pay	28		78			
Household employee income not on W-2	9		59			
Excess minister's allowance	24		74			
Alaska permanent fund dividends	21		71			
Income from rental of personal property	23		73			
Activity not engaged in for profit income	43		93			
Olympic & Paralympic medals & USOC prize money.	45		95			
Prizes and awards	42		92			
Stock Options	44		94			
Strike or lockout benefits (other than bona fide gifts)	929		930			
Non-tuition fellowship and stipend payments entered above to include as taxable compensation for IRA purposes	927		928			
Wages earned while incarcerated not on W-2	48		98			
Income subject to S/E tax: (1099-NEC, box 1)						
	10		60			
	10		60			
	10		60			
	10		60			
	10		60			
	10		60			
Other income (1099-MISC, box 3, 8)						
	11		61			
	11		61			
	11		61			
	11		61			
	11		61			
	11		61			

Form 1099-K

Amount of sale proceeds from Form 1099-K for personal item(s) sold at a loss	931		932			
Amount from Form 1099-K that was incorrectly reported	933		934			

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld	14		64			
State income tax withheld	15		65			
Local income tax withheld	16		66			

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
	Name of payer	800	
	1=spouse	1	
	Unemployment compensation:		
	Total received (Box 1)	2	
	2024 Overpayment repaid	3	
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)	4	
	1=city or local income tax refund	9	
	Tax year for box 2 if not 2023 (Box 3)	5	
	Federal income tax withheld (Box 4)	6	
No.	RTAA payments (Box 5)	25	
	Taxable grants:		
	Federal taxable amount (Box 6)	12	
	State taxable amount, if different	17	
	Farm amounts:		
	Agriculture payments (Box 7)	13	
	1=agriculture payments are from conservation reserve program	24	
	Market gain (Box 9)	26	
	Number of farm	15	
	1=box 2 is trade or business income (Box 8)	14	
	State income tax withheld (Box 11)	11	

	Name of payer	800	
	1=spouse	1	
	Unemployment compensation:		
	Total received (Box 1)	2	
	2024 Overpayment repaid	3	
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)	4	
	1=city or local income tax refund	9	
	Tax year for box 2 if not 2023 (Box 3)	5	
	Federal income tax withheld (Box 4)	6	
No.	RTAA payments (Box 5)	25	
	Taxable grants:		
	Federal taxable amount (Box 6)	12	
	State taxable amount, if different	17	
	Farm amounts:		
	Agriculture payments (Box 7)	13	
	1=agriculture payments are from conservation reserve program	24	
	Market gain (Box 9)	26	
	Number of farm	15	
	1=box 2 is trade or business income (Box 8)	14	
	State income tax withheld (Box 11)	11	

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. ☐	Name of payer	800		
	1=spouse	1		
	Qualified expenses:			
	Higher education (net of nontaxable benefits)	143		
	Elementary & secondary education (net of nontaxable benefits)	307		
	Form 1099-Q:			
	Gross distributions (Box 1)	301		
	Earnings (Box 2)	302		
	Basis (Box 3)	303		
	Rollover: 1=nontaxable, 2=taxable (Box 4)	304		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)	2		
	ESA's only:			
	2024 contributions to this ESA	142		
	Value of this account at 12/31/24 (plus outstanding rollovers)	144		
	Basis in this ESA as of 12/31/23	165		

No. ☐	Name of payer	800		
	1=spouse	1		
	Qualified expenses:			
	Higher education (net of nontaxable benefits)	143		
	Elementary & secondary education (net of nontaxable benefits)	307		
	Form 1099-Q:			
	Gross distributions (Box 1)	301		
	Earnings (Box 2)	302		
	Basis (Box 3)	303		
	Rollover: 1=nontaxable, 2=taxable (Box 4)	304		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)	2		
	ESA's only:			
	2024 contributions to this ESA	142		
	Value of this account at 12/31/24 (plus outstanding rollovers)	144		
	Basis in this ESA as of 12/31/23	165		

No. ☐	Name of payer	800		
	1=spouse	1		
	Qualified expenses:			
	Higher education (net of nontaxable benefits)	143		
	Elementary & secondary education (net of nontaxable benefits)	307		
	Form 1099-Q:			
	Gross distributions (Box 1)	301		
	Earnings (Box 2)	302		
	Basis (Box 3)	303		
	Rollover: 1=nontaxable, 2=taxable (Box 4)	304		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)	2		
	ESA's only:			
	2024 contributions to this ESA	142		
	Value of this account at 12/31/24 (plus outstanding rollovers)	144		
	Basis in this ESA as of 12/31/23	165		

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	800	
Principal business code	801	
Business name, if different from Form 1040	802	
Business address, if different from Form 1040	803	
City, if different from Form 1040	804	
State, if different from Form 1040	828	
ZIP code, if different from Form 1040	829	
Foreign region	830	
Foreign postal code	831	
Foreign country	832	
Employer identification number	805	
Other accounting method	806	

Accounting method: 1=cash, 2=accrual	7	
Inventory method: 1=cost, 2=lower cost/market, 3=other	6	
1=change of inventory method	8	
1=spouse, 2=joint	10	
1=first Schedule C filed for this business	44	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no	112	
1=not subject to self-employment tax	39	
1=did not "materially participate"	22	
1=personal services is not a material income producing factor	220	
1=investment	37	
1=minister's Schedule C	302	
1=single member limited liability company	418	
1=trader in financial instruments or commodities	95	

INCOME

		2024 Amount	2023 Amount
Gross receipts or sales (Form 1099-NEC)	51		
Returns and allowances	52		
Other income:			
	54		
	54		
	54		
	54		

COST OF GOODS SOLD

Inventory at beginning of the year	14		
Purchases	15		
Cost of items for personal use	16		
Cost of labor	17		
Materials and supplies	18		
Other costs:			
	19		
	19		
	19		
	19		
Inventory at end of the year	20		

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

EXPENSES

		2024 Amount	2023 Amount
Accounting	201		
Advertising	56		
Answering service	202		
Bad debts from sales or service	57		
Bank charges	203		
Car and truck expenses (not entered elsewhere)	59		
Commissions	60		
Contract labor	87		
Delivery and freight	204		
Dues and subscriptions	205		
Employee benefit programs	64		
Insurance (other than health)	66		
Mortgage interest (paid to banks, etc.)	12		
Other interest (not entered elsewhere)	67		
Janitorial	206		
Laundry and cleaning	207		
Legal and professional	69		
Miscellaneous	208		
Office expense	70		
Outside services	209		
Parking and tolls	210		
Pension and profit sharing plans - contributions	71		
Pension and profit sharing plans - admin. and education costs	53		
Postage	211		
Printing	212		
Rent - vehicles, machinery, & equipment (not entered elsewhere)	58		
Rent - other	72		
Repairs	73		
Security	213		
Supplies	74		
Taxes - real estate	45		
Taxes - payroll	41		
Taxes - sales tax included in gross receipts	43		
Taxes - other (not entered elsewhere)	75		
Telephone	214		
Tools	215		
Travel	76		
Meals in full (50%)	81		
Department of Transportation meals in full (80%)	86		
Uniforms	216		
Utilities	77		
Wages	78		

Other expenses:

_____	90		
_____	90		
_____	90		
_____	90		
_____	90		

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.

No.	Quantity	Description of Property (Box 1a)	Date Acquired (Box 1b)	Date Sold (Box 1c)	Sales Price (gross or net) (Box 1d)	Cost or Basis (Box 1e)	Blank=basis rep. to IRS, 1=nonrec. security (Box 3, 5)	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)
	847	800	25	26	27	29	541	28	168

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

PRIOR YEAR INSTALLMENT SALE

No.	Item	Code	2024 Amount	2023 Amount
No.	Description of property	800		
	Date acquired (m/d/y)	25		
	Date sold (m/d/y)	26		
	Gross profit ratio (.xxxx)	500		
	Current year principal payments (-1 if none)	36		

No.	Item	Code	2024 Amount	2023 Amount
No.	Description of property	800		
	Date acquired (m/d/y)	25		
	Date sold (m/d/y)	26		
	Gross profit ratio (.xxxx)	500		
	Current year principal payments (-1 if none)	36		

No.	Item	Code	2024 Amount	2023 Amount
No.	Description of property	800		
	Date acquired (m/d/y)	25		
	Date sold (m/d/y)	26		
	Gross profit ratio (.xxxx)	500		
	Current year principal payments (-1 if none)	36		

No.	Item	Code	2024 Amount	2023 Amount
No.	Description of property	800		
	Date acquired (m/d/y)	25		
	Date sold (m/d/y)	26		
	Gross profit ratio (.xxxx)	500		
	Current year principal payments (-1 if none)	36		

No.	Item	Code	2024 Amount	2023 Amount
No.	Description of property	800		
	Date acquired (m/d/y)	25		
	Date sold (m/d/y)	26		
	Gross profit ratio (.xxxx)	500		
	Current year principal payments (-1 if none)	36		

No.	Item	Code	2024 Amount	2023 Amount
No.	Description of property	800		
	Date acquired (m/d/y)	25		
	Date sold (m/d/y)	26		
	Gross profit ratio (.xxxx)	500		
	Current year principal payments (-1 if none)	36		

No.	Item	Code	2024 Amount	2023 Amount
No.	Description of property	800		
	Date acquired (m/d/y)	25		
	Date sold (m/d/y)	26		
	Gross profit ratio (.xxxx)	500		
	Current year principal payments (-1 if none)	36		

If you sold your home or moved in 2024, please complete the information below. For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)

Description of property (Box 3)	800	
Date acquired (m/d/y)	25	
Date sold (m/d/y) (Box 1)	26	
Sales price (Box 2)	27	
1=sale of home	46	
1=owned and used property as main home for at least 2 of 5 years before sale	145	
1=first-time homebuyer credit was previously taken on this home	366	
1=business use in year of sale	167	
Number of days after December 31, 2008 that home was not used as principal residence	367	

Adjusted Basis

Original cost		
Improvements:		
_____		
_____		
_____		
_____		
Adjusted basis	29	

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

_____		
_____		
_____		
_____		
Total expenses of sale	28	

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:
a) Did not meet the ownership and use tests *, or **b)** Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)	152	
1=sale due to change in health, employment or unforeseen circumstances	161	
Days used as main home - taxpayer	148	
Days used as main home - spouse	149	
Days property owned - taxpayer	150	
Days property owned - spouse	151	

MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permanent change in station)

1=spouse, 2=joint	1	
1=armed forces move due to permanent change of station	14	
Miles from old home to new work place	2	
Miles from old home to old work place	3	
Expenses for transportation and storage of household goods and personal effects	4	
Lodging and travel (excluding meals):		
Lodging and travel (excluding automobile)	5	
Parking fees and tolls	15	
Gas and oil	16	
Miles driven to new home	17	

(* owned and used property as main home for at least 2 of 5 years before sale)

ORGANIZER

2024	1040	US	Rental & Royalty Income (Schedule E)	No.	18

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

GENERAL INFORMATION

		2024 Amount	2023 Amount
Description of property	800		**Type of Property** 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address	801		
City	820		
State	821		
ZIP code	822		
Type of property (see table)	802		
Other type of property	803		
Number of days rented	34		

Percentage of ownership if not 100% (.xxxx)	500		1=did not actively participate	38	
Percentage of tenant occupancy if not 100% (.xxxx)	503		1=real estate professional	32	
1=spouse, 2=joint	33		1=rental other than real estate	71	
1=qualified joint venture	108		1=investment	48	
1=nonpassive activity, 2=passive royalty	39		1=single member limited liability company	418	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no				112	

INCOME

		2024 Amount	2023 Amount
Rents or royalties received	110		

DIRECT EXPENSES

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

Advertising	4		
Association dues	16		
Auto and travel (not entered elsewhere)	5		
Cleaning and maintenance	6		
Commissions	7		
Gardening	18		
Insurance	8		
Legal and professional fees	10		
Licenses and permits	23		
Management fees	19		
Miscellaneous	24		
Mortgage interest (paid to banks, etc.)	9		
Excess mortgage interest	67		
Other interest (not entered elsewhere)	29		
Painting and decorating	20		
Pest control	21		
Plumbing and electrical	17		
Repairs	11		
Supplies	12		
Taxes - real estate	13		
Taxes - other (not entered elsewhere)	25		
Telephone	22		
Utilities	14		
Wages and salaries	15		
Other:			
_____	27		
_____	27		
_____	27		
_____	27		

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

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region	823	
Foreign postal code	824	
Foreign country	825	

OIL AND GAS

		2024 Amount	2023 Amount
Production type (preparer use only)	42		
Cost depletion	43		
Percentage depletion rate or amount	502		
State cost depletion, if different (-1 if none)	76		
State % depletion rate or amount, if different (-1 if none)	506		

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

Number of days personal use	35		
Number of days owned (if optional method elected)	53		

INDIRECT EXPENSES

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

Advertising	204		
Association dues	216		
Auto and travel (not entered elsewhere)	205		
Cleaning and maintenance	206		
Commissions	207		
Gardening	218		
Insurance	208		
Legal and professional fees	210		
Licenses and permits	223		
Management fees	219		
Miscellaneous	224		
Mortgage interest (paid to banks, etc.)	209		
Excess mortgage interest	267		
Other interest (not entered elsewhere)	229		
Painting and decorating	220		
Pest control	221		
Plumbing and electrical	217		
Repairs	211		
Supplies	212		
Taxes - real estate	213		
Taxes - other (not entered elsewhere)	225		
Telephone	222		
Utilities	214		
Wages and salaries	215		

Other:

_____	227		
_____	227		
_____	227		
_____	227		
_____	227		
_____	227		

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

GENERAL INFORMATION

Principal product	800	
Employer ID number	801	

Agricultural activity code	1		
Accounting method: 1=cash, 2=accrual	2		
1=spouse, 2=joint	5		
1=farm rental (Form 4835)	84		
Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other	966		
1=crop insurance proceeds election	64		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no	112		
1=did not "materially participate" (Schedule F only)	65		
1=did not actively participate (Farm rental only)	85		
1=real estate professional (farm rental only)	3		
1=single member limited liability company	418		
% of ownership if not 100% (.xxxx) (Farm rental only)	504		

FARM INCOME

		2024 Amount	2023 Amount
Cash method:			
Sales of livestock and other resale items	6		
Cost or basis of livestock or other resale items	7		
Sales of products raised	8		
Accrual method:			
Sales of livestock, produce, etc.	17		
Beginning inventory of livestock, etc.	23		
Cost of livestock, etc. purchased	24		
Ending inventory of livestock, etc.	25		
Other farm income:			
Total cooperative distributions	9		
Taxable cooperative distributions	10		
Total agricultural program payments (other than CRP)	11		
Taxable agricultural program payments (other than CRP)	12		
Total conservation reserve program payments	141		
Taxable conservation reserve program payments	142		
Commodity credit loans reported under election	13		
Total commodity credit loans forfeited or repaid	73		
Taxable commodity credit loans forfeited or repaid	74		
Total crop insurance proceeds received in 2024	14		
Taxable crop insurance proceeds received in 2024	75		
Taxable crop insurance proceeds deferred from 2023	76		
Custom hire (machine work) income not included above	15		

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

FARM INCOME (continued)

Other income:

		2024 Amount	2023 Amount
	16		
	16		
	16		
	16		
	16		
	16		
	16		
	16		
	16		

FARM EXPENSES

Car and truck expenses (not entered elsewhere)	60		
Chemicals	27		
Conservation expenses	28		
Custom hire (machine work)	40		
Employee benefit programs	31		
Feed purchased	32		
Fertilizers and lime	33		
Freight and trucking	34		
Gasoline, fuel, and oil	35		
Insurance (other than health)	36		
Mortgage interest (paid to banks, etc.)	41		
Other interest (not entered elsewhere)	42		
Labor hired	37		
Pension and profit sharing - contributions	43		
Pension and profit sharing plans - admin. and education costs	57		
Rent - vehicles, machinery, and equipment (not entered elsewhere)	39		
Rent - other (land, animals, etc.)	44		
Repairs and maintenance	45		
Seeds and plants purchased	46		
Storage and warehousing	47		
Supplies purchased	48		
Taxes (not entered elsewhere)	49		
Utilities	50		
Veterinary, breeding, and medicine	51		
Capitalized preproductive period expenses (also enter below)	77		

Other expenses:

	53		
	53		
	53		
	53		
	53		
	53		
	53		
	53		
	53		
	53		

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

2024	1040	US	Partnership and S corporation Information	20.1,20.2

Please add, change or delete 2024 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership
	800	801	802	161

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation
	800	801	802	161

2024	1040	US	Estate or Trust and REMIC Information	20.3,20.4

Please add, change or delete 2024 information as appropriate.
Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number
	800	801	802

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number
	800	801

2024	1040	US	Asset Disposition List	22

If you disposed of any business assets in 2024, please enter date sold, sales price, and expenses of sale. For real estate transactions, be sure to attach all 1099-S forms and closing statements.

No.	Description of Property (Box 3)	Date Placed in Service	Date Sold (Box 1)	Sales Price (Box 2)	Cost or Basis	Expenses of Sale
	800	2	16	61	3	62

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

TRADITIONAL IRA CONTRIBUTIONS

		2024 Amount			2023 Amount	
		Taxpayer		Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) ($7,000/$8,000 if 50 or older)	1		51			
Contributions made to date	3		53			
1=covered by plan, 2=not covered	5		55			
2024 payments from 1/1/23 to 4/15/23	8		58			

ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to make (1=maximum) ($7,000/$8,000 if 50 or older)	27		77			
Contributions made to date	30		80			

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)	10		60			
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)	11		61			
Defined benefit contributions you expect to make	13		63			
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)	12		62			
Plan contribution rate if not .25 (.xxxx)	501		551			
Individual 401k: SE elective deferrals (except Roth) (1=max.)	44		94			
Individual 401k: SE designated Roth contributions (1=max.)	144		194			
SIMPLE contributions:						
Self-employed SIMPLE contributions you made or expect to make (1=maximum)	22		72			
Employer matching rate if not .03 (.xxxx)	502		552			
1=nonelective contributions (2%)	24		74			
Contributions made to date	14		64			

ADJUSTMENTS TO INCOME

Self-employed health insurance:						
Total premiums (excluding long-term care)	16		66			
Long-term care premiums	26		76			
Student loan interest paid (1098-E, box 1)	23		73			
Educator expenses (kindergarten thru grade 12)	28		78			
Jury duty pay given to employer	43		93			
Attorney fees and court costs for unlawful discrimination claims	243		293			
Attorney fees and court costs paid in connection with an IRS award for information on tax law violations	244		294			
Contributions by certain chaplains to section 403(b) plans	242		292			
Reforestation amortization and expenses	240		290			
Repayment of supplemental unemployment benefits	241		291			
Expenses from rental of personal property	37		87			
Other adjustments to income:						
_____	19		69			
_____	19		69			
_____	19		69			

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

ADJUSTMENTS TO INCOME

Alimony paid:	Taxpayer			Spouse		
Date of divorce or sep. agreement	102.___			103.___		
Recipient's first name	39.___			89.___		
Recipient's last name	40.___			90.___		
Recipient's SSN	41.___			91.___		
Amount paid	18.___		**2023 amt:**	68.___		**2023 amt:**

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.

		2024 Amount	TS	2023 Amount
Prescription medicines and drugs	4			
Doctors, dentists and nurses	5			
Hospitals and nursing homes	6			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars)	7			
Long-term care premiums - taxpayer	17			
Long-term care premiums - spouse	58			
Insurance reimbursement (enter as a positive number)	8			
Lodging and transportation:				
Out-of-pocket expenses	9			
Medical miles driven	52			
Other medical and dental expenses:				
_____	10			
_____	10			
_____	10			

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

State income taxes - 1/24 payment on 2023 state estimate	11			
State income taxes - paid with 2023 state return extension	12			
State income taxes - paid with 2023 state return	13			
State income taxes - paid for prior years and/or to other state	14			
City/local income taxes - 1/24 payment on 2023 city/local estimate	211			
City/local income taxes - paid with 2023 city/local extension	212			
City/local income taxes - paid with 2023 city/local return	213			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)	91			
Use taxes paid on 2024 purchases	92			
Use taxes paid with 2023 state return	96			
Sales tax on autos not included above	349			
Sales tax on boats, aircraft, other special items	93			

OTHER TAXES PAID

Real estate taxes - principal residence:				
_____	15			
_____	15			
Real estate taxes - held for investment :				
_____	16			
_____	16			
_____	16			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice)	18			
Foreign income taxes	19			
Other taxes:				
_____	20			

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
	21			
	21			
	21			

Home mortgage interest not reported on Form 1098:

Payee's name	85.___	
Payee's SSN or FEIN	86.___	
Payee's street address	87.___	
Payee's city	88.___	
Payee's state	106.___	
Payee's ZIP code	108.___	
Payee's region	1350.___	
Payee's postal code	1351.___	
Payee's country	1352.___	

Amount paid	22.___			

Points not reported on Form 1098:

	23			
	23			

Investment interest (interest on margin accounts):

	24			
	24			
Passive interest	27			

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:

	32			
	32			
	32			
	32			
	32			
Volunteer expenses (out-of-pocket)	31			
Number of charitable miles	53			

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

Contributions by cash or check:

	41			
	41			
	41			
	41			
	41			
Volunteer expenses (out-of-pocket)	40			
Number of charitable miles	54			

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.

		2024 Amount	TS	2023 Amount
50% limitation (see above):	33			
	33			
	33			
	33			
30% limitation (see above):	34			
	34			
	34			
	34			
30% capital gain property (gifts of capital gain property to 50% limit orgs.):	35			
	35			
	35			
	35			
20% capital gain property (gifts of capital gain property to non-50% limit orgs.):	36			
	36			
	36			
	36			

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

Union and professional dues	42			
Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):	43			
	43			
	43			
	43			
	43			
	43			
Investment expense:	44			
	44			
	44			
	44			
	44			
	44			
Tax return preparation fee	45			
Safe deposit box rental	46			
Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):	47			
	47			
	47			
	47			
	47			
	47			

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

OTHER MISCELLANEOUS DEDUCTIONS

		2024 Amount	TS	2023 Amount
Estate tax, section 691(c)	49			
Other miscellaneous deductions:				
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
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	50			

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	493			
Home acquisition and grandfather debt on the date that the last debt was secured	494			

LOAN INFORMATION

Loan #1

Lender's name	820			
Form (see table)	416			
Number of form	417			
1=taxpayer, 2=spouse, blank=joint	496			
Interest paid	401			
Points paid	402			
Total principal paid	404			
Lump sum principal payment (if paid off)	403			
Months outstanding (if not 12)	405			
1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17)	418			
Home acquisition debt balance - beginning of year	407			
Home acquisition debt borrowed in 2024	408			
Home equity debt balance - beginning of year	410			
Home equity debt borrowed in 2024	411			
Grandfather debt balance - beginning of year	413			

Loan #2

Lender's name	830			
Form (see table)	436			
Number of form	437			
1=taxpayer, 2=spouse, blank=joint	497			
Interest paid	421			
Points paid	422			
Total principal paid	424			
Lump sum principal payment (if paid off)	423			
Months outstanding (if not 12)	425			
1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17)	438			
Home acquisition debt balance - beginning of year	427			
Home acquisition debt borrowed in 2024	428			
Home equity debt balance - beginning of year	430			
Home equity debt borrowed in 2024	431			
Grandfather debt balance - beginning of year	433			

Form

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

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		2024 Amount	TS	2023 Amount
Lender's name	840			
Form (see table)	456			
Number of form	457			
1=taxpayer, 2=spouse, blank=joint	498			
Interest paid	441			
Points paid	442			
Total principal paid	444			
Lump sum principal payment (if paid off)	443			
Months outstanding (if not 12)	445			
1=home acquisition debt incurred after 12/15/17	458			
Home acquisition debt balance - beginning of year	447			
Home acquisition debt borrowed in 2024	448			
Home equity debt balance - beginning of year	450			
Home equity debt borrowed in 2024	451			
Grandfather debt balance - beginning of year	453			

Loan #4				
Lender's name	850			
Form (see table)	476			
Number of form	477			
1=taxpayer, 2=spouse, blank=joint	499			
Interest paid	461			
Points paid	462			
Total principal paid	464			
Lump sum principal payment (if paid off)	463			
Months outstanding (if not 12)	465			
1=home acquisition debt incurred after 12/15/17	478			
Home acquisition debt balance - beginning of year	467			
Home acquisition debt borrowed in 2024	468			
Home equity debt balance - beginning of year	470			
Home equity debt borrowed in 2024	471			
Grandfather debt balance - beginning of year	473			

Form

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

2024	1040	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

	Name of charitable organization (donee)		800	
	Street address		802	
	City		803	
	State		804	
	ZIP code		805	
	1=spouse, 2=joint		37	
	Property description (other than vehicle)		800	
No.	Vehicle	Identification number (VIN)	803	
		Year (yyyy)	10	
		Make	804	
		Model	805	
		Odometer mileage	11	
	Date of contribution (m/d/y)		4	
	Date acquired by donor (m/y)		5	
	How acquired by donor (Table 1 or describe)		801	
	Donor's cost or basis		6	
	Fair market value		7	
	Method used to determine FMV (Table 2 or describe)		802	

	Name of charitable organization (donee)		800	
	Street address		802	
	City		803	
	State		804	
	ZIP code		805	
	1=spouse, 2=joint		37	
	Property description (other than vehicle)		800	
No.	Vehicle	Identification number (VIN)	803	
		Year (yyyy)	10	
		Make	804	
		Model	805	
		Odometer mileage	11	
	Date of contribution (m/d/y)		4	
	Date acquired by donor (m/y)		5	
	How acquired by donor (Table 1 or describe)		801	
	Donor's cost or basis		6	
	Fair market value		7	
	Method used to determine FMV (Table 2 or describe)		802	

1 **How Property was Acquired**

1 = Purchase
2 = Gift
3 = Inheritance
4 = Exchange

2 **Method Used to Determine FMV**

1 = Appraisal
2 = Thrift shop value
3 = Catalog
4 = Comparable sales

For other methods, see IRS Pub. 561.

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	45		
Number of form (e.g., enter 2 for Schedule C number 2)	46		
Business use area (square footage)	2		
Total area of home (square footage)	1		
Total hours facility used (for daycare facilities only)	3		
Total hours available (if not 8,760)	9		
Area of home included above used exclusively for daycare business, if any (sq ft)	89		
% (.xx) or amount of gross income from home if not 100% (-1 if none)	502		
% (.xx) or amount of expenses from home if not 100% (-1 if none)	503		

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	11		
Real estate taxes	12		
Casualty losses	13		
Insurance	14		
Miscellaneous	15		
Rent	16		
Repairs and maintenance	17		
Utilities	18		
Excess mortgage interest	19		
Excess real estate taxes	54		
Other indirect expenses:			
_____	20		
_____	20		
_____	20		
_____	20		

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	21		
Real estate taxes	22		
Casualty losses	23		
Insurance	24		
Miscellaneous	25		
Rent	26		
Repairs and maintenance	27		
Utilities	28		
Excess mortgage interest	29		
Excess real estate taxes	55		
Excess casualty losses	30		
Allowable casualty losses	31		
Other direct expenses:			
_____	32		
_____	32		
_____	32		
_____	32		

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

GENERAL INFORMATION

Occupation, if different from Form 1040	800	

Form	13	
Number of form (1=first Schedule C, 2=second, etc.)	14	
1=spouse	1	
1=performance artist, 2=handicapped, 3=fee-basis government official	8	
1=minister's expenses	226	

EMPLOYEE BUSINESS EXPENSES

		2024 Amount	2023 Amount
Meal expenses in full	44		
Reimbursements for meals not on W-2, box 1	45		
1=Department of Transportation (80% meal allowance)	50		
Local transportation (bus, taxi, train, etc.)	7		
Travel expenses while away from home overnight	9		
Reimbursements not included on Form W-2, box 1	12		

Other business expenses:

	10		
	10		
	10		
	10		
	10		
	10		
	10		
	10		
	10		
	10		

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

VEHICLE INFORMATION

		2024 Amount	2023 Amount
1=vehicle used primarily by more than 5% owner	11		
1=vehicle is available for off-duty personal use	4		
1=no other vehicle is available for personal use	2		
1=no evidence to support your deduction	5		
1=no written evidence to support your deduction	6		

VEHICLE 1

Description of vehicle	801		
Date placed in service (m/d/y)	15		
Total mileage (for the tax year)	16		
Business mileage	17		
Commuting mileage (for the tax year)	19		
Average daily round-trip commute	18		
Number of months of business use if changed from 100% personal use	80		
Parking fees and tolls (business portion only)	70		

Actual expenses:

Gasoline, lube, oil	51		
Repairs	52		
Tires	53		
Insurance	54		
Miscellaneous	22		
Auto license (other than personal property taxes)	55		
Personal property taxes (based on car's value)	56		
Interest (car loan) (for Schedule C, E & F)	57		
Vehicle rent or lease payments	23		
Inclusion amount (enter as positive)	20		
Value of employer-provided vehicle on Form W-2 (2106)	24		

VEHICLE 2

Description of vehicle	802		
Date placed in service (m/d/y)	29		
Total mileage (for the tax year)	30		
Business mileage	31		
Commuting mileage (for the tax year)	33		
Average daily round-trip commute	32		
Number of months of business use if changed from 100% personal use	112		
Parking fees and tolls (business portion only)	71		

Actual expenses:

Gasoline, lube, oil	61		
Repairs	62		
Tires	63		
Insurance	64		
Miscellaneous	36		
Auto license (other than personal property taxes)	65		
Personal property taxes (based on car's value)	66		
Interest (car loan) (for Schedule C, E and F)	67		
Vehicle rent or lease payments	37		
Inclusion amount (enter as positive)	34		
Value of employer-provided vehicle on Form W-2 (2106)	38		

2024	1040	US	Foreign Income Exclusion (Form 2555)	No.	31.1

Please enter all pertinent 2024 information.

GENERAL INFORMATION

1=spouse	1		
Foreign address of taxpayer, if different from Form 1040:			
Street address	800		
City	821		
Region	822		
Postal code	823		
Country	824		
Employer:			
Name	801		
U.S. street address	802		
U.S. city	825		
U.S. state	826		
U.S. ZIP code	827		
Foreign street address	803		
Foreign city	828		
Foreign region	829		
Foreign postal code	803		
Foreign country	831		
Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other	11		
Employer type, if other	804		

Type of exclusion revoked if revoked in earlier year (if applicable):		Tax year revocation was effective		
806.___		12.___		
806.___		12.___		
806.___		12.___		

Country of citizenship	807	

City and country of separate foreign residence if maintained due to adverse living conditions (if applicable):		Number of days during tax year at separate foreign address (if applicable)		
808.___		13.___		
808.___		13.___		
808.___		13.___		

Tax homes(s) during tax year:		Dates tax home(s) were established (m/d/y)		
809.___		14.___		
809.___		14.___		
809.___		14.___		

Please enter all pertinent 2024 information.

TRAVEL INFORMATION

NOTE: Please enter all travel for 2024 as well as travel for 2025 known to date.

Travel Type (table)		Name of country (if not United States)		Date arrived		Date left		Days in U.S. on business	
18.___		810.___		19.___		20.___		21.___	
18.___		810.___		19.___		20.___		21.___	
18.___		810.___		19.___		20.___		21.___	
18.___		810.___		19.___		20.___		21.___	
18.___		810.___		19.___		20.___		21.___	
18.___		810.___		19.___		20.___		21.___	

BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST

Beginning date for bona fide residence (m/d/y)	24	
Ending date for bona fide residence (m/d/y)	25	
Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer	26	

Names of family living abroad with taxpayer (if applicable):		Relationship		Period family lived abroad	
811.___		812.___		813.___	
811.___		812.___		813.___	
811.___		812.___		813.___	

1=submitted statement to country of bona fide residence	27	
1=required to pay income tax to country of bona fide residence	28	
Contractual terms relating to length of employment abroad	814	
Type of visa you entered foreign country under	815	
Explanation why visa limited stay or employment in country (if applicable)	816	

Address of home in U.S. maintained while living abroad (if applicable):

						ZIP Code		1=U.S. home rented (if applicable)	
817.___		832.___		833.___		834.___		29.___	
817.___		832.___		833.___		834.___		29.___	
817.___		832.___		833.___		834.___		29.___	

Names of occupants in U.S. home (if applicable)		Relationship of occupants in U.S. home (if applicable)	
818.___		819.___	
818.___		819.___	
818.___		819.___	

Principal country of employment	820	

FOREIGN HOUSING EXPENSES

		2024 Amount	2023 Amount
Qualified housing expenses	41		

Location of housing expenses:		Qualifying days in location (multiple locations only)	
46.___		47.___	
46.___		47.___	
46.___		47.___	

Travel Type

1 = Travel to U.S. (default)
2 = Travel to foreign country
3 = Travel to restricted country

2024	1040	US	Foreign Income Exclusion (Form 2555)	No.	31.2

Please enter all pertinent 2024 amounts and attach all W-2 forms, or other wage statements. Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

FOREIGN WAGES, SALARIES, TIPS

		2024 Amount	2023 Amount
Name or number	157		
1=spouse	178		
1=retirement plan (Box 13)	2		
Name of employer (Box c)	818		
Wages, tips, other compensation (Box 1)	179		
Federal income tax withheld (Box 2)	180		
Social security tax withheld (Box 4)	182		
Medicare tax withheld (Box 6)	184		
State income tax withheld (Box 17)	185		
Local income tax withheld (Box 19)	186		

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

Home (lodging)	135		
Meals	136		
Car	137		

Other properties or facilities:

38.___		138.___		
38.___		138.___		
38.___		138.___		
38.___		138.___		

Allowances and Reimbursements

Cost of living and overseas differential	139		
Family	140		
Education	141		
Home leave	142		
Quarters	143		

Other purposes:

44.___		144.___		
44.___		144.___		
44.___		144.___		
44.___		144.___		

Meals and lodging provided for the convenience of the Employer (excludable under section 119)	145		

Other Foreign Earned Income

32.___		132.___		
32.___		132.___		
32.___		132.___		
32.___		132.___		

2024 Days Worked Allocation Information

Total number of days worked (if not 240)	131		
Total days worked before and after foreign assignment	155		
Foreign days worked before and after foreign assignment	156		

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	3		53			
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)	5		55			
Contributions included above that were made after you became eligible for Medicare	32		82			
Contributions made to date	39		89			

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1)	15		65			
Distributions included above that were rolled over to another HSA	16		66			
Total unreimbursed qualified medical expenses	17		67			

2024	1040	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)

	2024 Amount				2023 Amount	
		Taxpayer		Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2024	3		53			
Employer-provided benefits forfeited in 2024	6		56			

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

	First name	17		
	Last name	18		
	Title or suffix	24		
	Date of birth (m/d/y)	22		
No.	Social security number	19		
	Qualified dependent care expenses incurred and paid in 2024	20		2023 amt:
	1=over age 12 & disabled at the time care was provided	23		
	1=spouse, 2=joint	21		

	First name	17		
	Last name	18		
	Title or suffix	24		
	Date of birth (m/d/y)	22		
No.	Social security number	19		
	Qualified dependent care expenses incurred and paid in 2024	20		2023 amt:
	1=over age 12 & disabled at the time care was provided	23		
	1=spouse, 2=joint	21		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

	Name of provider	10		
	Street address	11		
	City	12		
	State	26		
	ZIP code	27		
No.	Foreign region	28		
	Foreign postal code	29		
	Foreign country	30		
	Identification number (SSN or EIN)	13		
	Amount paid to care provider in 2024	14		2023 amt:
	1=spouse, 2=joint	15		
	1=care provided ind. above was a household employee	33		

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

ELIGIBLE CHILDREN

			2024 Amount	2023 Amount
No. ☐	First name	11		
	Last name	12		
	Identification number	13		
	Date of birth (m/d/y)	14		
	1=born before 2007 and was disabled	15		
	1=special needs child	16		
	1=foreign child	17		
	1=adoption was not final in 2024	22		
	Qualified Adoption Expenses Paid in: 2023 for adoption not finalized by end of 2024	23		
	Qualified Adoption Expenses Paid in: Prior years for adoption of foreign child finalized in 2024	26		
	Qualified Adoption Expenses Paid in: 2023 and 2024 for adoption finalized in 2024	20		
	Qualified Adoption Expenses Paid in: 2024 for adoption finalized before 2024	24		
	1=spouse, 2=joint	21		

No. ☐	First name	11		
	Last name	12		
	Identification number	13		
	Date of birth (m/d/y)	14		
	1=born before 2007 and was disabled	15		
	1=special needs child	16		
	1=foreign child	17		
	1=adoption was not final in 2024	22		
	Qualified Adoption Expenses Paid in: 2023 for adoption not finalized by end of 2024	23		
	Qualified Adoption Expenses Paid in: Prior years for adoption of foreign child finalized in 2024	26		
	Qualified Adoption Expenses Paid in: 2023 and 2024 for adoption finalized in 2024	20		
	Qualified Adoption Expenses Paid in: 2024 for adoption finalized before 2024	24		
	1=spouse, 2=joint	21		

No. ☐	First name	11		
	Last name	12		
	Identification number	13		
	Date of birth (m/d/y)	14		
	1=born before 2007 and was disabled	15		
	1=special needs child	16		
	1=foreign child	17		
	1=adoption was not final in 2024	22		
	Qualified Adoption Expenses Paid in: 2023 for adoption not finalized by end of 2024	23		
	Qualified Adoption Expenses Paid in: Prior years for adoption of foreign child finalized in 2024	26		
	Qualified Adoption Expenses Paid in: 2023 and 2024 for adoption finalized in 2024	20		
	Qualified Adoption Expenses Paid in: 2024 for adoption finalized before 2024	24		
	1=spouse, 2=joint	21		

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	17		
First name	12		
Last name	13		
Social security number	14		
Number of prior years AOC claimed	35		
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	41		
1=student completed first four years of post-secondary education before 2024	32		
1=student was convicted, before the end of 2024 , of a felony for possession or distribution of a controlled substance	42		

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name	950		
Street address	951		
City	952		
State	953		
ZIP code	954		
1=2024 Form 1098-T was NOT received	243		
1=2024 Form 1098-T received with Box 7 completed	245		
1=2023 Form 1098-T received with Box 7 completed	244		
Federal ID number from Form 1098-T	958		

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name	850.___		
Street address	851.___		
City	852.___		
State	853.___		
ZIP code	854.___		
1=2024 Form 1098-T was NOT received	43.___		
1=2024 Form 1098-T received with Box 7 completed	45.___		
1=2023 Form 1098-T received with Box 7 completed	44.___		
Federal ID number from Form 1098-T	858.___		

QUALIFIED EDUCATION EXPENSES

		2024 Amount	2023 Amount
Qualified tuition & fees paid in 2024 (net of refund or assistance, & not entered elsewhere)	16		
Books & supplies required to be purchased from institution	27		
Books & supplies not entered above	28		
Amount of prior year refund or assistance *	20		

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

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

HOUSEHOLD EMPLOYMENT TAXES

NOTE: If you paid any one household employee cash wages of $2,700 or more in 2024; withheld federal income tax during 2024 for any household employee; or paid total cash wages of $1,000 or more in any calendar quarter of 2023 or 2024 to household employees, please complete the following:

Employer identification number	1	
1=spouse, 2=joint	2	

Social security, Medicare and income taxes:		2024 Amount	2023 Amount
1=paid any one employee cash wages of $2,700 or more	4		
1=withheld federal income tax for household employee	5		
Total cash wages subject to social security taxes	6		
Total cash wages subject to Medicare taxes	7		
Federal income tax withheld	8		
Taxes withheld from state disability payments	33		

Federal unemployment tax:

1=paid total cash wages of $1,000 or more in any calendar quarter of 2023 or 2024	10		
Total cash wages subject to FUTA tax	11		
1=paid unemployment contributions to only one state	12		
1=paid all state unemployment contributions by 4/15/25	13		
1=all wages taxable for FUTA were also taxable for state unemployment	14		
Name of state	15		
Contributions paid to state unemployment fund	17		

2024	1040	US	Parent's Election to Report Child's Inc.	No.	44

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

CHILD'S INFORMATION

First name	800	
Last name	803	
Social security number	801	
Date of birth (m/d/y)	26	
1=nontaxable to federal	19	
1=nontaxable to state	18	

INTEREST INCOME (Form 1099-INT)

		2024 Amount	2023 Amount
Banks, credit unions, etc. (Box 1):			
	3		
	3		
U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):			
	17		
	17		
Tax-exempt interest:			
Total municipal bonds	16		
In-state municipal bonds	4		
Adjustments:			
Nominee distribution	5		
Accrued interest	6		
Tax-exempt interest (1099-INT in error)	22		
OID adjustment	7		
ABP adjustment	8		
Foreign:			
1=interest in or authority over foreign account	9		
Name of foreign country	802		
1=grantor/transferor or received distribution from foreign trust	10		
Post 8/7/86 private activity bond interest (included above) (6251)	20		

DIVIDEND INCOME (Form 1099-DIV)

Total ordinary dividends (Box 1a):			
	11		
	11		
Qualified dividends (Box 1b)	29		
Total capital gain distributions (Box 2a):			
	13		
	13		
Unrecaptured section 1250 gain (Box 2b)	24		
Section 1202 gain (Box 2c)	2		
Collectibles (28%) gain (Box 2d)	23		
Nontaxable distributions (Box 3)	12		
Tax-exempt interest:			
Total municipal bonds	15		
In-state municipal bonds	21		
Nominee distributions:			
Ordinary dividends	14		
Qualified dividends	31		
Capital gain distributions	25		
Alaska permanent fund dividends included above	27		

2024	1040	US	Report of Foreign Bank and Financial Accounts	82.1

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

GENERAL INFORMATION

		2024 Amount	2023 Amount
Canadian province or Mexican state	37		
Other type of filer	834		
Foreign identification:			
Taxpayer:			
1=passport, 2=foreign TIN	5		
Other type of identification	835		
Number	836		
Country of issue	837		
Spouse:			
1=passport, 2=foreign TIN	8		
Other type of identification	855		
Number	856		
Country of issue	857		
Taxpayer:			
Title	800		
Spouse:			
Title	851		

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

INFORMATION ON FINANCIAL ACCOUNTS

		2024 Amount	2023 Amount
1=spouse	3		
Type of account: 1=bank account, 2=securities account, or specify	809		
Maximum value of account (-1 if unknown)	13		
Financial institution:			
Name of institution (Line 1) (mandatory)	804		
Name of institution (Line 2)	805		
Mailing address	838		
Account number	803		
City	839		
State	840		
ZIP/postal code	841		
Country (if not US)	842		
Accounts owned jointly:			
Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer)	7		
Principal joint owner:			
Taxpayer identification number, if not joint filer	843		
TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign , 4=unknown	34		
Last name	844		
First name	845		
Middle initial	852		
Address	846		
City	847		
State	848		
ZIP/postal code	849		
Country (if not US)	850		
Accounts where filer has no financial interest:			
Last name or org. name (mandatory)	810		
First name	811		
Middle initial	812		
Taxpayer identification number	813		
TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign , 4=unknown	35		
Address	814		
City	815		
State	816		
ZIP/postal code	817		
Country (if not US)	818		
Filer's title	853		

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

FOREIGN DEPOSIT AND CUSTODIAL ACCOUNTS (Part I)

		2024 Amount	2023 Amount
Description of asset	835		
Type of account: 1=deposit, 2=custodial	21		
Use financial institution information from Form 114	41		
Financial institution information (if not filing Form 114):			
Maximum value of account during year	26		
Name of institution	832		
Account number (mandatory for part I)	828		
Mailing address of institution	833		
City of institution	834		
State/province of institution	848		
Postal code of institution	849		
Country of institution	850		
1=account opened during year	22		
1=account closed during year	23		
1=account jointly owned with spouse	24		
1=no tax item in Part III with respect to this account	25		
1=used foreign currency exchange rate to convert value to US dollars	27		
Foreign currency in which account is maintained	829		
Foreign currency exchange rate (xxxx.xxxx)	830		
Source of exchange rate	831		

OTHER FOREIGN ASSETS (Part II)

Identifying number or other designation (mandatory for part II)	836		
Date asset acquired during year (m/d/y)	28		
Date asset disposed of during year (m/d/y)	29		
1=jointly owned with spouse	30		
1=no tax item in Part III with respect to this asset	31		
Maximum value of asset during year	32		
1=used foreign currency exchange rate to convert value to US dollars	33		
Foreign currency in which asset is denominated	837		
Foreign currency exchange rate (xxxx.xxxx)	838		
Source of exchange rate	839		
Foreign entity information (complete if stock or interest):			
Name of entity	840		
Type of entity	841		
Mailing address of entity	842		
City of entity	843		
State/province of entity	851		
Postal code of entity	852		
Country of entity	853		

1

Type of Entity

1 = Partnership
2 = Corporation
3 = Trust
4 = Estate

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

OTHER FOREIGN ASSETS (Part II) (continued)

Issuer or counterparty (#1):

Name	844.___	
1=issuer, 2=counterparty	35.___	
Type of issuer or counterparty (see table 2)	845.___	
Issuer or counterparty: 1=US person, 2=foreign person	36.___	
Mailing address	846.___	
City	847.___	
State/province	854.___	
Postal code	855.___	
Country	856.___	

Issuer or counterparty (#2):

Name	844.___	
1=issuer, 2=counterparty	35.___	
Type of issuer or counterparty (see table 2)	845.___	
Issuer or counterparty: 1=US person, 2=foreign person	36.___	
Mailing address	846.___	
City	847.___	
State/province	854.___	
Postal code	855.___	
Country	856.___	

Issuer or counterparty (#3):

Name	844.___	
1=issuer, 2=counterparty	35.___	
Type of issuer or counterparty (see table 2)	845.___	
Issuer or counterparty: 1=US person, 2=foreign person	36.___	
Mailing address	846.___	
City	847.___	
State/province	854.___	
Postal code	855.___	
Country	856.___	

Issuer or counterparty (#4):

Name	844.___	
1=issuer, 2=counterparty	35.___	
Type of issuer or counterparty (see table 2)	845.___	
Issuer or counterparty: 1=US person, 2=foreign person	36.___	
Mailing address	846.___	
City	847.___	
State/province	854.___	
Postal code	855.___	
Country	856.___	

2

Type of Issuer or Counterparty

1 = Individual
2 = Partnership
3 = Corporation
4 = Trust
5 = Estate