Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Form ID: INDX

Form ID: 1040	-	Perso	nal Informatio	n		1
Filing (Marital) stat	tus code (1 = Single, 2 = Married f	filing joint, 3 = Married fili	ng separate, 4 = Head of h	nousehold, 5 = Qualifying survi	ving spouse)	[1]
•	narried but living apart all y					[2]
Mark if your nonre	esident alien spouse does n	ot have an Individu		cation Number (ITIN)		[3]
Social security nun	nhar		Taxpayer	[4]	Spouse	
First name	ilbei			[4] [6]		[5] [7]
Last name						
Occupation				-		
_	the presidential election o			[12]		[14]
•	of another taxpayer			[15]		[16]
	ome less than 1/2 support a	age 18 or 19 - 23 ful				
Mark if legally bling Date of birth	a		·	[20]		[21] [24]
Date of death		_		[22] [26]	-	_[24] [27]
	ephone number/ext numbe	er		[29]	[30]	[31]
Home/evening tele	· ·	*		[32]		[33]
	us to discuss your return wi	th the IRS? (Y, N)		[34]		
	·		t Mailing Addre			
Address		1103011	amilia Audit			[40]
Auuress Apartment numbe	r		-			[40] [41]
City, state postal c				[42]	[43]	
Foreign country na						[46]
Foreign phone nur	mber					[49]
In care of addresse	ee					[51]
		Depen	dent Informatio	on		
	(*Pl			ed at the bottom)		Care
First Name ⁵²]	Last Name	Date of Birth	Social Security N			expenses paid for dependent
		2000 01 211 011	oodiai oodaiiio, i			
		-				
		-				
		-		·		
						
		·				
	lived with you but is not y	our dependent				[53]
Social security nun	nber of qualifying person					[54]
		Der	endent Codes			
	Child who lived with you			Student (Age 19 - 23)		
	Child who did not live with	th you due to divo	-	=		
	Other dependent			Dependent who is bo	th a student and dis	abled
	Other dependents, but de		-	endents (ODC)		
	Qualifying child for Earne		-	<u></u>		
	Children who lived with y	-	-			
	Children who lived with y	-	-		r Donondonts /Faces	d Incom
	Children who lived with y = Reported on odd year re	-	anny for Child Tax (reall/crealt for Other	Dependents/Earne	a income Cr
	= Reported on odd year re = Reported on even year i					
	= Reported on even year i = Not reported on return	etuiii				
99	- Not reported on return					
					-	10.4040
			l l		I FOR	m ID: 1040

Client Contact Information

Preparer - Enter on Screen Contact

2

Tax matters person (Indicate which spouse handles tax return related questi	ions) (Blank = Both, T = Taxpayer, S = Spouse)	[8]
Taxpayer email address		[9]
Spouse email address		[10]
	Taxpayer	Spouse
Fax telephone number	[11]	[20]
Mobile telephone number	[12]	[21]
Mobile telephone #2 number	[13]	[22
Pager number	[14]	[23]
Other:	[15]	[24]
Telephone number	[16]	[25]
Extension	[17]	[26]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	[18]	[27]

NOTES/QUESTIONS:

Form ID: Info

F		n	
Form	ID:	вan	k

Direct Deposit/Electronic Funds Withdrawal Information

3

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct.				[1]
Primary account:				
Financial institution routing transit number				[5]
Name of financial institution				[6]
Your account number				[7]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)				[8]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)				[11]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)				[12]
Enter the maximum dollar amount, or percentage of total refund	[13]	or	Percent (xxx.xx)	[14]
Secondary account #1:				
Financial institution routing transit number				[23]
Name of financial institution				[24]
Your account number	_			[25]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)				[26]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)				[29]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)				[30]
Enter the maximum dollar amount, or percentage of total refund Dollar	[15]	or	Percent (xxx.xx)	[16]
Secondary account #2:				
Financial institution routing transit number				[31]
Name of financial institution				[32]
Your account number				[33]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)				[34]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)				[37]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)				[38]
Enter the maximum dollar amount, or percentage of total refund Dollar	[17]	or	Percent (xxx.xx)	[18]
*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accept	ed by th	e ban	k or financial institutio	n.

Form	ID:	NRA

Nonresident Alien - General Information

4

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

ricase promue copies or an romina	0 12 0, 00/1 10 1	20, 0200, 1, and 0000	
Country where you are a citizen or national during the tax year			[2]
Foreign address to use for refund check, if different than mailing address	entered on Scr	een 1040:	
Foreign address			[3]
Foreign city			[4]
Foreign country name			[6]
Foreign province or county			[7]
Foreign postal code			[0]
Country of permanent residence for tax purposes			[10]
Scholarships and fellowship grants received during tax year:			[10]
		4	÷ [15]
U.S. real property interests that were disposed at a gain during the tax yo	ear	-	- [18]
Income Not Effectively Connect	ed with a U	.S. Trade or Business	5
Payer / Description	Tax Rate	Income	U.S. Fed Withholding
Dividends paid by U.S. corporations:	rax nate	income	O.S. I Ca Withholding
		[24]	i.
		[21] - -	·
Dividends neid by fereign cornerations.	+_		·
Dividends paid by foreign corporations:		f==1.	
	+_	[23] +	·
	+_	+	•
Interest received on mortgages:			
	+_	[27] -	·
	+_	+	·
Interest paid by foreign corporations:			
	+	[29] - -	F
	+ _		- <u> </u>
Other Interest received:			
	+	[31] +	+
	+	[31] - -	<u> </u>
Industrial royalties (patents, trademarks, etc.)		_	
	+	[33] +	-
Motion picture or T.V. copyright royalties		[00]	
motion proteins of this sopping it to justice	+	[35] +	<u> </u>
Other royalties (copyrights, recording, publishing, etc.)		[55] 1	
	_	נוכנו	L
Real property income and natural resources royalties	T_	[37] -	·
	_	[20]	
Pensions and annuities:	+_	[39] +	·
Pensions and annuities:			
	+_	[41] -	·
Gambling - Residents of Canada only:			
Winnings [42] Losses [44]	1]	4	[43]
Gambling - Residents of countries other than Canada:			
	+ _	[47] -	+
Other income:			
	+	[49] +	F
	+	+	+
Capital Gains & Losses Not Effectively	Connected v	with a U.S. Trade or	Business
Description of Propert [61] Date Acquired	Date Sold	Sales Price Cost/	Basis U.S. Fed W/H
Description of Property:		++	
		+	
		+	+
		++	
		++	
Control Totals+			Form ID: NRA

Form ID: NRA-2		Nonr	esident Alie	n - Other Info	rmation		5
Have you ever appli	ed to be a gree	n cared holder of t	he United State	S (Y, N)			
Were you ever a U.S							
Were you ever a gre							
If you had a visa on If you did not have		•	• • •				-
status on December	-	o.s. miningratio					
Date you first enter							
If you've ever chang		pes (nonimmigrant	t status) or U.S.	immigration statu	s:		
Date of visa chang	•						
Nature of your vis If you are a resident		Mexico AND comm	ute to work in t	he U.S. at frequen	t intervals		
enter 1 for Canada							
						,	
List all dates you en	tered and left t	the United States d	uring 2024 (NA	for residents of Ca	ınada or Mex∎oo¢):	
Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left
Enter the total num	har of days line	duding vacation in	anwarkdays na	rtial work days) ve	u wara pracant	in the H.C. during	
Enter the total num 2022	bei oi days (iiic	Juding vacation, no	onworkuays, pai	tiai work days) yo	u were present	in the o.s. during.	
2023							
2024							
Latest II C income t	av ratura vau f	ilad prior to 2024.					
Latest U.S. income t Year filed	ax return you r	neu prior to 2024.					
Type of return file	d						
Did you receive tota	•	n of \$250,000 or m e method to deteri	_		tion2 (v. N)		
•		d to determine the		•		ne space b elo w.	
				- ,, , ,			
Complete the follow	ing if claiming	exemption from in	come tax under	a U.S. income tax	treaty		
	Country Nam	@ 21] 1	Tax Treaty Artic	le Months C	laimed in 2023	Exempt Inco	ome in 2024
				<u> </u>			
							
· ·	-	n a foreign country	-		-	ome 2024" colum	1 (Y, N)
		enefits pursuant to	a Competent A	uthority determin	ation. If yes,		
attach a co	py of the deter	riiinauon (Y, N)					
If you paid any amo	unts related to	your 2024 nonresi	dent return (i.e.	estimates, extens	sion, Form		
1040-C), enter the I		•					

Form ID: NRA-2

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file to comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS Taxpayers may choose to file a paper return instead of filing electronically.	
Mark if you want to file a paper return even if you qualify for electronic filing	[1]
Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) If 1 or 2, please provide email address on Organizer Form ID: Info	[2]
Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your	
financial institution account	[9]
The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.	
Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.	
Taxpayer self-selected Personal Identification Number (PIN)	[7]
Spouse self-selected Personal Identification Number (PIN)	[8]

Electronic Filing

6

NOTES/QUESTIONS:

Form ID: ELF

Form ID: IDAuth	Identity Authentication	7
Taxpayer -		
Form of identification (1 = Driver's license,	2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided)	[1]
Identification number		[3]
Issue date		[4]
Expiration date (mm/dd/yyyy)		[5]
Location of issuance (State issued only)		[6]
Document number (New York only)		[7]
Spouse -		
Form of identification (1 = Driver's license,	2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided)	[10
Identification number		 [12
Issue date		[13
Expiration date (mm/dd/yyyy)		[14
Location of issuance (State issued only)		[15
Document number (New York only)		[14

Form ID: Est		Es	stima	ted Taxes			8
If you have an overn	avment of 2024	taxes, do you want the ex	COSS.				
Refunded	ayment of 2024	taxes, ao you want the ex					[52]
Applied to 202	5 estimated tax	liability					[53]
•	_	e in your 2025 income? (Y,	N)				[54]
If yes, please explain	any differences	S:					
							[55]
							[56] [57]
	-						[58]
Do you expect a cons	siderable chang	e in your deductions for 20	025? (Y,	. N)			[59]
If yes, please explain	any differences	s:					<u> </u>
							[60]
							[61]
							[62]
Do you expect a con-	siderable chang	e in the amount of your 20)25 wit	hholding? (Y. N)			[63] [64]
If yes, please explain	_						
							[65]
							[66]
							[67]
Do you ovpost a shar	ago in the numb	per of dependents claimed	for 20	2E2 (v. N.)			[68]
If yes, please explain	-	•	101 20	23: (Y, N)			[69]
ii yes, piedse expidiii	any amerences						[70]
							[71]
							[72]
			1	1.7.0		::TDC\ 2 D: \ \ 1	[73]
Payment method use	ed to pay your e	estimated taxes (1=Electro	nic Fed	erai Tax Paymen	t System (E	FTPS); 2=Direct Pay)	[74]
		2024 Federa	al Est	imated Tax P	ayments	i	
2023 overpayment a	pplied to 2024	estimates				+	[1]
		unts on the dates due indi	cated l	pelow. Skip the r	emaining f	ields.	[5]
		ot made on the date due o	r were	for an amount ot	her than th	ne calculated amount bel	ow, please enter
the actual date and a	imount paid.						
	Date Due	Date Paid if After Date I	Due	Amount Paid		Calculated Amount	Method*
1st quarter payment		[6]	+		[7]		
2nd quarter paymen	t 06/17/24	[8]	+				
3rd quarter payment		[10]	+		[11]		
4th quarter payment	01/15/25	[12]	+		[13]		
Additional payment		[14]	+_		[15]		
		*Method of p	pavmei	nt indicated in p	rior vear		
	EFW = Electro	onic funds withdrawal				ax Payment System	
	Voucher = Fo	rm 1040-ES estimated tax	k paym	ent voucher			
NOTES/QUESTIC	ONS:						

Control Totals+

Form ID: Est

Form ID: St Pmt	2024 State Estimated Tax Payments					
Taxpayer/Spouse/Joint (T, S, J) State postal code			[1] [2]			
Amount paid with 2023 return 2023 overpayment applied to '24 estimates Treat calculated amounts as paid			[3] [4] [8]			
Date Paid		Amount Paid Ca	alculated Amount			
1st quarter payment[9]		+[10]				
2nd quarter payment[11]		+[12]				
3rd quarter payment[13]		1 [14]				
4th quarter payment[15]		+[16]				
Additional payment[17]		+[18]				
	2024 City Estim	ated Tax Payments				
City #1		City #2				
City name	[28]	City name	[50]			
Amount paid with 2023 return +	[31]	Amount paid with 2023 return +	[53]			
2023 overpayment applied to '24 estimates	[32]	2023 overpayment applied to '24 estimates	[54]			
Treat calculated amounts as paid	[36]	Treat calculated amounts as paid	[58]			
	Amount Paid		Amount Paid			
1st quarter payment[37] +		1st quarter payment[59] +				
2nd quarter payment[39] +		2nd quarter payment				
3rd quarter payment[41] +		3rd quarter payment				
4th quarter payment[43] +	[44]	4th quarter payment[65] +	[66]			
Calculated Amount		Calculated Amount				
· · · · · · · · · · · · · · · · · · ·						
· · · · · · · · · · · · · · · · · · ·						
4th quarter payment		4th quarter payment				
City #3		City #4				
City name	[72]	City name	[94]			
Amount paid with 2023 return +	[75]	Amount paid with 2023 return +	[97]			
2023 overpayment applied to '24 estimates		2023 overpayment applied to '24 estimates	[98]			
Treat calculated amounts as paid	[80]	Treat calculated amounts as paid	[102]			
	Amount Paid	Date Paid A	Amount Paid			
	[82]		[104]			
2nd quarter payment		2nd quarter payment[105] +				
3rd quarter payment[85] +		3rd quarter payment [107] +				
4th quarter payment[87] +	[88]	4th quarter payment[109] +	[110			
Calculated Amount		Calculated Amount				
1st quarter payment		1st quarter payment				
2nd quarter payment		2nd quarter payment				
3rd quarter payment		3rd quarter payment				
4th quarter payment		4th quarter payment				

Form ID: SumRep	Income Summary	10

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Form	T/S/J	Description	1 = Attached 2 = N/A
			

Form ID: SumRep

Form	ID:	IntDiv

Interest and Dividend Summary

11

Below is a list of the forms as reported in last year's tax return. Please provide copies of all 1099-INT and 1099-DIV you received. To indicate which forms are attached, enter a "1" for attached in the field provided. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided. Otherwise, leave this field blank.

Form	T/S/J	Description	Mark if 1 Foreign	= Attached 2 = N/A
			<u> </u>	_
	_		_	_
			_	_
			_	
-				
			<u> </u>	
			_	
				
-	_		<u> </u>	<u> </u>
			_	_
	_		<u> </u>	_
-				
			<u> </u>	
-				
				_
			_	
	_			
	_		<u> </u>	_
	_			_
			<u> </u>	<u> </u>

Form ID: W2 Wages and Salaries #1 Please provide all copies of Form W-2. 2024 Information **Prior Year Information** Taxpayer/Spouse (T, S) [1] Employer name [3] Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard, 5 = Diff of Care[5] Mark if this is your current employer [6] Mark if this is the last year for this employer [9] Federal wages and salaries (Box 1) [10] Federal tax withheld (Box 2) [12] Social security wages (Box 3) (If different than federal wages) [14] Social security tax withheld (Box 4) [16] Medicare wages (Box 5) (If different than federal wages) [18] Medicare tax withheld (Box 6) [21] SS tips (Box 7) [23] Allocated tips (Box 8) [25] Dependent care benefits (Box 10) [27] Box 13 -Statutory employee [29] Retirement plan [30] Third-party sick pay [31] State postal code (Box 15) [32] State wages (Box 16) (If different than federal wages) [34] State tax withheld (Box 17) [36] Local wages (Box 18) [38] Local tax withheld (Box 19) [40] Name of locality (Box 20) [43] **Control Totals+** Wages and Salaries #2

Please provide all copies of Form W-2. **Prior Year Information** 2024 Information Taxpayer/Spouse (T, S) [1] **Employer** name [3] Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard, 5 = Diff of Care[5] Mark if this your current employer [6] Mark if this is the last year for this employer [9] Federal wages and salaries (Box 1) [10] Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) [14] Social security tax withheld (Box 4) [16] Medicare wages (Box 5) (If different than federal wages) [18] Medicare tax withheld (Box 6) [21] SS tips (Box 7) [23] Allocated tips (Box 8) [25] Dependent care benefits (Box 10) [27] Box 13 -Statutory employee [29] Retirement plan [30] Third-party sick pay [31] State postal code (Box 15) [32] State wages (Box 16) (If different than federal wages) [34] State tax withheld (Box 17) [36] Local wages (Box 18) [38] Local tax withheld (Box 19) [40] Name of locality (Box 20) [43]

	Form ID: W2

Control Totals+

13

Please provide copies of all Form 1099-INT or other statements reporting interest income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**se	ee_codes below)	Interest [1] Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer							
	-	Amounts +							
	2	Payer							
	2	Amounts +							
	3	_	•		•				
	J	Amounts +							
	4	Payer							
	-	Amounts +							
	5	Payer							
	J	Amounts +							
	6	Payer							
	O	Amounts +							
	7	Payer							
	2	Amounts +							
	8	Payer							
		Amounts +							
	9	Payer							
	9	Amounts +							
	1	Payer							
		Amounts +							

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

Control Totals + Form ID: B-1

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

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

**Dividend Codes				
Blank = Other	3 = Nominee			

	Control Totals +		Form ID: B-2
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Seller Financed Mortgage Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

			2024 Information	_	Prior Year Information
Taxpayer/Spouse/Joint (т, s, J)			_		
Payer's name			_		
Payer's street address					
Payer's city, state, zip code					
Payer's social security number					
Interest income amount received in 202	1	+.	[:	1]	
Taxpayer/Spouse/Joint (T, S, J)			<u> </u>		
Payer's name					
Payer's street address					
Payer's city, state, zip code					
Payer's social security number					
Interest income amount received in 202	1	+.	[:	1]	
Taxpayer/Spouse/Joint (T, S, J)			_		
Payer's name					
Payer's street address					
Payer's city, state, zip code					
Payer's social security number					
Interest income amount received in 202	1	+	[:	1]	
Taxpayer/Spouse/Joint (T, S, J)			<u></u>		
Payer's name					
Payer's street address					
Payer's city, state, zip code					
Payer's social security number					
Interest income amount received in 202	4	+.	[:	1]	
Taxpayer/Spouse/Joint (T, S, J)			<u></u>		
Payer's name					
Payer's street address					
Payer's city, state, zip code					
Payer's social security number					
Interest income amount received in 202	1	+.	[:	1]	
Taxpayer/Spouse/Joint (T, S, J)			<u>—</u>		
Payer's name					
Payer's street address					
Payer's city, state, zip code					
Payer's social security number					
Interest income amount received in 202	1	+	[:	1]	
Taxpayer/Spouse/Joint (T, S, J)			_		
Payer's name					
Payer's street address					
Payer's city, state, zip code					
Payer's social security number	_				
Interest income amount received in 202	1	+	[:	1]	
Taxpayer/Spouse/Joint (т, s, J)			_		
Payer's name					
Payer's street address					
Payer's city, state, zip code					
Payer's social security number	_				
Interest income amount received in 202	4	+.	[:	1]	
	Control Totals+				Form ID: B-3

Form ID: B-4	Income from REMICs	16
Taxpayer/Spouse/Joint (T, S, J) Name of activity Employer identification number State postal code	Please provide all Schedules Q.	[1]
Taxpayer/Spouse/Joint (T, S, J) Name of activity Employer identification number State postal code		[1]

Form ID: D	Sales of Stocks,	Securities, and Othe	er Investmer	nt Property	17
	Please prov	vide copies of all Forms 1			
	e any securities become worthless during 20				<u>[</u> 9
	e any debts become uncollectible during 20				<u></u> [:
	e any commodity sales, short sales, or strad				[:
	nange any securities or investments for som				_[:
Did you rece	eive, sell, exchange, or otherwise dispose of	any financial interest in a	ny digital assets	? (Y, N)	[4
T/S/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Ba
				+	+
				+	+
				+	+
				+	+
				+	+
		<u> </u>		+	+
_		<u> </u>		+	+
				+	+
				+	+
_		<u> </u>		+	+
		<u> </u>		+	+
				+	+
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Form ID: InfoD

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S

T/S/J	Description of Property 1	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
	·				
_					
NOTES	(OUESTIONS)				
NOTES/	QUESTIONS:				

Form ID: Bro	ker					Cons	olidated Br	oker Sta	tement	t				17b
				Plea	se provide c	opies of the Cor	nsolidated Bro	ker Stater	nent - Inc	clude all p	ages and all in	serts		
T/S/J	P	reparer use only	'						Emplo	over ident	ification numbe	r		
Broker	Namo	a						_		in interest		.1		
Accoun									_		nagement/advis	sory fees		
		*Whole	numl	ers will be tre	eated as \$ ar	mounts. Enter p						% as 100.00 or 7	5.5% as 75.5	0.
Type Code		1099-INT		Interest Income		Tax Exempt Income		lty on ithdrawal	U.S. Obli \$ or	igations*	Tax Exempt* \$ or %	Foreign Taxes Paid	Drior Vear	Information
Code		Payer		IIICOIIIC		IIIcome	Lally VV	itiiuiawai	, 01	/0	Ş OI 76	raiu	FIIOI TEAI	IIIIOIIIIatioii
	1	Amounts	+											
	2	Payer										100		
		Amounts	+											
	3	Payer								1				
		Amounts	+											
	4	Payer Amounts	+											
		Payer		·		·				I				
	5	Amounts	+											
	•		•				•			•				
Туре		Ordina		Qualified	Total Cap			289	6 Ta			ns* Tax Exempt		Prior Year
Code 1	L099-		nds	Dividends	Gain Distr	Section 125	0 Sec. 199A	Capita	l Gain [Dividends	\$ or %	\$ or %	Tax Paid	Information
1	Pay	ounts+												
	Pay						<u> </u>					<u> </u>		
2		ounts+		,									Brent .	
2	Pay									•				
3	Am	ounts+												
4	Pay		1							ı			-	
•		ounts+												
5	Pay	ver ounts+												
	AII	ounts +			<u> </u>									
					Form 109	9-B Proceeds	From Brok	cer and E	Barter E	xchang	e Transactio	ns		
			De	escription of P	roperty		Date Acq	uired	Date S	old	Gross Sales F (Less expenses o	Price Cost or O	ther Basis	
											+	+		
											+	+		
	_										+	+		
	_										+	_ +		
	_										+	+		
		Description	n of A	ccount - Aggr	egate profit	/-loss on contrac	rtc	-Loss/Gain	Entira V	r 100	9-B Adjustmen	t Net 1256 los	s carryback	
		Descriptio	ii UI A	LCOUIIL - Aggre	sgate profit/	-ioss on contrac		-LUSS/ Gain	i citure fi	. 109	5-6 Aujustinen	IL INEL 1230 IOS	s carryback	
	_										,			
							Control To	otals +						Form ID: Brok

Form ID: Inc	ome			Other Income				18
State and	l local income	e tax refunds				2024 Information	5]	Prior Year Information
Alimony r	received		T/S	Agreement Date	+	2024 Information		Prior Year Information
		nefits are taxable income and vithheld.You may need to go to						ow both the amount received and 99-G from your account.
				Taxpayer		Spouse		Prior Year Information
Unemplo	yment comp	ensation**	+	[9]	+	=	[10]	
		ensation federal withholding	+	[9]	+		10]	
		ensation state withholding		[9]			10]	
	yment comp rmanent Fur	ensation repaid		[12]				
Alaska Pe	rmanent Fur	ia aividerias	+	[18]	+_		19]	
E	Self- mployment Income ?					2024 Information		Deion Voca Information
T/S/J	(Y, N)	Other income, such as: Com	missior	ns Jury nav Director f	200	2024 Information	c	Prior Year Information
_	_							
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	_				<u>,</u> —			_
_	_							
NOTES	/QUESTIO	NS:						

Form ID: Income

Control Totals+

Please provide all Forms 1099-MISC Preparer use only **Prior Year Information** 2024 Information Name of payer Taxpayer/Spouse/Joint (T, S, J) __[5] State postal code [6] Rents (Box 1) [13] Royalties (Box 2) [15] Other income (Box 3) [17] Federal income tax withheld (Box 4) Fishing boat proceeds (Box 5) [21] Medical and health care payments (Box 6) [23] Payer made direct sales of \$5,000 or more of consumer products (Box 7) [27] Substitute payments in lieu of dividends or interest (Box 8) [29] Crop Insurance proceeds (Box 9) [31] Gross proceeds paid to an attorney (Box 10) [36] Fish purchased for resale (Box 11) Section 409A deferrals (Box 12) [40] Excess golden parachute payments (Box 14) [42] Nonqualified deferred compensation (Box 15) [44] State tax withheld (Box 16) [46] State/Payer's state no. (Box 17) [48] State income (Box 18) [49]

Control Totals+

Please provide all Forms 1099-MISC					
Preparer use only		2024 Information	Prior Year Information		
Name of payer		[3]			
Taxpayer/Spouse/Joint (T, S, J)		[5]			
State postal code		[6]			
Rents (Box 1)	+	[13]			
Royalties (Box 2)	+	[15]	_		
Other income (Box 3)	+	[17]	_		
Federal income tax withheld (Box 4)	+	[19]	_		
Fishing boat proceeds (Box 5)	+	[21]	_		
Medical and health care payments (Box 6)	+	[23]			
Payer made direct sales of \$5,000 or more of consumer products (Box 7)		[27]			
Substitute payments in lieu of dividends or interest (Box 8)	+	[29]			
Crop Insurance proceeds (Box 9)	+	[31]			
Gross proceeds paid to an attorney (Box 10)	+	[36]			
Fish purchased for resale (Box 11)	+	[38]			
Section 409A deferrals (Box 12)	+	[40]			
Excess golden parachute payments (Box 14)	+	[42]			
Nonqualified deferred compensation (Box 15)	+	[44]			
State tax withheld (Box 16)	+	[46]			
State/Payer's state no. (Box 17)		[48]	_		
State income (Box 18)	+	[49]			

NOTES/QUESTIONS:

	Form ID: 1099M

Control Totals+

Form ID: 1099NEC Nonemployee Comp	ensatio	on #1	18b				
Please provide all Forms 1099-NEC							
Preparer use only		2024 Information	Dries Vees Information				
Name of payer		2024 Information	Prior Year Information				
Taxpayer/Spouse/Joint (T, S, J)		[5] [5]					
State postal code		[6]					
Nonemployee compensation (Box 1)	+	[13]					
Payer made direct sales of \$5,000 or more of consumer products (Box 2)		[15]					
Federal income tax withheld (Box 4)	+						
State tax withheld (Box 5)	+	[19]					
State/Payer's state no. (Box 6)		[21]					
State income (Box 7)	+	[22]					
T		•					
Control To	tals+						
Nonemployee Comp	ensatio	on #2					
Please provide all Forn	ns 1099-l	NEC					
Preparer use only							
rieparei use only		2024 Information	Prior Year Information				
Name of payer		[3]					
Taxpayer/Spouse/Joint (T, S, J)		[5]					
State postal code		<u>—</u> [6]					
Nonemployee compensation (Box 1)	+	[13]					
Payer made direct sales of \$5,000 or more of consumer products (Box 2)		[15]					
Federal income tax withheld (Box 4)	+	[17]					
State tax withheld (Box 5)	+	[19]					
State/Payer's state no. (Box 6)		[21]					
State income (Box 7)	+	[22]					
Control To	Control Totals+						

Form ID: 1099NEC

Form ID: 1099K Payment Card and Third Party Net	work Transactions #	‡1 18c				
Please provide all Forms 1099-K						
Preparer use only						
	2024 Information	Prior Year Information				
Name of payer	[3]					
Taxpayer/Spouse/Joint (T, S, J)	[5]					
State postal code	[6]					
Gross amount of payment card/third party network transactions (Box 1) +	[17]				
Card not present transactions (Box 1b)	[19]				
Federal income tax withheld (Box 4) +	[21]				
State postal code (Box 6)	[23]				
State identification number (Box 7)	[25]				
State tax withheld (Box 8)	+ [26]				
		·				
Control Totals+						
Payment Card and Third Party Net	work Transactions t	+2				
Please provide all Forms 10		T L				
Preparer use only						
	2024 Information	Prior Year Information				
Name of payer	[3]					
Taxpayer/Spouse/Joint (τ, s, J)	[5]					
State postal code	[6]					
Gross amount of payment card/third party network transactions (Box 1) +	[17]				
Card not present transactions (Box 1b)	[19]				
Federal income tax withheld (Box 4) +	[21	.]				
State postal code (Box 6)	[23	·]				
State identification number (Box 7)	[25	·]				
State tax withheld (Box 8)	+[26					
Control Totals+	ı					

Form ID: 1099K

Form ID: 1099PATR Taxable	Distribution	ons Received from Cooperatives	; #1	18d
	Please pro	ovide all Forms 1099-PATR		
Preparer use only				
Name of payer				[3]
Taxpayer/Spouse/Joint (τ, s, J)				[5]
State postal code				[6]
Patron dividends (Box 1)			+	[10]
Nonpatronage distributions (Box 2)			+	[12]
Per-unit retain allocations (Box 3)			+	[14]
Federal income tax withheld (Box 4)			+	[16]
Redeemed nonqualified notices (Box 5)			+	[18]
Section 199A(g) deduction (Box 6)			+	[23]
Qualified payments (Section 199A(b)(7) (Box 7)			+	[24]
Section 199A(a) qual items (Box 8)			+	[25]
Section 199A(a) SSTB items (Box 9)			+	[26]
Investment credit (Box 10) Work opportunity credit (Box 11)			+	[27]
Patron's AMT adjustments			<u> </u>	[29]
Other credits and deductions #1 (Box 12)			+	[31] [33]
Other credits and deductions #2 (Box 12)			+	[35]
Specified Coop (Box 13)			· ———	[37]
CP -				
		Control Totals+		
Form ID: 1099PATR	<u> </u>			
Taxable		ons Received from Cooperatives	5 #2	
Preparer use only	Please pro	ovide all Forms 1099-PATR		
Freparer use only				
Name of payer				[3]
Taxpayer/Spouse/Joint (T, S, J)	-			[5]
State postal code				<u>—</u> [6]
Patron dividends (Box 1)			+	[10]
Nonpatronage distributions (Box 2)			+	[12]
Per-unit retain allocations (Box 3)			+	[14]
Federal income tax withheld (Box 4)			+	[16]
Redeemed nonqualified notices (Box 5)			+	[18]
Section 199A(g) deduction (Box 6)			+	[23]
Qualified payments (Section 199A(b)(7) (Box 7)			+	[24]
Section 199A(a) qual items (Box 8)			+	[25]
Section 199A(a) SSTB items (Box 9)			+	[26]
Investment credit (Box 10)			+	[27]
Work opportunity credit (Box 11)			+	[29]
Patron's AMT adjustments Other credits and deductions #1 (Roy 12)			+	[31]
Other credits and deductions #1 (Box 12) Other credits and deductions #2 (Box 12)			+	[33]
Specified Coop (Box 13)			т	[35]
Specified Coop (DOX 13)				[37]
		Control Totals		

Form ID: 1099C Cancellation	n of Debt, Abandonment #1	19
	e all Forms 1099-C and 1099-A	
Preparer use only		
Enter a brief description of the debt (i.e. type of debt) and w	hy it was canceled to assist in determining tax ramifications:	
		[51]
To according to the state of th		
Taxpayer/Spouse/Joint (τ, s, J) State postal code		[5] [6]
Name of creditor/lender		[3]
	099-C Cancellation of Debt	
Date of identifiable event (Box 1)		[10]
Amount of debt discharged (Box 2)	+	[11]
Interest if included in box 2 (Box 3)	+	[12]
Personally liable for repayment of the debt (if checked) (Box		[13]
Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial deb		[4.4]
Fair market value of property (Box 7)	inue collection, H = Other actual discharge) +	[14] [15]
	tion or Abandonment of Secured Property	[13]
Date of lender's acquisition or knowledge of abandonment (· · ·	[16]
Balance of principal outstanding (Box 2)		[17]
Fair market value of property (Box 4)	+	[18]
Personally liable for repayment of the debt (if checked) (Box	5)	[19]
	T	
	Control Totals+	
	n of Debt, Abandonment #2	
Please provid Preparer use only	e all Forms 1099-C and 1099-A	
Freparer use only		
Enter a brief description of the debt (i.e. type of debt) and w	hy it was canceled to assist in determining tax ramifications:	
		[51]
Taxpayer/Spouse/Joint (T, S, J)		<u> </u> [5]
State postal code		[6]
Name of creditor	099-C Cancellation of Debt	[3]
Date of identifiable event (Box 1)	099-C Cancellation of Debt	[10]
Amount of debt discharged (Box 2)		[11]
Interest if included in box 2 (Box 3)	+	[12]
Personally liable for repayment of the debt (if checked) (Box	5)	[13]
Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial deb	t relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate	
	inue collection, H = Other actual discharge)	[14]
Fair market value of property (Box 7)	+	[15]
•	tion or Abandonment of Secured Property	
Date of lender's acquisition or knowledge of abandonment (I	BOX 1)	[16]
Balance of principal outstanding (Box 2) Fair market value of property (Box 4)	<u>+</u>	[17] [18]
Personally liable for repayment of the debt (if checked) (Box	5)	[18]
the description of the descripti	-,	_[13]
	Control Totals+	

	Please provide all copies of Form W-2G.	
	2024 Information	Prior Year Information
Taxpayer/Spouse (τ, s)	<u>_</u> [1]	
Payer name	<u>[</u> 3]	
State postal code	[4]	
Mark if professional gambler	[9]	
Reportable winnings (Box 1)	+[11]	
Date won (Box 2)	[13]	
Type of wager (Box 3)	[15]	
Federal withholding (Box 4)	+[17]	
Transaction (Box 5)	[19]	
Race (Box 6)	[21]	
Identical wager winnings (Box 7)	+[23]	
Cashier (Box 8)	[25]	
Taxpayer identification number (Box 9)	[27]	
Window (Box 10)	[28]	
First ID (Box 11)	[30]	
Second ID (Box 12)	[31]	
Payer's state ID no. (Box 13)	[32]	
State winnings (Box 14)	+[33]	
State withholding (Box 15)	+ [35]	
Local winnings (Box 16)	+[37]	
Local withholding (Box 17)	+ [39]	
Name of locality (Box 18)	[42]	
	Control Totals+	

Gambling Winnings #2

	Please provide all copies of Form W-2G. 2024 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	The real information
Payer name	· ·[3]	
State postal code	[4]	
Mark if professional gambler	[9]	
Reportable winnings (Box 1)	+[11]	
Date won (Box 2)	[13]	
Type of wager (Box 3)	[15]	
Federal withholding (Box 4)	+[17]	
Transaction (Box 5)	[19]	
Race (Box 6)	[21]	<u> </u>
Identical wager winnings (Box 7)	+[23]	
Cashier (Box 8)	[25]	
Taxpayer identification number (Box 9)	[27]	
Window (Box 10)	[28]	
First ID (Box 11)	[30]	
Second ID (Box 12)	[31]	
Payer's state ID no. (Box 13)	[32]	
State winnings (Box 14)	+[33]	<u> </u>
State withholding (Box 15)	+[35]	
Local winnings (Box 16)	+[37]	
Local withholding (Box 17)	+[39]	
Name of locality (Box 18)	[42]	

NOTES/QUESTIONS:

Form ID: W2G

Control Totals+

Form ID: 2439

Please provide all copies of Form 2439

	2024 Information	Prior Year Information
Taxpayer/Spouse (т, s)	_[1]	
RIC or REIT name	[3]	
State postal code	[4]	
Total undistributed long-term capital gains (Box 1a)	+[9]	
Unrecaptured section 1250 gain (Box 1b)	+[11]	
Section 1202 gain (Box 1c)	+[13]	
If your interest in the RIC/REIT was held on the date the RIC		
1202 stock and continuously until sold indicate the appropriate the second state of th		
(1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% e Collectibles (28%) gain (Box 1d)	exclusion, 4 = 100% exclusion)[15]	-
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ [17]	
. a., para 2, a.e o o. a.e 22, 22 game (22, 2)		
	Control Totals+	
Shareholde	rs Undistributed Capital Gain #2	
	provide all copies of Form 2439	
	2024 Information	Prior Year Information
Taxpayer/Spouse (т, s)	[1]	
RIC or REIT name	[3]	
State postal code	[4]	
Total undistributed long-term capital gains (Box 1a)	+[9]	
Unrecaptured section 1250 gain (Box 1b)	+[11]	
Section 1202 gain (Box 1c)	+[13]	
If your interest in the RIC/REIT was held on the date the RIC		
1202 stock and continuously until sold indicate the appropriate the second state of th		
(1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% ϵ Collectibles (28%) gain (Box 1d)	exclusion, 4 = 100% exclusion)[15]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ [17]	
Tax paid by the title of NET on the box 14 gains (box 1)	[13]	
	Control Totals+	
Shareholde	rs Undistributed Capital Gain #3	
Please _l	provide all copies of Form 2439	
	2024 Information	Prior Year Information
Taxpayer/Spouse (T, s)	[1]	
RIC or REIT name	[3]	
State postal code	[4]	
Total undistributed long-term capital gains (Box 1a)	+[9]	
Unrecaptured section 1250 gain (Box 1b) Section 1202 gain (Box 1c)	+ [11]	
If your interest in the RIC/REIT was held on the date the RIC	+[13] C/REIT acquired the Section	
1202 stock and continuously until sold indicate the appropri		
(1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% 6		
Collectibles (28%) gain (Box 1d)	+ [17]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ [19]	
	Control Totals+	
NOTES/QUESTIONS:		

Form ID: 6781	Contracts & St	raddles - Genera	al Information	22
Subject to self-employment tax code (T = Mark to indicate all the elections that a Mixed straddle election Mixed straddle account election (Attack	pply:	t)		[1] [2]
Straddle-by-straddle identification ele				[3]
Net section 1256 contracts loss election	on			[5]
	Section 1256	Contracts Marke	ed to Market	
Identification of Account A Identification of Account B Identification of Account C				
Taxpayer/Spouse/Joint (T, S, J) State postal code -Loss/Gain for entire year (Enter losses Total Form 1099-B adjustment Total net 1256 contract loss carryback	as a negative amount)	+	Account B	Account C
	Gains and	Losses From St	raddles	
Description of Property A Name of Contract Component Description of Property B Name of Contract Component Description of Property C		Т	ype	
Name of Contract Component Description of Property D Name of Contract Component			ypeype	
Taxpayer/Spouse/Joint (T, S, J) State postal code Date entered into/acquired Date closed out/sold Gross sales price Cost plus expense of sale Unrecognized gain	Property A — — — — — — — — — — — — — — — — — —	Property B	Property C	Property D + + + +
Unre	ecognized Gain Fro	om Positions He	ld on Last Business I	Day
Description of Property A Description of Property B Description of Property C	Posses			[8]
Date acquired Fair market value on last business day Cost or other basis as adjusted	+ +	erty A + _ + _	Property B	Property C
	Control Totals+			Form ID: 6781

Foreign Employer Compensation

Enter foreign employer compensation that was not reported to you on Form 1099-MISC.

Taxpayer/Spouse (τ/s) State	[3] [4]
Foreign Employer Identification (ID) number	[1]
Foreign Employer Name	[2]
Foreign Employer Address	
Foreign street address	
Foreign city	
Foreign country code/name	[8]
Foreign province/county	[10]
Foreign postal code	[11]
Name "in care of"	
Employee address, if different from home address on O Enter U.S. (street, city, state, zip code) OR foreign (s Street address City, state, zip code Foreign country code/name Foreign province/county Foreign postal code	
	Income
	2024 Information Prior Year Information
Foreign employer compensation	[22]

Earm	ID.	1099R

Pension, Annuity, and IRA Distributions #1

_	_
7	л
	4

Please	provide all Forms 1099-R.	_	
	2024 Inform	nation	Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
Name of payer		[3]	
State postal code		[6]	
Gross distributions received (Box 1)	+	[8]	
Taxable amount received (Box 2a)	+	[10]	
Federal withholding (Box 4)	+	[12]	
Distribution code (Box 7)		[15]	<u></u>
Mark if distribution is from an IRA, SEP, SIMPLE retiremer	nt plan	 [17]	
State withholding (Box 14)	+	[18]	
Local withholding (Box 17)	+	[20]	
Amount of rollover	+	[22]	
Mark if distribution was due to a pre-retirement age disabilit		[24]	
	•		
	Control Totals+		
		•	
Pension, Anr	nuity, and IRA Distributions	#2	
Please	provide all Forms 1099-R.		
	2024 Inform	nation	Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
Name of payer		[3]	
State postal code		[6]	
Gross distributions received (Box 1)	+	[8]	
Taxable amount received (Box 2a)	+	[10]	
Federal withholding (Box 4)	+	[12]	
Distribution code (Box 7)		[15]	<u></u>
Mark if distribution is from an IRA, SEP, SIMPLE retiremer	nt plan	[17]	
State withholding (Box 14)	+	[18]	
Local withholding (Box 17)	+	[20]	
Amount of rollover	+	[22]	
Mark if distribution was due to a pre-retirement age disabilit	y	[24]	
	Control Totals+		
Pension, Anr	nuity, and IRA Distributions	#3	
Please	provide all Forms 1099-R.		
riease	2024 Inform	mation	Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
Name of payer		<u>—</u> [3]	
State postal code		 [6]	
Gross distributions received (Box 1)	+	[8]	
Taxable amount received (Box 2a)	+		
Federal withholding (Box 4)	+	[12]	
Distribution code (Box 7)	·	[15]	
Mark if distribution is from an IRA, SEP, SIMPLE retiremen	nt nlan	[13] [17]	_
State withholding (Box 14)	± ±	[17] [18]	
Local withholding (Box 17)	<u>'</u>		
Amount of rollover	+		
	Ť	[22]	
Mark if distribution was due to a pre-retirement age disabilit	у	_[24]	
	Control Totals+		
	Control rotals*		

Form ID: SSA-1099	Form	ID:	SSA	-10	999
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Social Security, Tier 1 Railroad Benefits

1	_
,	-

SA-1099 or RRB-1099	
[1] [3]	
nefits	
2024 Information +[7] +[9] +[12] +[14]	Prior Year Information
nefits	
2024 Information +[22] +[25] +[27]	Prior Year Information
t Benefits Received	
	fits in 2024 or receive any prior or in the RRB-1099 Boxes 7 through [40] [41] [42] [43]
	[44]
	#

Form ID: IRA Traditional IRA	1	26
	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement		
plan? (Y, N)	[1]	[2]
Do you want to contribute the maximum allowable traditional IRA contribution	amount? If	
yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	[3]	[4]
Enter the total traditional IRA contributions made for use in 2024	+[5]	+[6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2024	+ [5]	+[6
Enter the nondeductible contribution amount made in 2025 for use in 2024	+ [7]	+ [8]
Traditional IRA basis	+ [17]	
Value of all your traditional IRA's on December 31, 2024:		
,	+ [19]	+ [20
	+	+
	+	+
	+	+
	+	+
	+	+
	+	+
	+	+
	+	+
·	+	+
Roth IRA		
Roth IRA Please provide copies of any 1998 through 2023 I		
Please provide copies of any 1998 through 2023 I	Taxpayer	Spouse
Please provide copies of any 1998 through 2023 I Mark if you want to contribute the maximum Roth IRA contribution	Taxpayer ^[29]	Spouse [3/
Please provide copies of any 1998 through 2023 I Mark if you want to contribute the maximum Roth IRA contribution Enter the total Roth IRA contributions made for use in 2024	Taxpayer[29] +[31]	Spouse [3: +[3:
Please provide copies of any 1998 through 2023 I Mark if you want to contribute the maximum Roth IRA contribution Enter the total Roth IRA contributions made for use in 2024 Enter the amount a 2024 Roth IRA conversion should be adjusted by	Taxpayer [29] +[31] +[39]	Spouse[3 +[3 +[4
Please provide copies of any 1998 through 2023 If Mark if you want to contribute the maximum Roth IRA contribution Enter the total Roth IRA contributions made for use in 2024 Enter the amount a 2024 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2023	Taxpayer [29] +[31] +[39] +[43]	Spouse[3 +[4 +[4
Please provide copies of any 1998 through 2023 If Mark if you want to contribute the maximum Roth IRA contribution Enter the total Roth IRA contributions made for use in 2024 Enter the amount a 2024 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2023 Enter the total Roth IRA contribution recharacterizations for 2024	Taxpayer[29] +[31] +[43] +[45]	Spouse
Please provide copies of any 1998 through 2023 If Mark if you want to contribute the maximum Roth IRA contribution Enter the total Roth IRA contributions made for use in 2024 Enter the amount a 2024 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2023	Taxpayer [29] +[31] +[39] +[43]	Spouse
Please provide copies of any 1998 through 2023 If Mark if you want to contribute the maximum Roth IRA contribution Enter the total Roth IRA contributions made for use in 2024 Enter the amount a 2024 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2023 Enter the total Roth IRA contribution recharacterizations for 2024 Enter the Roth conversion IRA basis on December 31, 2023	Taxpayer [29] +[31] +[39] +[43] +[45] +[47]	Spouse [30
Please provide copies of any 1998 through 2023 If Mark if you want to contribute the maximum Roth IRA contribution Enter the total Roth IRA contributions made for use in 2024 Enter the amount a 2024 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2023 Enter the total Roth IRA contribution recharacterizations for 2024 Enter the Roth conversion IRA basis on December 31, 2023	Taxpayer [29] +[31] +[39] +[43] +[45] +[47]	Spouse
Please provide copies of any 1998 through 2023 If Mark if you want to contribute the maximum Roth IRA contribution Enter the total Roth IRA contributions made for use in 2024 Enter the amount a 2024 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2023 Enter the total Roth IRA contribution recharacterizations for 2024 Enter the Roth conversion IRA basis on December 31, 2023	Taxpayer [29] +[31] +[39] +[43] +[45] +[47]	Spouse
Please provide copies of any 1998 through 2023 If Mark if you want to contribute the maximum Roth IRA contribution Enter the total Roth IRA contributions made for use in 2024 Enter the amount a 2024 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2023 Enter the total Roth IRA contribution recharacterizations for 2024 Enter the Roth conversion IRA basis on December 31, 2023	Taxpayer [29] +[31] +[39] +[43] +[45] +[47]	Spouse
Please provide copies of any 1998 through 2023 If Mark if you want to contribute the maximum Roth IRA contribution Enter the total Roth IRA contributions made for use in 2024 Enter the amount a 2024 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2023 Enter the total Roth IRA contribution recharacterizations for 2024 Enter the Roth conversion IRA basis on December 31, 2023	Taxpayer [29] +[31] +[39] +[43] +[45] +[47]	Spouse
Please provide copies of any 1998 through 2023 If Mark if you want to contribute the maximum Roth IRA contribution Enter the total Roth IRA contributions made for use in 2024 Enter the amount a 2024 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2023 Enter the total Roth IRA contribution recharacterizations for 2024 Enter the Roth conversion IRA basis on December 31, 2023	Taxpayer [29] +[31] +[39] +[43] +[45] +[47]	Spouse [30
Please provide copies of any 1998 through 2023 If Mark if you want to contribute the maximum Roth IRA contribution Enter the total Roth IRA contributions made for use in 2024 Enter the amount a 2024 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2023 Enter the total Roth IRA contribution recharacterizations for 2024 Enter the Roth conversion IRA basis on December 31, 2023	Taxpayer [29] +[31] +[39] +[43] +[45] +[47]	Spouse
Please provide copies of any 1998 through 2023 If Mark if you want to contribute the maximum Roth IRA contribution Enter the total Roth IRA contributions made for use in 2024 Enter the amount a 2024 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2023 Enter the total Roth IRA contribution recharacterizations for 2024 Enter the Roth conversion IRA basis on December 31, 2023	Taxpayer [29] +[31] +[39] +[43] +[45] +[47]	Spouse
Please provide copies of any 1998 through 2023 If Mark if you want to contribute the maximum Roth IRA contribution Enter the total Roth IRA contributions made for use in 2024 Enter the amount a 2024 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2023 Enter the total Roth IRA contribution recharacterizations for 2024 Enter the Roth conversion IRA basis on December 31, 2023	Taxpayer [29] +[31] +[39] +[43] +[45] +[47]	Spouse [30
Please provide copies of any 1998 through 2023 If Mark if you want to contribute the maximum Roth IRA contribution Enter the total Roth IRA contributions made for use in 2024 Enter the amount a 2024 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2023 Enter the total Roth IRA contribution recharacterizations for 2024 Enter the Roth conversion IRA basis on December 31, 2023	Taxpayer [29] +[31] +[39] +[43] +[45] +[47]	Spouse
Please provide copies of any 1998 through 2023 If Mark if you want to contribute the maximum Roth IRA contribution Enter the total Roth IRA contributions made for use in 2024 Enter the amount a 2024 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2023 Enter the total Roth IRA contribution recharacterizations for 2024 Enter the Roth conversion IRA basis on December 31, 2023	Taxpayer [29] +[31] +[39] +[43] +[45] +[47]	Spouse [3
Please provide copies of any 1998 through 2023 If Mark if you want to contribute the maximum Roth IRA contribution Enter the total Roth IRA contributions made for use in 2024 Enter the amount a 2024 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2023 Enter the total Roth IRA contribution recharacterizations for 2024 Enter the Roth conversion IRA basis on December 31, 2023	Taxpayer [29] +[31] +[39] +[43] +[45] +[47]	Spouse

Control Totals+	Form ID: IRA

Form ID: Keogh Keogh, SEP, SIMPLE Contributions		27
Preparer use only		
Business activity or profession name		[3]
Taxpayer/Spouse (T, S)		[3] [4]
State postal code		<u></u> [*]
Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = S	IMPLE IRA. 6 = SARSEP)	[6]
Plan contribution rate. Enter in xx.xx format (Limitation percentage)	, ,	<u>—</u> [7]
Enter the total amount of contributions made to a Keogh plan in 2024	+	[8]
Enter the total amount of contributions made to a Solo 401(k) plan in 2024	+	 [9]
Enter the total amount of contributions made to a SEP plan in 2024	+	[10]
Enter the total amount of contributions made to a SARSEP plan in 2024	+	[11]
Enter the total amount of contributions made to a defined benefit plan in 2024	+	[12]
Enter the total amount of contributions made to a profit-sharing plan in 2024	+	[13]
Enter the total amount of contributions made to a money purchase plan in 2024	+	[14]
Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2024	+	[15]
Enter the total amount of contributions to a SIMPLE IRA plan in 2024	+	[16]
Catch-up Contributions		
Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2024	+	[17]
Enter the amount of catch-up contributions made to a SIMPLE Plan in 2024	+	[18]
Elective Deferrals		
Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2024 Enter the amount of elective deferrals designated as Roth contributions in 2024	+	[19] [20]

Preparer use only			
		2024 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)		[2]	
Employer identification number		[3]	
Business name			
Principal business/profession		[6]	
Business code		[12	· · · · · · · · · · · · · · · · · · ·
Business address, if different from hor	me address on Organizer Form ID: 104	0	
Address		[15]
City/State/Zip	[16]	[17][18	1]
Accounting method (1 = Cash, 2 = Accrual, 3	= Other)	[19]
If other:		 [21	
Inventory method (1 = Cost, 2 = LCM, 3 = Oth			
If other enter explanation:	ici)		-
ii other enter explanation.			
		[24	.]
Enter an explanation if there was a ch	ange in determining your inventory:		
		[25]
-			
Did you "materially participate" in this	s husiness? (v. N)	[26	1
If not, number of hours you did sig		[26	
•		[28	
Mark if you began or acquired this bus		[30]
Did you make any payments in 2024 the		, N)[31] _
If "Yes", did you or will you file all	required Forms 1099? (Y, N)	[33	<u> </u>
Mark if this business is considered rela	ated to qualified services as a minister	or religious worker[35]
Did you receive wages as a statutory e			
Medical insurance premiums paid by t		+ [40	
Long-term care premiums paid by this			
		+[44	
Amount of wages received as a statute	ory employee	+[47	
	Business Inco	ome	
	Business Inco		
	Business Inco	ome 2024 Information	Prior Year Information
Gross receipts and sales	Business Inco		Prior Year Information
Gross receipts and sales	Business Inco	2024 Information	
Gross receipts and sales	Business Inco	2024 Information +	
		2024 Information	
		2024 Information +	
		2024 Information +	
Returns and allowances		2024 Information +	
		2024 Information +	
Returns and allowances		2024 Information +[52 + + +[55	
Returns and allowances		2024 Information +	
Returns and allowances		#	
Returns and allowances		2024 Information +	
Returns and allowances		#	
Returns and allowances		#	
Returns and allowances		2024 Information +	
Returns and allowances Other income:		2024 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory		2024 Information +	Prior Year Information
Returns and allowances Other income:		2024 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory		2024 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases		2024 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases		2024 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases Labor:		2024 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2024 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases Labor:		2024 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2024 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2024 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2024 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2024 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2024 Information +	Prior Year Information In the second of the

Preparer use only		
Principal business or profession	_	
	2024 Information	Prior Year Information
Advertising	+[6]	
Car and truck expenses	+[8]	
Commissions and fees	+[10]	
Contract labor	+[12]	-
Depletion	+[14]	
Depreciation	+[16]	
Employee benefit programs (Include Small Employer He	alth Ins Premiums credit):	
	+[18]	
	+	
Insurance (Other than health):		
	+[20]	
	+	
Interest:		
Mortgage (Paid to banks, etc.)		
	+[22]	
	+	
	+	
Other:		
	+[24]	
	+	
Legal and professional services	+[26]	
Office expense	+[29]	
Pension and profit sharing:		
	+[31]	
	+	
Rent or lease:		
Vehicles, machinery, and equipment	+[33]	
Other business property	+[35]	
Repairs and maintenance	+[37]	
Supplies	+[39]	
Taxes and licenses:		
	+[41]	
	+	
	+	
	+	
Travel and meals:		
Travel	+[43]	
Meals (Enter 100% subject to 50% limitation)	+[45]	
Meals (Enter 100% subject to DOT 80% limit)	+[47]	
Meals (Fully deductible)	+[49]	
Utilities	+[51]	
Wages (Less employment credit):		
	+[53]	
	+	
Other expenses:		
	+[55]	
	+	
	+	
	+	
	+	
	+	
Ţ	+ 	
Control Totals-	+	Form ID: C-2

Form ID: C-3	Schedule C - Carryovers	30
Preparer use only		

Preparer use only						
Carryovers	N	on-QBI & Tax		For QBI & Tax		AMT
Operating	+	[19]	+	[20]	+	[21]
Short-term capital			+	[22]	+	[23]
Long-term capital			+	[24]	+	[25]
28% rate capital			+	[26]	+	[27]
Section 1231 loss	+	[28]	+	[29]	+	[30]
Ordinary business gain/los	ss +	[31]	+	[32]	+	[33]
Section 179	+	[34]	+	[35]	+	[36]

Principal business or profession

Form ID: Rent Rent and R	oyalty Property - G	ieneral Informa	tion	31
Preparer use only		2024 Inform	ation	Prior Year Information
Description			[2]	
Taxpayer/Spouse/Joint (т, s, J)[3]		State postal code	[5]	
Physical address: Street			[6]	
		7][8]	[9]	
Foreign country			[11]	
Foreign province/county			[12]	
Foreign postal code			[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Comm	nercial, 5=Land, 6=Royalty, 7=Sel	f-rental, 8=Other, 9=Persor	· · · 	
Description of other type (Type code #8)	- ('l- F /-) 40002		[15]	
Did you make any payments in 2024 that require you to			_[16]	_
If "Yes", did you or will you file all required Forms 10 Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (U			_[18]	
Percentage of ownership if not 100%	se rent-2 for type 3)		[20] [22]	
Business use percentage, if not 100% (Not vacation hor	me nercentage)		[24]	
	per cerruage,			
	Rent and Royalty I			
Rents and royalties	2024 Info	ormation	İ	Prior Year Informati
	+	[33]		
R	Rent and Royalty Ex	(penses		
-		rmation Percent	if not 100%	Prior Year Informati
Advertising	+	[35]	[36]	
Auto		[38]	[39]	
Travel	+	[41]	[42]	
Cleaning and maintenance	+	[44]	[45]	
Commissions:				
	+	[47]	[49]	
	+			
Insurance:		[50]	(50)	
	+	[50]	[52]	
Legal and professional fees	⁺	 [54]	 [55]	
Management fees:	'	[34]	[23]	
management rees.	+	[57]	[59]	
	+	[2,]	[22]	
Mortgage interest paid to banks, etc (Form 1098)				
	+	[60]	[62]	
		·		
	•			
Other mortgage interest	+	[63]	[65]	
Other mortgage interest Qualified mortgage insurance premiums	+ + +	[63] [66]	[65] [67]	

Repairs

Supplies

Taxes:

Utilities

Depletion

Depreciation

Other expenses:

Control Totals+

[69]

[72]

[75]

[78]

[81]

[84]

[87]

[90]

[71]

[73]

[76]

[80]

[82]

[85]

[88]

Form ID: Rent

Preparer use only Description							
		Refinanci	ng P	oints			
		Preparer - Enter	on S				
Refinancing points paid -				2024 Inf	formation	Prior Year Infor	mation
Recipient's/Lender's name					[92]		
Date of refinance					[32]		
Total # Payments							
Reported on 1098 in 2024					_		
Total points paid	-						
Points deemed as paid in current	year (Preparer	use only)				-	
tefinancing points paid - Recipient's/Lender's name							
Date of refinance							
Total # Payments							
Reported on 1098 in 2024							
Total points paid							
Points deemed as paid in current	year (Preparer	use only)					
Refinancing points paid -							
Recipient's/Lender's name Date of refinance							
Total # Payments							
Reported on 1098 in 2024							
Total points paid							
Points deemed as paid in current	year (Preparer	use only)					
		/acation Hom					
		Preparer - Enter	on S	2024 Info	rmation	Prior Year Infor	mation
Number of days home was used pe	ersonally			2024 11110	[5]		
Number of days home was rented	•				[7]		
Number of day home owned, if not					[9]		
Carryover of disallowed operating	•			+	[21]		
Carryover of disallowed depreciation	on expenses int	o 2024		+	[22]		
		Passive and O	thor	Information			
		Preparer - Enter					
Preparer use only	T	· ·- ⁻					
Carryovers		QBI and Tax	,	For QBI & Tax	i	AMT	
Operating Short-term capital	+	[24]	+	[25]	+	[26]	
Long-term capital		-	+	[27]	+	[28]	
28% rate capital			+	[31]	+	[32]	
Section 1231 loss	+	[33]	+	[34]	+	[35]	
Ordinary business gain/	loss+	[36]	+	[37]	+	[38]	
Section 179	+	[39]	+	[40]	+	[41]	

Form ID: Rent-2

Control Totals+

Control Totals+

Form ID: F-1 Farm	n Income - General I	nformation	33
-	Please provide all Forms	1099-K	
Preparer use only	•		5. V 16
- 6		2024 Information	Prior Year Information
Taxpayer/Spouse/Joint (τ, s, J) Employer identification number		_[2]	
Description		[3] [4]	
Principal Product		^{[4}]	
State postal code		[6]	
Accounting method (1 = Cash, 2 = Accrual)		[7]	
Agricultural activity code		[9]	
Did you "materially participate" in this business? (Y, N)	CI = () 40000	[12	
Did you make any payments in 2024 that require you t If "Yes", did you or will you file all required Forms 10		_[14	
Mark if Schedule F net income or loss should be exclud		[16 t income[18	
Medical insurance premiums paid by this activity	ied irom sen employment	+ [23	
Long-term care premiums paid by this activity		+ [25	
	Schedule F Incon	 ne	
Sales Code**		2024 Information	Prior Year Information
Income description		202 1	The real information
		+[35	5]
_		+	
		+	
_		+	
_		<u> </u>	
1 = Cash sales of items bou	** Sales Codes	4 = Custom hire (machine wo	ork)
2 = Cash sales of items raise 3 = Accrual sales		5 = Other income	JIK)
- 1.001481.08180		2024 Information	Prior Year Information
Control the charter of the standard and other standards	alat Caranas la como de la como		
Cost or other basis of livestock and other items you bo Beginning inventory of livestock and other items (Accrua		+ [33 + [39]	
Accrual cost of livestock, produce, grains, and other pr		+ [4:	****
Ending Inventory of livestock and other items (Accrual me		+ [43	
Total cooperative distributions you received		+ [45	5]
Taxable cooperative distributions you received		+[47	
	2024 Total	2024 Taxable	Prior Year Information
Agricultural program payments			
	+	+	0]
-	+	_	-
	Ť	⁺ 2024 Information	Prior Year Information
CDD as a section of the coefficient of the coeffici	Lanca de la calenda de la Regiona de la calenda de la c		
CRP payments received while enrolled to receive socia Commodity credit loans reported under election:	i security or disability ben	efit s	2]
commounty credit loans reported under election.		[54	11
Total commodity credit loans forfeited		+[56	5]
Taxable commodity credit loans forfeited		+[58	
	2024 Total	2024 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2024			
	+		L]
	+	_ +	
Mark if electing to defer crop insurance proceeds to 20	+ 125	+ 	
Crop insurance proceeds deferred from 2023	· 	+ [65	

Form ID: F-1

Preparer use only		
Description		
Control to the superior	2024 Information	Prior Year Information
Car and truck expenses + Chemicals +	[5]	
•	[7]	-
•	[9]	
	[11] [13]	
Depreciation +	[13] [15]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit) +		
Feed purchased +	[19]	
Fertilizers and lime +	[21]	
Freight and trucking +	[23]	
Gasoline, fuel, and oil +	[25]	
Insurance (Other than health)		
+	[28]	
+	,	
+		
Mortgage interest (Paid to banks, etc.)		_
+	[30]	
+	. ,	
Other interest +	[32]	
Labor hired (Less employment credit) +	[34]	
Pension and profit sharing +	[36]	
Rent - vehicles, machinery, and equipment +	[38]	-
· · · · · · · · · · · · · · · · · · ·	[40]	
	[42]	
· ·	[44]	
Storage and warehousing +	[46]	
Supplies purchased +	[48]	
Taxes:	_	
+	[50]	
+		
+		
+		
+		
Utilities +	[52]	
Veterinary, breeding, and medicine +	[54]	
Other expenses:		
+	[56]	
+		
+		
+		
+		· .
+		
+		
+		
+		
+		
+		-
+		
+		
+.		-
Preproductive period expenses +	[58]	

Form ID: F-2

Control Totals+

orm ID: F-3	Farm Passive and Other (Carryover Information

Preparer use only

Description

Preparer use only						
Carryovers	Non-0	QBI & Tax		For QBI & Tax		AMT
Operating	+	[19]	+	[20]	+	[21]
Short-term capital			+	[22]	+	[23]
Long-term capital			+	[24]	+	[25]
28% rate capital			+	[26]	+	[27]
Section 1231 loss	+	[28]	+	[29]	+	[30]
Ordinary business gain/los	ss +	[31]	+	[32]	+	[33]
Section 179	+	[34]	+	[35]	+	[36]

NOTES/QUESTIONS:

Control Totals+ Form ID: F-3

Form ID: 4835	Farm Rental - General Information

Preparer use only			2024 Information	Prior Year Information
Tanana (Caana / Iaint / a n				Prior fear information
Taxpayer/Spouse/Joint (T, S, J) Employer identification number			_[2]	
Description			[3] [4]	
State postal code			[5]	
Did you "actively participate" in the operation of this busine	ess this year?(Y, N)		[6]	
	Income Items		2024 Information	Prior Year Information
ncome from production of livestock, produce, grains, and c	other crops:			Thor real information
		+ _	[15]	
		+_		
		+_	<u> </u>	
		+ -		
Total cooperative distributions you received			[47]	
Faxable cooperative distributions you received			[17] [19]	
raxable cooperative distributions you received		'-	[19]	
	2024 Total		2024 Taxable	Prior Year Informatio
Agricultural program payments:				
+		[21]	[22]	
+		_ + _		
+		_ +_		
			2024 Information	Daisa Vasa Informatio
Commodity credit loans reported under election:			2024 Information	Prior Year Informatio
commodity credit loans reported under election.		+	[24]	
		· –	[24]	
Total commodity credit loans forfeited		+	[26]	
Taxable commodity credit loans forfeited		+	[28]	
	2024 Total		2024 Taxable	Prior Year Informatio
Crop insurance proceeds you received in 2024				
			[31]	
·		- ·-		
			2024 Information	Prior Year Informatio
Mark if electing to defer crop insurance proceeds to 2025			_[33]	_
Crop insurance proceeds deferred from 2023		+_	[35]	
Other income:				
-	-		[38]	
-	-			
	-	· –		
	-	+		
	•	+		
	<u>.</u>	+		
	<u>-</u>	+ _		
	-	+_	_	
	.	+ -		
	-	+_		
		+_		
	-	Ť –		_
-	.	+		
	<u> </u>	_		
Control Totals+				Form ID: 483!

Form	ID: 4835-2	Farm Rental Expenses	37

Preparer use only		
Description		
	2024 Information	Prior Year Informatio
Car and truck expenses	+[6]	
Chemicals	+[8]	
Conservation expenses	+[10]	
Carryover from prior years	+[12]	
Custom hire (machine work)	+[14]	
Depreciation	+[16]	
Employee benefit programs	+[18]	
Feed purchased	+[20]	
Fertilizers and lime	+[22]	
Freight and trucking	+[24]	
Gasoline, fuel, and oil	+[26]	
Insurance (Other than health):		
· · · · · · · · · · · · · · · · · · ·	+[28]	
	+	
	+	
Mortgage interest (Paid to banks, etc.):		
3,000	+[30]	
	+	
	+	
Other interest	+[33]	
Labor hired (Less employment credit)	+[35]	
Pension and profit sharing	+[37]	
Rent - vehicles, machinery, and equipment	+[39]	
Rent - other		
Repairs and maintenance		
Seed and plants purchased	+[43] +[45]	
Storage and warehousing	+[47]	
Supplies purchased		-
Taxes:	+[49]	
Taxes.		
	+[51] +	
		
Utilities	T	
	+[53] +[55]	
Veterinary, breeding, and medicine Other expenses:	+[55]	
Other expenses.		
-	+[57]	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
Preproductive period expenses	+[59]	
Preparer use only		

Preparer use only						
Carryovers	Non-	QBI & Tax		For QBI & Tax		AMT
Operating	+	[68]	+	[69]	+	[70]
Short-term capital			+	[72]	+	[73]
Long-term capital			+	[74]	+	[75]
28% rate capital			+	[76]	+	[77]
Section 1231 loss	+	[78]	+	[79]	+	[80]
Ordinary business gain/los	s +	[82]	+	[83]	+	[84]
Section 179	+	[87]	+	[88]	+	[89]

Control Totals+	Form ID: 4835-2

Partnerships and S Corporations

Please provide copies of Schedules K-1	showing income from	partnerships and	S-corporations.

Taxpayer/Spouse/Joint (T, S, J)		[2]
Employer identification number		[6]
Name of entity		[13]
State postal code		[14]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly	raded partnership)	[17]

	Preparer use only			
	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter	Operating	[16]	[17]	[18]
on K1-7	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/los	SS [28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J)	[2]
Employer identification number	[6]
Name of entity	[13]
State postal code	[14]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership)	[17]

	Preparer use only			
	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter	Operating	[16]	[17]	[18]
on K1-7	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/los	SS [28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J)	[2]
Employer identification number	[6]
Name of entity	[13
State postal code	[14
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership)	[17

	Preparer use only			
	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter	Operating	[16]	[17]	[18]
on K1-7	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/los	SS [28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Form ID: K1-1

Form ID: K1T		Estates	and Trusts		39
	Please provi	de all copies of Schedules	K-1 showing income from esta	tes and trusts.	
	pouse/Joint (T, S, J)				[2]
	dentification number				[3]
Name of ac		-			[4]
State posta	l code				[5]
	Preparer use only	N 0010 7	5 0010 7	4.4.4	
Fustou	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter on K1T-3	Operating Chart torm conital	[18]	[19]	[20]	
0	Short term capital	_	[21]	[22]	
	Long-term capital	-	[23]	[24]	
	28% rate capital Section 1231 loss	[27]	[25]	[26]	
	Ordinary business gain/loss	[27]	[28]	[29]	
	Ordinary business gam/10\$s	[30]	[31]	[32]	
Taxnaver/S	pouse/Joint (T, S, J)				[2]
	dentification number				[2] [3]
Name of ac					[3] [4]
State posta		-			i+) [5]
State posta					[3]
	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter	Operating	[18]	[19]	[20]	
		,	[21]	[22]	
on K1T-3			[23]	[24]	
on K1T-3	Long-term capital		[ng]	[26]	
on K1T-3	Long-term capital 28% rate capital		[25]		
on K1T-3	28% rate capital Section 1231 loss	[27]	[25]	[29]	
on K1T-3	28% rate capital	[27] [30]		[29] [32]	
on K1T-3	28% rate capital Section 1231 loss		[28]		
Taxpayer/S	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J)		[28]		
Taxpayer/S	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number		[28]		[3]
Taxpayer/S Employer id	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number		[28]		[3] [4]
Taxpayer/S Employer ic Name of ac	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity Il code Preparer use only	[30]	[28]	[32]	[3] [4]
Taxpayer/S Employer ic Name of ac	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number citivity Il code Preparer use only Carryovers		[28]		[3] [4]
Taxpayer/S Employer ic Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number ctivity Il code Preparer use only Carryovers Operating	[30]	[28]	[32]	[3] [4]
Taxpayer/S Employer ic Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number ctivity Il code Preparer use only Carryovers Operating Short-term capital	[30] Non-QBI & Tax	[28] [31]	[32] AMT	[3] [4]
Taxpayer/S Employer ic Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number ctivity Il code Preparer use only Carryovers Operating Short-term capital Long-term capital	[30] Non-QBI & Tax	[28] [31] For QBI & Tax [19]	[32] AMT [20]	[3] [4]
Taxpayer/S Employer ic Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number ctivity Il code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital	[30] Non-QBI & Tax	[28] [31] For QBI & Tax [19] [21]	[32] AMT [20] [22]	[3] [4]
Taxpayer/S Employer ic Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number ctivity Il code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss	Non-QBI & Tax [18]	[28] [31] For QBI & Tax [19] [21] [23] [25] [28]	[32] AMT [20] [22] [24] [26] [29]	[4]
Taxpayer/S Employer ic Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number ctivity Il code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital	[30]	[28] [31] For QBI & Tax [19] [21] [23] [25]	[32] AMT [20] [22] [24] [26]	[2] [3] [4] [5]
Taxpayer/S Employer ic Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number ctivity Il code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss	Non-QBI & Tax [18]	[28] [31] For QBI & Tax [19] [21] [23] [25] [28]	[32] AMT [20] [22] [24] [26] [29]	[3] [4]
Taxpayer/S Employer io Name of ac State posta Enter on K1T-3	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number citivity Il code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss	Non-QBI & Tax [18]	[28] [31] For QBI & Tax [19] [21] [23] [25] [28]	[32] AMT [20] [22] [24] [26] [29]	[3] [4] [5]
Taxpayer/S Employer ic Name of ac State posta Enter on K1T-3	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number ctivity Il code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J)	Non-QBI & Tax [18]	[28] [31] For QBI & Tax [19] [21] [23] [25] [28]	[32] AMT [20] [22] [24] [26] [29]	[3] [4] [5]
Taxpayer/S Employer ic Name of ac State posta Enter on K1T-3 Taxpayer/S Employer ic	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number ctivity Il code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number	Non-QBI & Tax [18]	[28] [31] For QBI & Tax [19] [21] [23] [25] [28]	[32] AMT [20] [22] [24] [26] [29]	[3] [4] [5] [2] [3]
Taxpayer/S Employer ic Name of ac State posta Enter on K1T-3 Taxpayer/S Employer ic Name of ac	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number ctivity Il code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number ctivity	Non-QBI & Tax [18]	[28] [31] For QBI & Tax [19] [21] [23] [25] [28]	[32] AMT [20] [22] [24] [26] [29]	[3] [4] [2] [3] [4]
Taxpayer/S Employer ic Name of ac State posta Enter on K1T-3 Taxpayer/S Employer ic	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number citivity Il code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number citivity Il code	Non-QBI & Tax [18]	[28] [31] For QBI & Tax [19] [21] [23] [25] [28]	[32] AMT [20] [22] [24] [26] [29]	[3] [4] [2] [3] [4]
Taxpayer/S Employer ic Name of ac State posta Enter on K1T-3 Taxpayer/S Employer ic Name of ac	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number citivity Il code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number citivity Il code Preparer use only	[30] Non-QBI & Tax [18] [27] [30]	[28] [31] For QBI & Tax [19] [21] [23] [25] [28] [31]	[32] AMT [20] [22] [24] [26] [29] [32]	[3] [4]
Taxpayer/S Employer ic Name of ac State posta Enter on K1T-3 Taxpayer/S Employer ic Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number citivity Il code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number citivity Il code Preparer use only Carryovers	[30] Non-QBI & Tax [18] [27] [30] Non-QBI & Tax	[28] [31] For QBI & Tax [19] [21] [23] [25] [28] [31]	[32] AMT [20] [22] [24] [26] [29] [32]	[3] [4] [2] [3] [4]
Taxpayer/S Employer ic Name of ac State posta Enter on K1T-3 Taxpayer/S Employer ic Name of ac	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number citivity Il code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number citivity Il code Preparer use only Carryovers Operating Operating	[30] Non-QBI & Tax [18] [27] [30]	[28] [31] For QBI & Tax [19] [21] [23] [25] [28] [31] For QBI & Tax [19]	[32] AMT [20] [22] [24] [26] [29] [32] AMT [20]	[3] [4] [2] [3] [4]
Taxpayer/S Employer ic Name of ac State posta Enter on K1T-3 Taxpayer/S Employer ic Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number ctivity Il code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number ctivity Il code Preparer use only Carryovers Operating Short-term capital	[30] Non-QBI & Tax [18] [27] [30] Non-QBI & Tax	[28] [31] For QBI & Tax [19] [21] [23] [25] [28] [31] For QBI & Tax [19] [21]	[32] AMT [20] [22] [24] [26] [29] [32] AMT [20] [22]	[3] [4] [2] [3] [4]
Taxpayer/S Employer ic Name of ac State posta Enter on K1T-3 Taxpayer/S Employer ic Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number ctivity Il code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number ctivity Il code Preparer use only Carryovers Operating Short-term capital Long-term capital Long-term capital Long-term capital Long-term capital Long-term capital Long-term capital	[30] Non-QBI & Tax [18] [27] [30] Non-QBI & Tax	[28] [31] For QBI & Tax [19] [21] [23] [25] [28] [31] For QBI & Tax [19] [21] [21] [22] [23]	[32] AMT [20] [22] [24] [26] [29] [32] AMT [20] [22] [24]	[3] [4] [2] [3] [4]
Taxpayer/S Employer ic Name of ac State posta Enter on K1T-3 Taxpayer/S Employer ic Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number citivity Il code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number citivity Il code Preparer use only Carryovers Operating Short-term capital Long-term capital	Non-QBI & Tax	[28] [31] For QBI & Tax [19] [21] [23] [25] [28] [31] For QBI & Tax [19] [21] [22] [23] [21] [23] [23] [25]	AMT [20] [22] [24] [26] [29] [32] AMT [20] [22] [24] [26]	[3] [4] [5] [2] [3] [4]
Taxpayer/S Employer ic Name of ac State posta Enter on K1T-3 Taxpayer/S Employer ic Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number ctivity Il code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number ctivity Il code Preparer use only Carryovers Operating Short-term capital Long-term capital Long-term capital Long-term capital Long-term capital Long-term capital Long-term capital	[30] Non-QBI & Tax [18] [27] [30] Non-QBI & Tax	[28] [31] For QBI & Tax [19] [21] [23] [25] [28] [31] For QBI & Tax [19] [21] [21] [22] [23]	[32] AMT [20] [22] [24] [26] [29] [32] AMT [20] [22] [24]	[3] [4] [5] [2] [3] [4]

Form ID: K1T

Form ID: Home Sale of Principal Residence		40
Description		[1]
Taxpayer/Spouse/Joint (T, S, J)		^[1] [5]
State postal code		[6]
Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be repor	rted on Schedule D)	[7]
Date former residence was acquired	,	<u>—</u> . ' ' [9]
Date former residence was sold		[10]
Selling price of former residence	+	[11]
Expenses related to the sale of your old home	+	[12]
Original cost of home sold including capital improvements	+	[13]
Exclusion Information		
Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding	sale date)	[19]
wark is stilled use and ownership test without exceptions (2 years use within 5 year period preceding		
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)	Taxpayer	Spouse
Number of days each person used property as main home	[21]	[22]
Number of days each person owned property used as main home	[23]	[24]
Number of days between date of sale of the other home and date of sale of this home	[25]	[26]
Form 6252 - Current Year Installment Sale		
Mortgage and other debts the buyer assumed	+	[28]
Total current year payments received	+	[29]
Form 6252 - Related Party Installment Sale Inforn	nation	
Deleted nexts nexe		[0.0]
Related party name Address		[30]
	221	[31] [34]
Identifying number of related party	32] [33]	[35]
Was the property sold as a marketable security? (Y, N)		[36]
Enter date of second sale if more than 2 years after the first sale		[37]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance		[38]
Selling price of property sold by a related party	+	<u>—</u> [30] [40]

Taxpayer/Spouse/Joint (T, S, J) __[7] State postal code [8] Date acquired [19] Date sold [20] Gross sales price of property sold [21] Mortgage and other debts the buyer assumed Cost or other basis [25] Commissions and other expenses of the sale [27] Gross profit percentage [29] Total current year principal payments received [35] Prior year principal payments received [37] Total ordinary income to recapture [39] Total ordinary income previously recaptured

Control Totals+

Form 4797 and 6252 - General Information		42
Preparer use only		
Description		[3]
Taxpayer/Spouse/Joint (T, S, J)		[9]
State postal code		[10]
Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1		[16]
Mark if disposition is due to casualty or theft		[21]
Mark if disposition was to a related party		[22]
Sale Information		
Date acquired		[24]
Date sold	_	[25]
Gross sales price or insurance proceeds received	+	[26]
Cost or other basis	+	[27]
Commissions and other expenses of sale	+	[28]
Depreciation allowed or allowable	+	[29]
Form 4797, Part III - Recapture		
Additional depresentian after 1075 (Section 1250)		[04]
Additional depreciation after 1975 (Section 1250)	+	[31]
Applicable percentage (if not 100%) (Section 1250) Additional depreciation after 1969 (Section 1250)		[32]
Soil, water and land clearing expenses (Section 1252)	<u> </u>	[33] [34]
Applicable percentage (if not 100%) (Section 1252)	т	[34]
Intangible drilling and development costs (Section 1254)	+	[36]
Applicable payments excluded from income under sec. 126 (Section 1255)	+	[37]
Form 6252 - Current Year Installment Sale	-	
Mortgage and other debts the buyer assumed	+	[38]
Total current year payments received	+	[39]
Form 6252 - Related Party Installment Sale Informat	tion	
Related party name		[40]
Address		[41]
City, State, and Zip [42]	[43]	[44]
Identifying number of related party		[45]
Was the property sold as a marketable security? (Y, N)		[46]
Enter date of second sale	_	[47]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)		[48]
Selling price of property sold by a related party	+	[50]

Form ID: 8824 Like-Kind Ex	change General Information	43
Dronova was only		
Preparer use only Description of property given up		[4]
Description of property given up		[4] [5]
Taxpayer/Spouse/Joint (T, S, J)		[6]
State postal code		
Description of property received		[10]
		[11]
D	ate Information	
Date the like-kind property given up was acquired		[17]
Date you transferred your property to the other party		[18]
Date the like-kind property received was identified		[19]
Date you received the like-kind property from the other part	У	[20]
Gain a	and Basis Information	
Fair market value of other property given up	·	[21]
Adjusted basis of other property given up Cash received		[22]
Fair market value of other (not like-kind) property received		[23]
Installment obligation received in like-kind exchange		,
Fair market value of like-kind property you received		[25]
Fair market value of non-section 1245 property you received	·	[27]
Liabilities, including mortgages, assumed by you		[28]
Cash paid		[29]
Adjusted basis of like-kind property given up	+	[30]
Adjusted basis of like-kind property from pass through entity		
Cost or other basis	+	[31]
Depreciation allowed or allowable excluding Section 179	+	[32]
Section 179 expense deduction passed through	+	[33]
Section 179 carryover	+	[34]
Liabilities, including mortgages, assumed by the other party	+	[35]
Exchange expenses incurred by you		[36]
Related P	arty Exchange Information	
Name of related party		[20]
Address of related party		[39] [40]
City		[41]
State		[42]
Zip code		[43]
Identifying number of related party	-	[44]
Relationship to you		[45]
During this tax year, did the related party sell or dispose of th	ne property received? (Y, N)	[46]
During this tax year, did you sell or dispose of the like-kind pr	roperty you received? (Y, N)	 [47]
Indicate if any special conditions apply (1 = Death of either party, 2 =	Involuntary conversion, 3 = No tax avoidance)	[48]
Mark if this exchange is a prior year like-kind exchange		[50]

ſ	Control Totals+	Form ID: 8824
	Control lotais+	1 FORM ID: 8824

Statement of Specified Foreign Financial Assets

44

This form is used to report other foreign assets (not held in a foreign financial account), as required by the Internal Revenue Service.

Report foreign financial assets held in a foreign financial account on Organizer Form ID: FrgnAcct.

	2024 Information	Prior Year Information
Asset description	[2]	
Asset identifying number or other designation	[3]	
Date asset acquired	[4]	
Date asset disposed	[6]	
Asset jointly owned with spouse	[7]	
Maximum value of asset	[9]	
Asset foreign entity information - (Enter either foreign entity information or issuer/coun	terparty information, but not both)	
Type of foreign entity:(P = Partnership, C= Corporation, T = Trust, E = Estate)		[14]
Foreign entity name		[16]
Foreign entity address		[17]
City, state, zip code	[18]	[19] [20]
Foreign country code/name	[21]	[22]
Foreign province/county		[23]
Foreign postal code		[24]
Asset issuer or counterparty information - (Enter either foreign entity information or	:)
Type: (I = Issuer, C = Counterparty)	issuer/counterparty information, but not bo	
Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate)		[25]
If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Perso	n)	-
Individual or organization name	11)	-
Address of issuer or counterparty		
City, state, zip code		
Foreign country code/name		
Foreign province/county		_
Foreign postal code		
Asset issuer or counterparty information - (Enter either foreign entity information or	issuer/counterparty information, but not bo	th)
Type: (I = Issuer, C = Counterparty)		_
Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person)	n)	_ _
Individual or organization name		_
Address of issuer or counterparty		_
City, state, zip code		_
Foreign country code/name		
Foreign province/county		
Foreign postal code		

-			
Form	ID:	Frgn/	ACC1

Foreign Financial Accounts

45

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

Taxpayer/Spouse/Joint (T, S, J)		_[1
	2024 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)	[4]	
Type of Account:	-	
Bank	[5]	
Securities	<u> </u>	
Other		
Maximum value of account (in US dollars)	[8]	
Account number or other designation		
	[10]	
	[12]	
Address of financial institution	[13]	
City, state, zip code	[14][15][16]	
	[17][18]	
For addresses in Mexico, enter state	[20]	
Foreign province/county	[23]	
Foreign postal code	[24]	
Account jointly owned with spouse	[25]	
Account opened during the tax year	[47]	
Account closed during the tax year	[49]	
Information is reported for a financial account which is:	[27]	
2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial	interest	
Complete this section if there is a joint owner other	than the spouse, or you have signature authori	ty only over the account
Taxpayer identification number of account holder/joint owner		[28]
Foreign identification number of account holder/joint owner (If	no Taxpayer identification number)	[29]
Last name or organization name of account holder/joint owner		[30]
First name and middle initial of account holder/joint owner		[31] [32]
Address and apartment		[33] [34]
City, state, zip code	[35]	[36] [37]
Foreign country code/name	[38]	
For addresses in Mexico, enter state	<u> </u>	[41]
Foreign postal code		[44]
Number of joint owners (Not including taxpayer, if applicable)		[45]
Filer's title with this owner (If applicable)		[46]
NOTES/QUESTIONS:		

Form ID: 2555 Foreign E	arned Income Exclus	sion		46
Taxpayer/Spouse (T, S) [1]		State postal co	de	[3]
Foreign street address_	[4	4] City		
State/Province		Country code		
Country		Postal code		
Employer's name				
U.S. address	[5]	City		
State postal code		Zip code		
Foreign street address	[(
State/Province		Country code		
Country		Postal code		
Employer type (A = Foreign entity, B = U.S. company, C = Self, D = Foreign affilia	te of a U.S. company, E = <u>O</u> [ሽ <u>e</u> r)	f other, specify ty	pe	
Country of citizenship				[11]
If maintained a separate foreign residence for your family due	=			
City/Country				ays
City/Country			D	ays
List tax home(s) during the tax year and dates established:			con Data	
Tax home				
Tax home			Date	
Foreign Earned	Income Allocation I	nformation		
*U.S. Business Days and Travel Type Code: 1=Travel to Unite			3=Travel to fore	ign country
U.S. business days and travel information [16]	d States, 2-11avel to le.	stricted country,	3-114401 (0 1010	
Type Code* Name of Country including United	States	Date Arrived	Date Left	No. of U.S. business days
Traine of Soundly moraum gomes a		Date / IIII ca	D 400 1 010	business days
- -				
- -			-	
<u> </u>	-			
<u> </u>				
_				<u></u> -
Foreign days worked before and after foreign assignment [17]	Total days worked befo	ore and after forei	gn assignment	[18]
Total number of days worked during year (defaults to 240)				[19]
Bona	ide Residence Test			
	Date foreign residence			[00]
Date foreign residence began [21] Kind of foreign living quarters (A = Purchased house, B = Rented house or	•			[22]
If any family members lived abroad with you during any part of			employer)	[23]
Relationship	Period abroad	-		[24]
Relationship	Period abroad			
Relationship	Period abroad			
Relationship	Period abroad			.
Mark if you submitted a statement to foreign country authoriti		dent of that coun	trv	[25]
Mark if required to pay income tax to that country	es that you are not a resi	acine or enaceoun.	,	[26]
List any contractual terms or other conditions relating to length	of employment abroad			
, seemed to leave to the seemed to leave to leav				[27]
-				
Type of visa used to enter foreign country				[28]
Explanation if visa limited length of stay or employment				
				[29]
If maintained a home in U.S., enter address, whether it was rer	ited, names of occupants	and their relation	ship to you:	
Address	[30]	City		
State postal code		Zip code		
Rented Occupant	_ _	Relat	ionship	
Address	[30]	City		
State postal code		Zip code		
Rented Occupant		Relat	ionship	
Dhoo	cal Presence Test			
-	cai Fieselice 1851			
Principal country of employment	ı			[31]
				Form ID: 2555

Form ID: 2555-2	Foreign Earned Income Exclusion		47
Employer's name Taxpayer/Spouse (T, S) State postal code			
	Foreign Earned Income		
*PI	ease use the Foreign Earned Income Allocation Codes lo	cated below Allocation	
Noncash income: Home (lodging) Meals Car	e enter code here and description and amount below):	_[10][11] + _[13][14] + _[16][17] + [19] +	
Allowances, reimbursements or expens	ses paid on behalf:	_ +_	
Cost of living and overseas differen Family Education Home leave Quarters	tial	[23] + _ [25] + _	[22] [24] [26] [28] [30]
Other purposes (Please enter code	here and description and amount below):	+ _ - + _	[32]
Other foreign earned income (Please e	nter code here and description and amount below):		[34]
Excludable meals and lodging under se	ction 119	- + <u>-</u> + <u>-</u>	[35]
	*Foreign Earned Income Allocation Codes 1 = 100% foreign during assignment 2 = 100% U.S. during assignment 3 = U.S. and foreign days worked during assignment 4 = U.S. and foreign days before/after assignment 5 = Days worked before, during, and after assignment		
	Deductions Allocable to Foreign Earned Inc	ome	
Other allocable deductions		Allocation Code*	Amount [37]
	Housing Exclusion/Deduction		
Qualified housing expense		+_	[47]
NOTES/QUESTIONS:			
	Control Totals+		Form ID: 2555-2

Form ID: 3903 Armed	d Forces Moving Expenses		48
Preparer use only			
Description of move			[2]
Taxpayer/Spouse/Joint (T, S, J)			_[3]
Mark if the move was due to service in the armed forces			 [7]
Number of miles from old home to new workplace			[8]
Number of miles from old home to old workplace			[9]
Mark if move is outside United States or its possessions			[10]
Transportation and storage expenses		+	 [11]
Travel and lodging (not including meals)		+	[12]
Miles driven to new home			[13]
Total amount reimbursed for moving expenses		+	[15]

Form ID: 2106

Employee Business Expenses

Preparer use only	2024 Information	Prior Year Information
T		Filor real illiorination
Taxpayer/Spouse (T, S)	_[2]	
Occupation in which expenses were incurred	[3]	
State postal code If the employee expenses were from an occupation listed below, enter the approximation of the complex of the	[5]	
1 = Qualified performing artist, 2 = Impairment-related work expenses, 3 =		-
Parking fees and tolls	+[18]	
Local transportation	+[20]	
Travel expenses	+[23]	
Other business expenses:		
	+[26]	
	+	
	+	
	+	
	+	
	+	
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Nonvehicle depreciation	+ [29]	
Meals	+[32]	
Meals for individuals subject to DOT hours of service limitation (certain state r	etu <u>rns) [</u> 35]	
Employer Reimburs		
Enter Reimbursements not entered on Sc		Defends of the
Datash	2024 Information	Prior Year Information
Reimbursements for other expenses not included on Form W-2	+[62]	
Reimbursements for meals not included on Form W-2	+[64]	
Reimbursements for meals for DOT service limitation not included on Form W-	-2+ [66]	

Control Totals+

			Employee B	usiness Expenses	}		50
Prepare Taxpayer/Spouse (T, Occupation in which State postal code		incurred			[2] [3] [4]		
			Vehicle	Questions			
Was another ve	available for off- hicle available for	duty personal r personal use	use? (Y, N, Blank = No ? (Y, N)		2024 Information[5][7][9]	n Prior Year I	nformation — —
			Vehicle	Information			
Vehicle 1 -	Date placed in s	service				_]
Vehicle 2 -	Comments Date placed in s Description Comments	service				_	[: [:
Vehicle 3 -	Date placed in s Description Comments	service				_]
							[
Vehicle 4 -	Date placed in s Description Comments	service					[
	Description Comments	Prior Year		ctual Expenses	Prior Year	Vahiala 4	Prior Year
Mileage Information	Description Comments Number 1	Prior Year Information	Vehicle 2		3 Information	1 (
Mileage Information Fotal mileage for the	Description Comments Number 1	Prior Year Information		Prior Year		[162]	Prior Year
Mileage Information Total mileage for the Business miles	Description Comments Note: The comments of th	Prior Year Information	Vehicle 2 [66]	Prior Year	2 3 Information	1 (Prior Year
Wileage Information Total mileage for the Business miles	Description Comments Vehicle 1 year [18] [20]	Prior Year Information	Vehicle 2 [66]	Prior Year	2 3 Information	[162]	Prior Year
Mileage Information Total mileage for the Business miles Average daily round to	Description Comments Note Vehicle 1 year [18] [20] crip [23]	Prior Year Information	Vehicle 2[66][68]	Prior Year	2 3 Information [114] [116]	[162] [164]	Prior Year
Mileage Information Total mileage for the Business miles Average daily round to commuting mileage Total commuting mile	Description Comments Note: Vehicle 1 year [18] [20] [20] [21]	Prior Year Information	Vehicle 2[66][68][71]	Prior Year	[114] [116] [119]	[162] [164] [167]	Prior Year
Mileage Information Total mileage for the Business miles Average daily round t commuting mileage Total commuting mile	Description Comments Note: The image of th	Prior Year Information	Vehicle 2[66][68][71][73]	Prior Year Information Vehicle	2 3 Information [114] [116] [119] [121]	[162] [164] [167] [169]	Prior Year
Mileage Information Total mileage for the Business miles Average daily round t commuting mileage Total commuting mile Gasoline Dil	Description Comments Note: The image of th	Prior Year Information	Vehicle 2[66][68][71][73] + [75]	Prior Year Information Vehicle	[114] [116] [121] [123]	[162] [164] [167] [169] + [171]	Prior Year
Mileage Information Total mileage for the Business miles Average daily round t commuting mileage Total commuting mile Gasoline Dil Repairs	Description Comments Note Vehicle 1 year [18] [20] crip [23] eage [25] + [27] + [29]	Prior Year Information	Vehicle 2 [66] [68] [71] [73] + [75] + [77]	Prior Year Information Vehicle	[114] [116] [119] [121] [123] [125]	[162] [164] [167] [169] [171] [173]	Prior Year
Mileage Information Fotal mileage for the Business miles Average daily round t commuting mileage Fotal commuting mile Gasoline Dil Repairs Maintenance	Description Comments Note Vehicle 1 Year [18] [20] Exercise [23] Exercise [25] Fig. 1 [27] Fig. 1 [29] Fig. 1 [31]	Prior Year Information	Vehicle 2 [66] [68] [71] [73] + [75] + [77] + [79]	Prior Year Information Vehicle	[114] [116] [119] [123] [125] [127]	[162] [164] [167] [169] + [171] + [173] + [175]	Prior Year
Mileage Information Total mileage for the Business miles Average daily round to commuting mileage Total commuting mile Basoline Dil Repairs Maintenance	Description Comments Note Vehicle 1 year [18]	Prior Year Information	Vehicle 2 [66] [68] [71] [73] + [75] + [77] + [79] + [81]	Prior Year Information Vehicle	[114] [116] [119] [121] [125] [127] [129]	[162] [164] [167] [169] + [171] + [173] + [175] + [177]	Prior Year
Mileage Information Total mileage for the Business miles Average daily round to commuting mileage Total commuting mile Gasoline Dil Repairs Maintenance Tires Car washes	Description Comments Note Vehicle 1 Year [18] [20] Crip [23] Eage [25] [25] Fig. [29] Fig. [31] Fig. [33] Fig. [35]	Prior Year Information	Vehicle 2 [66] [68] [71] [73] + [75] + [77] + [79] + [81] + [83]	Prior Year Information Vehicle	[114] [116] [119] [121] [123] [125] [127] [129] [131]	[162] [164] [167] [169] + [171] + [173] + [175] + [177]	Prior Year
Mileage Information Total mileage for the Business miles Average daily round t commuting mileage Total commuting mile Gasoline Dil Repairs Maintenance Tires Car washes nsurance nterest	Description Comments Note Vehicle 1 Year [18] [20] Crip [23] Eage [25] [27] Fig. [29] Fig. [31] Fig. [33] Fig. [35] Fig. [37]	Prior Year Information	Vehicle 2 [66] [68] [71] [73] + [75] + [77] + [79] + [81] + [83] + [85]	Prior Year Information Vehicle	e 3 Information [114] [116] [119] [121] [123] [125] [127] [129] [131] [133]	[162] [164] [167] [169] + [171] + [173] + [175] + [177] + [179] + [181]	Prior Year
Mileage Information Total mileage for the Business miles Average daily round t commuting mileage Total commuting mile Gasoline Dil Repairs Maintenance Fires Car washes nsurance nterest	Description Comments Note Vehicle 1 Year [18] [20] Erip [23] Eage [25] + [27] + [29] + [31] + [33] + [35] + [37] + [39]	Prior Year Information	Vehicle 2 [66] [68] [71] [73] + [75] + [77] + [79] + [81] + [83] + [85] + [87]	Prior Year Information Vehicle	[114] [116] [119] [121] [123] [125] [127] [129] [131] [133] [135]	[162] [164] [167] [169] + [171] + [173] + [175] + [177] + [179] + [181] + [183]	Prior Year
Mileage Information Total mileage for the Business miles Average daily round to commuting mileage Total commuting mile Gasoline Dil Repairs Maintenance Tires Car washes Insurance Interest Registration	Description Comments Note Vehicle 1 Year [18] [20] Prip [23] Prip [25] Prip [27] Prip [29] Prip [31] Prip [33] Prip [35] Prip [37] Prip [3	Prior Year Information	Vehicle 2 [66] [68] [71] [73] + [75] + [77] + [81] + [83] + [85] + [87] + [89]	Prior Year Information Vehicle	[114] [116] [119] [121] [123] [125] [127] [129] [131] [133] [135] [137]	[162] [164] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185]	Prior Year
Mileage Information Total mileage for the Business miles Average daily round to commuting mileage Total commuting mile Gasoline Dil Repairs Maintenance Tires Car washes Insurance Interest Registration Licenses	Description Comments Note Vehicle 1 Year [18] [20] Frip [23] Frip [25] Frip [27] Frip [29] Frip [31] Frip [33] Frip [35] Frip [37] Frip [37	Prior Year Information	Vehicle 2 [66] [68] [71] [73] + [75] + [77] + [79] + [81] + [83] + [85] + [87] + [89] + [91]	Prior Year Information Vehicle	[114] [116] [119] [121] [123] [125] [127] [129] [131] [133] [135] [137] [139]	[162] [164] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185] + [187]	Prior Year
Mileage Information Fotal mileage for the Business miles Average daily round t commuting mileage Fotal commuting mile Gasoline Dil Repairs Maintenance Fires Car washes nsurance nterest Registration Licenses Property taxes (Plates, 1	Description Comments Note Vehicle 1 Year [18] [20] Frip [23] Frip [25] Frip [27] Frip [29] Frip [31] Frip [33] Frip [35] Frip [37] Frip [37	Prior Year Information	Vehicle 2 [66] [68] [71] [73] + [75] + [77] + [79] + [81] + [83] + [85] + [87] + [89] + [91]	Prior Year Information Vehicle	[114] [116] [119] [121] [125] [127] [129] [131] [133] [135] [137] [139] [141]	[162] [164] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185] + [187]	Prior Year
Mileage Information Total mileage for the Business miles Average daily round t commuting mileage Total commuting mile Gasoline Oil Repairs Maintenance Tires Car washes Insurance Interest Registration Licenses Property taxes (Plates, t	Description Comments Notation 1 Year [18] [20] Implication [20	Prior Year Information	Vehicle 2 [66] [68] [71] [73] + [75] + [77] + [79] + [81] + [83] + [85] + [87] + [89] + [91] + [93] + [95]	Prior Year Information Vehicle	[114] [116] [119] [121] [123] [125] [127] [129] [131] [133] [135] [137] [137] [139] [141] [143]	[162] [164] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185] + [187] + [189] + [191]	Prior Year
Mileage Information Total mileage for the Business miles Average daily round t commuting mileage Total commuting mile Gasoline Dil Repairs Maintenance Fires Car washes nsurance nterest Registration Licenses Property taxes (Plates, t) Vehicle rentals nclusion amt (Preparer	Description Comments Vehicle 1	Prior Year Information	Vehicle 2 [66] [68] [71] [73] + [75] + [77] + [79] + [81] + [83] + [85] + [87] + [91] + [93] + [95] + [97]	Prior Year Information Vehicle	[114] [116] [119] [121] [123] [125] [127] [129] [131] [133] [135] [137] [139] [141] [143] [143] [145]	[162] [164] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185] + [187] + [189] + [191]	Prior Year
Mileage Information Total mileage for the Business miles Average daily round t	Description Comments Vehicle 1	Prior Year Information	Vehicle 2 [66] [68] [71] [73] + [75] + [77] + [81] + [83] + [85] + [87] + [91] + [93] + [95] + [97]	Prior Year Information Vehicle	[114] [116] [119] [121] [123] [125] [127] [129] [131] [133] [135] [137] [139] [141] [143] [145] [145] [146]	[162] [164] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185] + [187] + [189] + [191] + [195]	Prior Year
Mileage Information Total mileage for the Business miles Average daily round t commuting mileage Total commuting mile Gasoline Oil Repairs Maintenance Tires Car washes Insurance Interest Registration Licenses Property taxes (Plates, t) Vehicle rentals Inclusion amt (Preparer Other vehicle expense	Description Comments Vehicle 1	Prior Year Information	Vehicle 2 [66] [68] [71] [73] + [75] + [77] + [81] + [83] + [85] + [87] + [91] + [93] + [95] + [97]	Prior Year Information Vehicle	[114] [116] [119] [121] [123] [125] [127] [129] [131] [133] [135] [137] [139] [141] [143] [145] [145] [146]	[162] [164] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185] + [187] + [189] + [191] + [195]	Prior Year

Form ID: OtherAdj	Other Adjustments	51
Alimony Paid:		

T/S	Date*	2024 Information	Prior Year Information
		+ [4]	
	Recipient name and SSN		
	Address		
	City, state and zip code		
		+	
	Recipient name and SSN		
	Address		
	City, state and zip code		
		+	
	Recipient name and SSN		
	Address		
	City, state and zip code	·	

		2024 Information		Prior Year Information	n
		Taxpayer	Spouse		
Educator expenses:		. ,	•		
Educator expenses.	_	[6]	_	[7]	
	+	[0]	+	[7]	
			+		
Other adjustments:					
	+	[9]	+	[10]	
	+		+		
	+		+		
	+		+		
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	Control Totale.	Farmer ID. Oak and all
	Control Totals+	Form ID: OtherAdi

^{*} Date of divorce/separation agreement

Exclusion of Interest Income from Series EE or I U.S. Savings Bonds

Complete if you cashed qualified U.S. Savings bonds in 2024 that were issued after 1989, and you paid qualified higher education expenses in 2024 for yourself, your spouse, or your dependents.

Taxpayer/Spouse/Joint (T, S, J) SSN of person enrolled at eligible educational institution Name of person enrolled at eligible educational institution (First/Last) Name of eligible educational institution Address of eligible educational institution		_
City, state, and zip code		
Qualified higher education expenses you paid in 2024 for person listed above Enter any nontaxable educational benefits received for 2024 for person listed above	+	[1]
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified education program)	ified Tuition Program)	
Financial institution name (ESA) or name of program (QTP)	neu ruition Frogram,	
Figure 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
City state and air code		
To according to the latest and the l		
Taxpayer/Spouse/Joint (T, S, J) SSN of person enrolled at eligible educational institution		_
Name of person enrolled at eligible educational institution (First/Last)		
Name of digible advectional institution		
Addison of deathly addisonable and the state of		
City, state, and zip code		 -
Qualified higher education expenses you paid in 2024 for person listed above		[1]
Enter any nontaxable educational benefits received for 2024 for person listed above	+	
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Quali	fied Tuition Program)	
5'(OTD)		
City, state and zip code		
Taxpayer/Spouse/Joint (T, S, J)		
SSN of person enrolled at eligible educational institution		_
Name of the same and the death of the field and the field and the same of the		
Name of eligible educational institution		
Address of eligible educational institution		
City, state, and zip code		
Qualified higher education expenses you paid in 2024 for person listed above	+	[1]
Enter any nontaxable educational benefits received for 2024 for person listed above	+	
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified	fied Tuition Program)	
City, state and zip code		
Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2024	+	[3]

Form ID: Educate2	Student Loan Interest Paid	53
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Complete this section if you paid interest on a qualified student loan in 2024 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2024. The amounts reported by the lender may differ from the amounts you actually paid.

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

Control Totals+	Form ID: Educate2

Form ID: Educ3

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college,

54

Preparer - Enter on Screen Educate2		
Taxpayer/Spouse (τ, s)		
Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit)		_
Student's social security number		
Student's first name	_	
Student's last name		
Institution Information		
Enter information from each institution on a separate page, including the complete	address and federal ider	ntification number of th
Institution's federal identification number		
Institution's name		
Institution's street address		
Institution's city, state, zip code		
	mation	
Institution's city, state, zip code	id for the student during	2024.
Tuition Paid and Related Inform Amounts reported in Box 1 may not reflect the actual amount paid	id for the student during	
Tuition Paid and Related Inform Amounts reported in Box 1 may not reflect the actual amount paid Enter the amount actually paid during Tuition paid (Enter only the amount actually paid) (Box 1)	id for the student during g 2024.	
Tuition Paid and Related Inform Amounts reported in Box 1 may not reflect the actual amount paid Enter the amount actually paid during Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2024 (Box 3)	id for the student during g 2024. 2024 Information	
Tuition Paid and Related Inform Amounts reported in Box 1 may not reflect the actual amount paid Enter the amount actually paid during Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2024 (Box 3) Adjustments made for a prior year (Box 4)	id for the student during g 2024. 2024 Information	
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Tuition Paid and Related Inform Amounts reported in Box 1 may not reflect the actual amount paid Enter the amount actually paid during Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2024 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 2025	id for the student during g 2024. 2024 Information +[8]	
Tuition Paid and Related Inform Amounts reported in Box 1 may not reflect the actual amount paid Enter the amount actually paid during Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2024 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 2025 At least half-time student (Box 8)	id for the student during g 2024. 2024 Information +[8]	
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Tuition Paid and Related Inform Amounts reported in Box 1 may not reflect the actual amount paid Enter the amount actually paid during Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2024 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 2025 At least half-time student (Box 8) Graduate student (Box 9) (1=Yes, 2=No) Insurance contract reimbursement/refund (Box 10) Non-Institution expenses (Books and fees not paid directly to the educational institution)	id for the student during g 2024. 2024 Information +[8]	
Tuition Paid and Related Inform Amounts reported in Box 1 may not reflect the actual amount paid Enter the amount actually paid during Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2024 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 2025 At least half-time student (Box 8) Graduate student (Box 9) (1=Yes, 2=No) Insurance contract reimbursement/refund (Box 10)	id for the student during g 2024. 2024 Information +[8] [Box 7)	

Form ID: Educ3 **Control Totals+**

Form	ID:	10990
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Qualified Education Programs

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Please provide all copie	s of For	m 1099Q	
Taxpayer/Spouse (T, s)		[1]	
Payer name		[3]	
State postal code		[4]	
Type of account (1= Private QTP, 2 = State QTP, 3 = ESA)		[6]	
Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither)		[7]	
Final distribution		[8]	
Contributions	and Ba	sis	
Beneficiary's Information (if not taxpayer or spouse)			
Social security number		[11]	
First name	_	[12]	
Last name		[13]	
		<u>.</u>	
		2024 Information	Prior Year Information
Amount contributed in current year	+	[14]	
Basis of this account at 12/31/23	+	[17]	
Value of this account at 12/31/24		[19]	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or sp	ouse) +	[24]	
Payments from Qualified	l Educa	ntion Programs	
		2024 Information	Prior Year Information
Gross distribution (Box 1)	+_	[30]	
Earnings (Box 2)	+_	[32]	
Basis (Box 3)	+_	[34]	
Trustee-to-trustee rollover (Box 4)		[36]	
Trustee-to-trustee rollover amount if different than Box 1	+_	[37]	
Box 5 -			
Private QTP		[39]	
State QTP		[40]	
Coverdell ESA		[41]	
Check if the recipient is not the designated beneficiary (Box 6)		[42]	
Qualified education expenses Elementary and secondary education expenses		[43]	
Liementary and secondary education expenses	Τ_	[45]	

Federal Student Aid Application Information #1

Complete a FAFSA information section for both the parent and student. Both may be required to complete the FAFSA. If the parent or student tax return was prepared elsewhere, please provide the completed tax return.

This FAFSA information is for the:	Preparer use only		
Who is listed as the primary taxpayer on the tax return	of the individual to whom this information applie	es?	
(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 =	= Student's spouse)		[1]
The information for the FAFSA worksheet will be:			
(1 = Calculated for the taxpayer on this return, 2 = Entered from son	neone else's return)		[4]
Child support received but do not include foster care o	or adoption payments	+	[6]
Taxpayer's (and spouse's) current balance of all cash, s	avings and checking accounts	+	[7]
Taxpayer's (and spouse's) net worth in investments and	d real estate, excluding primary residence	+	[8]
Taxpayer's (and spouse's) net worth in current busines	sses and/or investment farms	+	[9]
	Control Totals+	1	
	1 00 00 000	•	
Federal St	udent Aid Application Information #2		
Federal St	tudent Aid Application Information #2		
This FAFSA information is for the:	Preparer use only		
This FAFSA information is for the: Who is listed as the primary taxpayer on the tax return	Preparer use only nof the individual to whom this information applies	es?	61
This FAFSA information is for the: Who is listed as the primary taxpayer on the tax return (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 =	Preparer use only nof the individual to whom this information applies	es?	_[1]
This FAFSA information is for the: Who is listed as the primary taxpayer on the tax return (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = The information for the FAFSA worksheet will be:	Preparer use only of the individual to whom this information applie = Student's spouse)	es?	_
This FAFSA information is for the: Who is listed as the primary taxpayer on the tax return (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 =	Preparer use only of the individual to whom this information applie = Student's spouse)	es?	_[1] _[4]
This FAFSA information is for the: Who is listed as the primary taxpayer on the tax return (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = The information for the FAFSA worksheet will be:	Preparer use only n of the individual to whom this information applie = Student's spouse) meone else's return)	es? +	_
This FAFSA information is for the: Who is listed as the primary taxpayer on the tax return (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from son	Preparer use only n of the individual to whom this information applie = Student's spouse) meone else's return) or adoption payments	+	<u> </u>
This FAFSA information is for the: Who is listed as the primary taxpayer on the tax return (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from son Child support received but do not include foster care of	Preparer use only n of the individual to whom this information applie = Student's spouse) meone else's return) or adoption payments navings and checking accounts	+ + + +	[4] [6]
This FAFSA information is for the: Who is listed as the primary taxpayer on the tax return (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from son Child support received but do not include foster care of Taxpayer's (and spouse's) current balance of all cash, s	Preparer use only n of the individual to whom this information applies = Student's spouse) meone else's return) or adoption payments savings and checking accounts d real estate, excluding primary residence	+ + + +	 [4] [6] [7]

Schedule A - Medical and Dental Expenses

' J		2024 Information		Prior Year Informat
	ses, such as: Doctors, Dentists, Hospital,			
	aids, Eyeglasses/contact lenses, and Insu			
·				
		_ +		
Medical insurance premiur	୩S YOU paid: : paid by an employer-sponsored plan or amounts e	ntered elsewhere such as amounts	naid for you	
	Sch F, Sch K-1, etc.) or Medicare premiums entered		para for you	
]		+	[5]	
		+		
Long-term care premiums	you paid:	 -		
	paid by an employer-sponsored plan or amounts e	ntered elsewhere, such as amounts	paid for you	r
self-employed business (Sch C, S	•			
			[8]	
Drocarintian madisines	deuge:	_ +		
Prescription medicines and			[4.4]	
National delices for an edited it	(21)	_ +		-
3] Miles driven for medical ite	ems (21 cents)		[14]	
J State/local income taxes p	aid:			
·		+	[19]	
		+		
		+		
2023 state and local incom	e taxes paid in 2024:			
1]		_ +	[22]	
		+		
		+		
Real estate taxes paid:				
4]		_ +	[25]	
		_ +		
		_ +		
Personal property taxes:				
7]		_ +	[28]	
Oth or torres and a conference	me tours and Chata disability to a	_ +	_	
	gn taxes and State disability taxes		[2.1]	
		<u> </u>	[31]	
			_	
Sales tay naid on major and	rchases:	_ +	_	
Sales tax paid on major pu		ı	[27]	
·		_	<u>[</u> [3/]	
	noncoc	_ +		
Sales tax paid on actual ex		1	[40]	
		_ +	<u>[</u> 40]	
-		_	_	-
<u></u>	<u> </u>	_ +		
	Control Totals+			Form ID: A

Form ID: A-2	Interest Expenses	58

		2024		2024	
i/J Home mortgage interest: From Form 1098		Interest	Pai ¢ 2]	Points Paid	Type*Prior Year Informa
		+	+		
[1]	=	<u>'</u>	<u>`</u> _		
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	=	<u> </u>	₊		<u> </u>
	-	<u> </u>	'_		
Blank = Used to buy, build or improve main/qualifie	*Mortgag		4a h h	مردوسوسا أوان	. hama au investment
blank – Osed to buy, build of improve main/quaime	u seconu nome	1 - 1101 useu	to buy, bu	iliu, iliipiove	nome of investment
/S/J Payee's Name		l or EIN	2024 Inf	ormation	Prior Year Informatio
Other, such as: Home mortgage interest paid to [4]	individuals	+		[5]	
Address		ı.		[9]	
City, state and zip code					
		+	I		
Address	•	•			
City state and zin code					
Payer's/Borrower's name Street Address City/Ctoto/7ip.co.do					
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2024 -					
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2024 - Taxpayer/Spouse/Joint (T, S, J)					
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2024 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name					
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2024 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance				[11]
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2024 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2024 (Preparer use or				[11]
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Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2024 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2024 (Preparer use or Date of refinance				[11]
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Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2024 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2024 (Preparer use or Date of refinance Term of new loan (in months) Reported on Form 1098 in 2024 Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2024 (Preparer use or Date of refinance Term of new loan (in months) Reported on Form 1098 in 2024	nly)	+_ +_ +_ +_ +_ +_ +_ +_	2024 Inf	[11	Prior Year Information
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2024 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2024 (Preparer use or Date of refinance Term of new loan (in months) Reported on Form 1098 in 2024 Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2024 (Preparer use or Date of refinance Term of new loan (in months) Reported on Form 1098 in 2024	nly)	+ + + + + + + + +	2024 Inf	[11	Prior Year Information
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2024 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2024 (Preparer use or Date of refinance Term of new loan (in months) Reported on Form 1098 in 2024 Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2024 (Preparer use or Date of refinance Term of new loan (in months) Reported on Form 1098 in 2024	nly)	+ + + + + + + + +	2024 Inf	[11	Prior Year Information

Form ID: A-2

Control Totals+

Form ID: A-3

Charitable Contributions

			Prior Year Informat
Contributions made by cash or check (including out-of-pocket expen Any contribution of cash, a check or other monetary gift requires a written record of	SES) the contribution in order to claim the c	ontribi	ition on your return
Individual contributions of \$250 or more must be accompanied by a written acknow			
		F	ation on your return.
	+		
	+	_	
	+		
	+		
		_	
	· · · · · · · · · · · · · · · · · · ·	-	
-	+	_	
	+	_	
	+	_	
	+	_	
	+		
	+		
	<u>+</u>		
	+		
	+	_	
	+	_	
	+		
yolunteer miles driven	•	[6]	
Noncash items, such as: Goodwill/Salvation Army/clothing/househo	Id goods	_``	
		[0]	
	+		
	+		
	+	_	
	+		
	+		
	+	_	
	·	-	
	+		
	+	-	
	+		
	+	- 1	
	+	_	
	+	_	
	+	_ [
Miscellaneous	+	_ [
Miscellaneous	+		Prior Year Informat
	+ Deductions	_	Prior Year Informat
Other expenses	Deductions 2024 Information	[Prior Year Informat
Other expenses	Deductions 2024 Information +	_[13]	Prior Year Informat
Other expenses	Deductions 2024 Information + +	_[13]	Prior Year Informat
Other expenses	Deductions 2024 Information + + + + +	_[13]	Prior Year Informat
Other expenses	Deductions 2024 Information + + + + + + + + +	_[13] _ _ _	Prior Year Informat
Other expenses	Deductions 2024 Information + + + + + + + + + +	_[13] _ _ _	Prior Year Informat
Other expenses	Deductions 2024 Information + + + + + + + + +	_[13] _ _ _	Prior Year Informat
Other expenses	Deductions 2024 Information + + + + + + + + + +	_[13] _ _ _	Prior Year Informat
Other expenses	Deductions 2024 Information + + + + + + + + + +	_[13] _ _ _	Prior Year Informat
Other expenses Gambling losses: (Enter only if you have gambling income)	+	_[13]	Prior Year Informat
Other expenses Gambling losses: (Enter only if you have gambling income)	+	_[13]	Prior Year Informat
Other expenses Gambling losses: (Enter only if you have gambling income)	+	[13]	Prior Year Informat
Other expenses Gambling losses: (Enter only if you have gambling income)	+	[13]	Prior Year Informat
Other expenses Gambling losses: (Enter only if you have gambling income)	+	[13]	Prior Year Informat
Other expenses Gambling losses: (Enter only if you have gambling income)	+	[13]	Prior Year Informat
Other expenses Gambling losses: (Enter only if you have gambling income)	+	[13]	Prior Year Informat
Other expenses Gambling losses: (Enter only if you have gambling income)	+	[13]	Prior Year Informat
Other expenses Gambling losses: (Enter only if you have gambling income)	+	[13]	Prior Year Informat

Control Totals+

Form	

Miscellaneous Itemized Deductions (State Use Only)

59a

Complete the information below only if you file a state return in AL, AR, CA, HI, MN, NY or PA. Amounts entered here will be used to calculate your state return, but will be ignored for federal return purposes, as the deductions are not allowed.

Unriembursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses 1	Γ/S/J	and a such as the farmer Burfassianal dura	2024 Information	Prior Year Information
1	•			
	•	ons, Job seeking expenses, Educational expenses		1
	_[1]			J
	-			
				-
Union dues, other than amounts reported on Form W-2: [4]				
Union dues, other than amounts reported on Form W-2: [4]	_			
Union dues, other than amounts reported on Form W-2: [4]			+	
Union dues, other than amounts reported on Form W-2: [4]				
	Union dues, other	than amounts reported on Form W-2:		
Tax preparation fees	[4]		+[5	
Tax preparation fees	_		+	
_[7] Tax preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees _[10]	_		+	
Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees [10]				
[10]				
		bject to 2% AGI limit, such as: Legal/accounting/cus		
	[10]		+[1	1]
+				
+		_		
+	_			
13 Safe deposit box rental	_			
	_			
Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT: [16]				41
[16] + [17]				
	· · · · · · · · · · · · · · · · · · ·			71
				.1
			+	
- + + + + + + + + + + + + + + + + + + +			+	
+ + + + + + + + + + + + + + + + + + + +	_			
_ +				

Complete this section if either of the following applies:

- You have home acquisition/improvement debt over \$750,000 for loans taken out in 2018 or later
- You have home acquisition/improvement debt over \$1,000,000 for loans taken out in 2017 or earlier

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used. Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your hor

	2024 Information	Prior Year Information
Description of loan/property	[2]	
Taxpayer/Spouse/Joint (T, S, J)	[3]	
Loan origination date	[4]	
If refinanced debt, date of initial loan	[5]	
Fair market value of home	+[6]	
Number of months loan was outstanding in 2024, if not 12	[8]	
Number of months home was a qualifying home (If different from number of months loan was outstanding)	[10]	<u> </u>
Principal paid in 2024	+[12]	
Interest paid during 2024	+[14]	
Points reported on Form 1098 for 2024	+[17]	
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name	[20]	
Recipient SSN or EIN	[21]	
Recipient address	[22]	
Recipient city, state, zip code[23]	[24][25]	
Grandfather debt as of 12/31/23 (or first day mortgage was outstanding)	+[26]	
Grandfather debt as of 12/31/24 (or last day mortgage was outstanding)	+[28]	
Home acquisition/improvement debt as of 12/31/23 (or first day mortgage was outstand	d il ng) [30]	
Home acquisition/improvement debt as of 12/31/24 (or last day mortgage was outstand	dihg) [32]	
Home equity debt as of 12/31/23***(or first day mortgage was outstanding)	+[34]	
Home equity debt as of 12/31/24***(or last day mortgage was outstanding) *** ONLY portion of loan proceeds used to buy, build, or improve qualified residence	+[36]	
Average balance in 2024 of grandfather debt	+[41]	
Average balance in 2024 of home acquisition/improvement debt	+[43]	
Average balance for 2024 all types of debt	+[45]	

Noncash Contributions Exceeding \$500

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

ror donated securities	s, meduce the company name and namber of shares in the donated pre	perty description, below
Taxpayer/Spouse/Joint (T, S, J)		[1]
Donated property description		
Name of donee organization		
Address of donee organization		
City		[7]
State postal code		[8]
Zip code		 [9]
Date contributed		[10]
Date acquired by donor		[11]
How was donated property acquire	ed: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	[12]
Donor's cost or basis		+ [13]
Fair market value		+ [14]
Method used to determine fair ma	rket value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	[15]
If other:		<u>—</u> [16]
	Control Totals+	
	Noncash Contributions Exceeding \$500	
For donated securities	es, include the company name and number of shares in the donated pro	pperty description, below
r or donated securities	is, include the company name and names of shares in the donated pro	perty description, selecti
Taxpayer/Spouse/Joint (T, S, J)		[1]
Donated property description		[4]
Name of donee organization		
Address of donee organization		[6]
City		[7]
State postal code		[8]
Zip code		[9]
Date contributed		[10]
Date acquired by donor		[11]
How was donated property acquire	ed: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	[12]
Donor's cost or basis		+ [13]
Fair market value		+ [14]
Method used to determine fair ma	rket value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	[15]
If other:		 [16]
		-
	Control Totals+	
	Noncash Contributions Exceeding \$500	
For donated securities	es, include the company name and number of shares in the donated pro	perty description, below
Taxpayer/Spouse/Joint (T, S, J)		[1]
Donated property description		[4]
Name of donee organization		[5]
Address of donee organization		[6]
City		[7]
State postal code		[8]
Zip code		[9]
Date contributed		[10]
Date acquired by donor		[11]
	ed: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	[12]
Donor's cost or basis		+[13]
Fair market value		+[14]
	rket value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	[15]
If other:		[16]
	1	1
	Control Totals+	
		Form ID: 8283

Form ID: 1098C

Contributions of Motor Vehicles, Boats & Airplanes

62

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

Taxpayer/Spouse (T, S)		[1]
Donee's name		[4]
State postal code		[3]
Date of contribution (Box 1)		[9]
Odometer mileage (Box 2a)		[10]
Year of vehicle (Box 2b)		[11]
Make of vehicle (Box 2c)		[12]
Model of vehicle (Box 2d)		[13]
Vehicle or other identification number (Box 3)		[14]
Donee certifies that vehicle was sold in arm's length transaction to unrelated party (Box 4a)		[15]
Date of sale (Box 4b)		[16]
Gross proceeds from sale (Box 4c)	+	[17]
Donee certifies that vehicle will not be transferred for money, other property, or services		
before completion of material improvement or significant intervening use (Box 5a)		[18]
Donee certifies that vehicle is to be transferred to a needy individual for significantly		_
below fair market value in furtherance of donee's charitable purpose (Box 5b)		[19]
Detailed description of material improvements or significant intervening use and duration of use (Box !	5c)	_
	•	[20]
Did you provide goods or services in exchange for the vehicle? (Box 6a) Yes	S [21]	No [22]
Value of goods and services provided in exchange for the vehicle (Box 6b)	- +	[23]
Donee certifies that the goods and services consisted solely of intangible religious benefits (Box 6c)	·	[24]
Description of goods and services (Box 6c)		-
		[25]
Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is che	ecked (Box 7)	[26]
		_
Other Information for Donated Property		
Overall physical condition of property		[31]
Date property was acquired by donor		[32]
How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange)		[33]
Donor's cost or basis	+	[34]
Fair market value on date of contribution	+	[35]
Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)		_[36]
If other:		[37]
Bargain sale amount received	+	[38]
Donee's address, and ZIP code		[42]
[[43] [44]	[45]
Donee's telephone number		[46]

Form ID: 4684B Cas	ualty and Th	eft - Business	/Income I	Producing	Properti	es		63
Preparer use	only							
Occurrence description Taxpayer/Spouse/Joint (T, S, J) State postal code Date of casualty or theft								[3] _[4] _[5] _[7]
Cas	ualty and Th	eft - Business	/Income I	Producing	Properti	es		
Description of casualty or theft - Prope Description of casualty or theft - Prope Description of casualty or theft - Prope Description of casualty or theft - Prope	rty B							[10] [23] [36] [49]
		A	В		С		D	
Property type (1 = Business, 2 = Income product Date acquired Cost or other basis of property Insurance or other reimbursement Fair market value before casualty Fair market value after casualty		[13] [17] [18] +		[26] [30] [31] + [32] + [33] + [34] +			-	[52] [56] [57] [58] [59] [60]
	Business/Ir	ncome Use R	eplaceme	nt Informa	ition			
Description of replacement property A Description of replacement property B Description of replacement property C Description of replacement property D								[61] [65] [69] [73]
Mark if property was acquired from a r Date acquired Cost of replacement property		A [62][63][64] +	В _	[66] [67] [68] +	c 	[70] [71] [72] +	D	[74] [75] [76]

Form ID: 4684P Casualty and Theft - Personal Use Properties 64					
Preparer use	only				
Occurrence description [3] Taxpayer/Spouse/Joint (T, S, J) [4] State postal code [5] Date of casualty or theft [8] Mark if casualty resulted due to a federally declared disaster. Federally declared disasters are determined by the President of the United States to warrant assistance by the Federal Government [9] FEMA disaster declaration number (ex. DR-4593-WA) [10] - [11]					
Casualty and Theft - Personal Use Properties					
Property A Property B Property C Property D		[53] [70]	City	State [20]	Zip code [22] [39] [56] [73]
Date acquired Cost or other basis of property Insurance or other reimbursement Fair market value before casualty Fair market value after casualty	+ + + + + + + + + + + + + + + + + + + +	[27] [28] + [29] + [31] + [32] +	[48] +	[61] [62] + [63] + [64] + [65] +	[81]
Personal Use Replacement Information					
Description of replacement property A Description of replacement property B Description of replacement property C Description of replacement property D	- - - -				[85] [89] [93]
Mark if property was acquired from a re Date acquired Cost of replacement property	elated party +	[86] [87] [88] +	B[90][91][92] +	C[94][95][96] +	D [98] [99] [100]

Form ID: 4684PY Prior Year	Casualty a	and Theft - Bu	siness/Income Pro	ducing Properties	65
Preparer use o	only				
Occurrence description					[3]
Taxpayer/Spouse/Joint (T, S, J)					[4]
State postal code					[5]
Date of casualty or theft					[6]
Prior Year Cas	sualty and	Theft - Busine	ss/Income Produci	ng Properties (Cont'o	d)
Description of secondary and heft. Description	. 0				
Description of casualty or theft - Property Description of casualty or theft - Property					[8]
Description of casualty or theft - Property					[17] [26]
Description of casualty or theft - Property					[35]
bescription of cusualty of their Troperty					[55]
		Α	В	С	D
Property type (1 = Business, 2 = Income producing	, 3 = Employee pro	op) <u>[</u> [9]	[18]	[27]	[36]
Date acquired		[12]	[21]	[30]	[39]
Cost or other basis of property			[22] +		
Insurance or other reimbursement	+			[32] +	
Fair market value before casualty	+		[24] +		
Fair market value after casualty	+	[16] +	[25] +	[34] +	[43]
Curre	nt Year Bu	siness/Income	Use Replacement	Information	
Description of replacement property A					[44]
Description of replacement property B Description of replacement property C					[50]
Description of replacement property D					[56] [62]
bescription of replacement property b	-				[02]
		Α	В	С	D
Date acquired		[45]	[51]	[57]	[63]
Prior year cost of replacement property	+	[46] +	[52] +	[58] +	[64]
Cost of replacement property		[47] +		[59] +	
Postponed gain	+			[60] +	[66]
Adjusted basis of replacement property	+	[49] +		[61] +	[67]

Form ID: CasPY Pri	or Year	Casualty and The	ft - Pers	onal Use Pro	operties		66
Occurrence description Taxpayer/Spouse/Joint (T, S, J) State postal code Date of casualty or theft Damage to personal residence from corre Amount paid to repair damage to home 25% loss available from 2023						+	[1] [2] [3] [4] [5] [6]
Prior Y	ear Cas	ualty and Theft - F	Persona	l Use Propei	ties (Co	nt'd)	
Type of property C				City A City B City C City D			[27]
State postal code Zip code Date acquired Cost or other basis of property Insurance or other reimbursement Principal residence exclusion taken Fair market value before casualty Fair market value after casualty	+	A[17][18][20][21] +[22] +[23] +[24] +[25] +[В	[36] +	C		[50] [51] [53] [54] [55] [56] [57] [58]
	Pe	rsonal Use Replace	ement I	nformation			
Description of replacement property A Description of replacement property B Description of replacement property C Description of replacement property D							[59]
Date acquired Prior year cost of replacement property Cost of replacement property Postponed gain Adjusted basis of replacement property	+ + + + +	[60] [61] + [62] + [63] + [64] +	В	[66] [67] + [68] + [69] + [70] +	C	[72] [73] + [74] + [75] + [76] +	[78] [79] [80] [81] [82]
NOTES/QUESTIONS:							

Control Totals+	Form ID: CasPY	

Form ID: 8829 Ho l	me Office General In	formation	67
Preparer use only			
Principal business or profession			[3]
Taxpayer/Spouse/Joint (T, S, J) State postal code			_[4]
State postal code			[5]
	Business Use of Ho	ome	
		20241 6 11	
Total area of home		2024 Information [14]	Prior Year Information
Area used exclusively for business		[16]	
Information for day-care facilities only:		[10]	
Total hours used for day-care during this year		[18]	
Total hours used this year, if less than 8784		[20]	
Special computation for certain day-care facilities:			
Area used regularly and exclusively for day-care but	usiness	[22]	
Area used partly for day-care business		[24]	_
List as indirect expenses any expens		to the overall upkeep and ru nformation	nning of your home. Prior Year Information
		Indirect Expenses	Prior rear information
Mortgage interest: +		+[31]	
Wortgage interest.	[29]	[51]	
Real estate taxes: +	[37]	+ [39]	
Excess mortgage interest +	[42]	+[43]	
Insurance +	[48]	+ [50]	
Rent +			
Repairs & maintenance +	[57]		
Utilities +	[60]	+ [61]	
Other expenses, such as: Supplies & Security system			
+	[63]	+[64]	
+		+	
+		+	
+		+	
+		+	
+		+	
+		+	
 †		<u>+</u>	
Excess casualty losses		+ [66]	-
Carryovers:		[00]	
Operating expenses		+ [67]	
Casualty losses		+ [68]	
Depreciation		+ [70]	
Business expenses not from business use of home, suc	ch as:	, · · ·	
Travel, Supplies, Business telephone expenses		+[71]	
		+ [75]	
Depreciation			
Depreciation			
Depreciation			
NOTES/QUESTIONS:			

Form ID: 8829

Control Totals+

	.,				Workshee				•		68
		=		e for business	purposes, pl	ease complete	the fo	llowing in	formatior	1.	
Description of h		r use only	y								
Description of t	business or profess	OH	-								[3
				Ve	ehicles						
/ehicle 1 - [Date placed in servi	ce									
[Description										
	Comments										
	Date placed in servi	ce									
	Description										
	Comments										
	Date placed in servi	ce									
	Description										
	Comments Date placed in servi										
	Date placed in servi Description	Le									
	Comments										
,	Comments			-							
				Vehicl	e Questio	ns					
					Vehicle P		Prior	Vehicle	-	Vehicle	-
						ear 2	Year	3	Year	4	Year
	automobile for wor				1999999						
		duty pers			[60] [68]	[62]		[64]		_[66]	
	cle available for off-		1 2 -		1681	[70]		[72]		[74]	
Was another	vehicle available fo	persona								[00]	-
Was another Do you have e	vehicle available fo evidence to suppor	persona			[76]	[78]	_	[80]		<u>[82]</u>	_
Was another Do you have e	vehicle available fo	persona					_ _		_	_[82] _[90]	_
Was another Do you have e	vehicle available fo evidence to suppor	persona			[76]	[78]	_	[80]			
Was another Do you have e	vehicle available fo evidence to suppor	persona		(Y, N)	[76] [84]	[78] [86]		[80]	_		_
Was another Do you have e	vehicle available fo evidence to suppor	persona		(Y, N)	[76]	[78] [86]		[80]	_		
Was another Do you have e	vehicle available fo evidence to suppor ce written? (Y, N)	persona your dec	duction?	(Y, N) Vehicl	e Expense			[80] [88] r Year	Vehicle 4	[90]	rior Ye
Was another Do you have o Is this evidend	vehicle available fo evidence to suppor ce written? (Y, N) Vehicle 1	persona your dec	duction?	Vehicl Vehicle 2			Info	[88]	Vehicle 4	[90]	rior Ye
Was another Do you have e Is this evidend	vehicle available fo evidence to suppor ce written? (Y, N) Vehicle 1	Prior Infor	duction?	Vehicle 2	e Expense		Info	[80] [88] r Year		[90] Pi I in [38]	
Was another Do you have e Is this evidence Total miles for ye Commuting miles	Vehicle available fo evidence to suppor ce written? (Y, N) Vehicle 1 ar [3	Prior Information [1]	duction?	Vehicle 2 [34] [42]	e Expense		Info	[80] [88] r Year		[90] Pi In [38][46]	
Was another Do you have of Is this evidence Total miles for yee Commuting miles Business miles	Vehicle available fo evidence to support ce written? (Y, N) Vehicle 1 ar [3] [4]	Prior Infor	duction?	Vehicle 2 [34] [42] [50]	e Expense		Info	[80] [88] r Year		[90] Pi In [38] [46] [54]	
Was another Do you have of Is this evidence otal miles for ye commuting miles usiness miles arking fees	Vehicle available for evidence to support ce written? (Y, N) Vehicle 1 ear [8] + [9]	Prior Information [1]	Year mation	Vehicle 2 [34] [42]	e Expense		Info	[80] [88] r Year rmation 		[90] Pi In [38][46]	
Was another Do you have of Is this evidence otal miles for ye commuting miles rusiness miles arking fees olls	Vehicle available for evidence to support ce written? (Y, N) Vehicle 1 For	Prior Infor 2] 0] 8] 2]	Year mation	Vehicle 2 [34] [42] [50] [94]	e Expense	2S Vehicle 3 [36] [44] [52] + [96]	Info	[80] [88] r Year rmation 		[90] 1 Pi In [38] [46] [54] [98]	
Was another Do you have e Is this evidence Total miles for ye Commuting miles Eusiness miles Farking fees Folls Gasoline	Vehicle available for evidence to support ce written? (Y, N) Vehicle 1 Far [3] + [9] + [1] + [1]	Prior Infor	Year mation	Vehicle 2 [34] [42] [50] [94] [102]	e Expense	2S	Info	[80] [88] r Year rmation 		[90] Pi In [38] [46] [54] [98] [106]	
Was another Do you have e Is this evidence otal miles for ye commuting miles cusiness miles arking fees olls casoline bil	Vehicle available for evidence to support the vehicle 1 Prior Infor	Year mation	Vehicle 2 [34] [42] [50] [94] [102] [110]	e Expense	2S Vehicle 3 [86] [86] 1	Info	[80] [88] r Year rmation 		[90] Pin [38] [46] [54] [98] [106] [114]		
Was another Do you have e Is this evidence Total miles for ye commuting miles cusiness miles carking fees folls casoline Dil depairs	Vehicle available for evidence to support ce written? (Y, N) Vehicle 1 Far[3	Prior Infor 2]	Year mation	Vehicle 2 [34] [42] [50] [94] [102] [110] [118]	e Expense	- [78] - [86] - [86] - [86] - [86] - [86] - [86] - [86] - [86] - [87] - [96] - [96] - [10] - [11] - [12]	Info	[80] [88] r Year rmation 		[90] 1 In [38] [46] [54] [98] [106] [114] [122]	
Was another Do you have e Is this evidence Total miles for ye commuting miles cusiness miles arking fees olls Gasoline bil depairs Maintenance	Vehicle available for evidence to support ce written? (Y, N) Vehicle 1 Far[3	Prior Infor 2]	Year mation	Vehicle 2 [34] [42] [50] [94] [102] [110] [118] [126]	e Expense	- [78] - [86] - [86] - [86] - [86] - [86] - [86] - [86] - [86] - [96] - [96] - [12] - [12] - [12] - [12] - [12]	Info	[80] [88] r Year rmation 		[90] Pin [38] [46] [54] [98] [106] [114] [122] [130]	
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Was another Do you have early sthis evidence of the Commuting miles the Commuting miles the Commuting fees folls the Commuting fees the Commutation feet fees the Commutation feet feet feet feet feet feet feet fee	Vehicle available for evidence to support ce written? (Y, N) Vehicle 1 Far[3	Prior Infor	Year mation	Vehicle 2 [34] [42] [50] [94] [102] [110] [118] [126] [134] [142] [150]	e Expense	2S N Vehicle 3 [86] (86] (86) (86) (96) (4) (55) (4) (96) (4) (10) (4) (11) (4) (12) (4) (13) (4) (14) (14) (15) (14) (15) (16) (16) (17) (17) (18)	Info	[80] [88] r Year rmation 		[90] Pin [38] [46] [54] [98] [106] [114] [122] [130] [138] [146] [154]	
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Was another Do you have early sthis evidence of the Commuting miles to the Commuting miles to the Commuting fees to the Commutation of	Vehicle available for evidence to support ce written? (Y, N) Vehicle 1 Far	Prior Infor 2]	Year mation	Vehicle 2 [34] [42] [50] [94] [102] [110] [118] [126] [134] [142] [150] [158] [166]	e Expense	- [78] - [86] - [86] - [86] - [86] - [86] - [86] - [36] - [4] - [16] - [17] - [18] - [18]	Info:	[80] [88] r Year rmation 		[38] [46] [114] [122] [130] [138] [146] [154] [162] [170]	
Was another Do you have early sthis evidence of the Commuting miles of the Commuting miles of the Commuting fees of the Commuting fees of the Coll sepairs of the Coll	Vehicle 1 Vehicle 1 Far [3 + [9 + [1]	Prior Information	Year mation	Vehicle 2 [34] [42] [50] [94] [110] [118] [126] [134] [142] [150] [158] [166] [174]	e Expense	- [78] - [86] - [86] - [86] - [86] - [86] - [86] - [86] - [36] - [4] - [12] - [12] - [12] - [13] - [14] - [15] - [16] - [16]	Info	[80] [88] r Year rmation 		[90] Pin [38] [46] [54] [106] [114] [122] [130] [138] [146] [154] [162] [170] [178]	
Was another Do you have early sthis evidence of the Commuting miles to the Commuting miles to the Commuting fees to the Commuting fees to the Commuting fees to the Commuting fees to the Commuter of the Comm	Vehicle 1 Vehicle 1 Far [3 + [9 + [1]	Prior Infor 2]	Year mation	Vehicle 2 [34] [42] [50] [94] [110] [118] [126] [134] [142] [150] [158] [166] [174]	e Expense	- [78] - [86] - [86] - [86] - [86] - [86] - [86] - [86] - [36] - [4] - [16] - [17] - [17] - [18] - [Info:	[80] [88] r Year rmation 		[90] Pin [38] [46] [54] [98] [106] [114] [122] [130] [138] [146] [154] [162] [170] [178] [186]	
Was another Do you have on Is this evidence Is the Island	Vehicle 1	Prior Infor	Year mation + + + + + + + + + + + + + + + + + + +	Vehicle 2 [34] [42] [50] [94] [110] [118] [126] [134] [142] [150] [158] [166] [174] [182] [190]	e Expense	- [78] - [86] - [86] - [86] - [86] - [86] - [86] - [86] - [36] - [4] - [16] - [17] - [17] - [18] - [Info	[80] [88] r Year rmation ++ +- +- +- +- +- +- +- +- +- +- +-		[90] Pin [38] [46] [54] [98] [106] [114] [122] [130] [138] [146] [154] [162] [170] [178] [186] [194]	
Was another Do you have e	Vehicle available for evidence to support ce written? (Y, N) Vehicle 1 For	Prior Information	Year mation + + + + + + + + + + + + + + + + + + +	Vehicle 2 [34] [42] [50] [94] [102] [110] [118] [126] [134] [142] [150] [158] [166] [174] [182] [190] [198]	e Expense	- [78] - [86] -	Info	[80] [88] r Year rmation 		[90] Pin [38] [46] [54] [98] [106] [114] [122] [130] [138] [146] [154] [162] [170] [178] [186] [194] [202]	

Form ID: Auto

Control Totals+

Form ID: Coverage Health Care Coverage	69
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2024 In	Prior Year Information	
Taxpayer	Spouse	
2)		
[2]	+[3]
	+	
[5]	+[6]
	+	
	Taxpayer (2)	[2] +[3 [3

Form ID: 1095A		AC	A - Health Ins	surance Ma	arketplace Stater	nent #1		70
			Please	provide all	Forms 1095-A			
Taxpayer/Spouse ([1]
Marketplace identi								[6]
Marketplace-assign		ımber (Box 2	2)					[7]
Policy issuer's name		_						[2]
Part III Household								
	Pre	Monthly mium ount	Prior Year Information	Premium	2024 Monthly Amount of Second st Silver Plan (SLCSP)	Advanc	4 Monthly e Payment ım Tax Credit	Prior Year Information
January	+	[12]		+	[25]	+	[38]	
February		[13]		+	[26]		[39]	
March		[14]	_	+	[27]	+	[40]	
April		[15]		+	[28]	+	[41]	
May		[16]	-	+	[29]	+	[42]	-
June		[17]	_	+	[30]	+	[43]	
July		[18]	_	+	[31]	+	[44]	
August		[19]		+	[32]	+	[45]	
September		[20]	_	+	[33]	+	[46]	
October		[21]	_	+	[34]	+	[47]	
November		[22]		+	[35]	+	[48]	
December		[23]		+	[36]	+	[49]	
Annual total		[24]		+	[37]	+	[50]	
				Control To	tals+			
		AC	A - Health Ins	urance M	arketplace Stater	nent #2		
			Dlagas	الله ماندس	5 a was a 4005 A			
Taxpayer/Spouse (Γ.S)		Please	e provide ali i	Forms 1095-A			[1]
Marketplace identi								[6]
Marketplace-assign		ımber (Box 2	2)					
Policy issuer's name			,				-	[2]
Part III Household		n -						· ·
	A. 2024	Monthly	Prior	В. 2	2024 Monthly	C. 2024	4 Monthly	Prior
		mium ount	Year Information	Premium	Amount of Second st Silver Plan (SLCSP)	Advanc	e Payment	Year Information
January	+	[12]		+	[25]	+	G	
February	+	[13]		+	 [26]	+	[39]	
March	+	[14]		+	[27]	+	[40]	
April	+	[15]	_	+	 [28]	+	[41]	
May	+	[16]	_	+	[29]	+	[42]	_
June	+	[17]		+	[30]	+	[43]	
July	+	[18]		+	[31]	+	[44]	
August	+	[19]		+	[32]	+	[45]	
September	+	[20]		+	[33]	+	[46]	

Control Totals+	

[36]

[47]

[48]

[49]

[50]

NOTES/QUESTIONS:

[21]

[22]

[23]

[24]

October

November

December

Annual total

	Form ID: 1095A

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

	2024 Information	Prior Year Information					
Taxpayer/Spouse (T, s)	[1]						
Name of Trustee	[4]						
State postal code	[2]						
Indicate type of health or medical savings account:							
HSA	[6]						
Archer MSA	[7]						
MA (Medicare Advantage) MSA	[9]						
Total HSA/MSA contributions made							
for 2024 (Enter all amounts contributed, including through employer cafeteria plans) +	[10]						
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = F	Family)[12]						
Number of months in qualified high deductible health plan in 2024	[13]						
Mark if you want to contribute the maximum allowable health or							
medical savings account contribution amount	[14]						
Total HSA/MSA contribution to be made for 2024 +_	[15]						
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5) +_	[16]						
Excess contributions for 2023 taken as constructive contributions for 2024 + _	[19]						
Rollover contribution (Form 5498-SA, Box 4) + _	[21]						
Complete this section if your account is an Ar	rcher MSA or MA MSA						
Amount of annual deductible	+ [24]						
Enter compensation from employer maintaining high deductible health plan +	[27]						
If self-employed, enter earned income from business							
under which plan was established + _	[31]						
Complete this section if your account is an HSA							
Was the high deductible health plan in effect for December 2024? (Y, N)	_[33]						

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Health, Medical Savings Account Distributions

Please provide all Forn	ns 1099		
		2024 Information	Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
Name of Trustee		[4]	
State postal code		[2]	
Gross distributions received (Box 1)	+	[7]	
Earnings on excess contributions (Box 2)	+	[9]	
Distribution code (Box 3)		[11]	
Fair Market Value on date of death (Box 4)	+	[12]	
Box 5 -			
HSA		[13]	
Archer MSA		[14]	
MA MSA		 [15]	
All distributions were used to pay unreimbursed qualified medical expenses			
If some distributions were used to pay for other than qualified medical exper	ises.	<u> </u>	-
enter the unreimbursed qualified medical expenses for 2024	+	[19]	
Withdrawal of excess contributions by the due date of the return	+	[21]	
Amount of distribution rolled over for 2024	+	[23]	
If the distribution is due to the death of the account holder,			
enter the qualified decedent medical expenses paid by the taxpayer	+	[26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/23	+	[27]	
For HSA accounts:	· -		
Was the high deductible health plan coverage started in 2023 and			
in effect for the month of December 2023? (Y, N)		[29]	
Was the high deductible health plan coverage ended before 12/31/24? (v.	NI)	[30]	
was the high acadelisic health plan coverage chaca serore 12/31/24: (1	, IN)	_[50]	
Long Term Care (LTC) Ser	vice ar	nd Contracts	
Please provide all Form			
Trease provide an Form	.5 1055	2024 Information	Prior Year Information
Name of the insured chronically ill individual		[39]	
Social security number of insured		[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+	[42]	
Accelerated death benefits paid (Box 2)	+	[44]	
Check one (Box 3)			
Per diem		[46]	
Reimbursed amount		[47]	
Qualified contract (Box 4)		[48]	
Check, if applicable (Box 5)		_ ·	
Chronically ill		[49]	
Terminally ill			
Are there other individuals who received LTC navments during 20242 (V. N.)		 [52]	

NOTES/QUESTIONS:

long-term care period

Number of days during the long-term care period

Cost incurred for qualified long-term care services during the

[53]

[54]

[55]

If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)

ABLE Account Information #1

Taxpayer/Spouse (T, S) [1] Prior Year Information Payer name [3] [4] State postal code [4] [7] Recipient's Social Security Number [7] [7] Recipient's Name [8] [9] Gross distribution (Form 1099-QA Box 1) +[10]	ation					
Payer name [3] State postal code [4] Recipient's Social Security Number [7] Recipient's Name [8] [9] Gross distribution (Form 1099-QA Box 1) + [10] Earnings (Form 1099-QA Box 2) + [12] Basis (Form 1099-QA Box 3) + [14]						
State postal code [4] Recipient's Social Security Number [7] Recipient's Name [8] [9] Gross distribution (Form 1099-QA Box 1) + [10] Earnings (Form 1099-QA Box 2) + [12] Basis (Form 1099-QA Box 3) + [14]						
Recipient's Social Security Number [7] Recipient's Name [8] [9] Gross distribution (Form 1099-QA Box 1) + [10] Earnings (Form 1099-QA Box 2) + [12] Basis (Form 1099-QA Box 3) + [14]						
Recipient's Name [8] [9] Gross distribution (Form 1099-QA Box 1) + [10] Earnings (Form 1099-QA Box 2) + [12] Basis (Form 1099-QA Box 3) + [14]						
Gross distribution (Form 1099-QA Box 1) + [10] Earnings (Form 1099-QA Box 2) + [12] Basis (Form 1099-QA Box 3) + [14]						
Earnings (Form 1099-QA Box 2) + [12] Basis (Form 1099-QA Box 3) + [14]						
Basis (Form 1099-QA Box 3) +[14]						
Basis (Form 1099-QA Box 3) +[14]						
Program-to-program transfer (Form 1099-QA Box 4)						
<u></u>						
Check if ABLE account terminated in 2024 (Form 1099-QA Box 5)						
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6) [18]						
Qualified disability expenses +[19]						
Amount of rollover +[21]						
Amount contributed in 2024 (Form 5498-QA Box 1) +[23]						
Value of account on 12/31/24 (Form 5498-QA Box 4) + [25]						
Control Totals+						
ABLE Account Information #2						
Please provide all Forms 1099-QA and 5498-QA	-4:					
2024 Information Prior Year Information	ation					
Taxpayer/Spouse (T, S)[1]						
Payer name [3]						
State postal code[4]						
Recipient's Social Security Number [7]						
Recipient's Name [8] [9]						
Gross distribution (Form 1099-QA Box 1) +[10]						
Earnings (Form 1099-QA Box 2) +[12]						
Basis (Form 1099-QA Box 3) +[14]						
Program-to-program transfer (Form 1099-QA Box 4)[16]						
Check if ABLE account terminated in 2024 (Form 1099-QA Box 5)						
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6)[18]						
Qualified disability expenses +[19]						
Amount of rollover +[21]						
Amount contributed in 2024 (Form 5498-QA Box 1) +[23]						
Value of account on 12/31/24 (Form 5498-QA Box 4) +[25]						
Control Totals+						

Social Security Tax on Unreported Tips

Complete if you received cash/charge tips of \$20 or less in a month in 2024.

	Taxpayer	2024 Inform	nation Spouse	Prior	Year Information
Total cash and charge tips under \$20 per month a not reported to employer		[3] +	Spouse	[4]	
Complete if you received cash/charge	e tips of \$20 or more in	a month an	nd did not report al	of those tips	to your employer.
Employer name Taxpayer informatio[1]		Em identifi	nployer cation number rec	Total tips eived in 2024	Total tips reported in 2024
Spouse information [2]		<u> </u>			
Socia	l Security Tax on U	nreporte	d Wages		
	e refer to Reason Codes Firm's federal	s located at Reason	the bottom) Date of IRS determination o correspondence	Mark if r 1099-MISC or 1099-NEC	and Total wages received with no social security reduced the contraction of the contract
Firm name Taxpayer informatio[6]	identification number	Code ··	received	received o	- Medicare tax withheir
				- - –	
		_	-		
Spouse information [7]		_	-	_	
Spouse information [7]		- - -		- – - – - –	
Spouse information [7]		- - - -		 	
Spouse information [7]	** Reason C			 	

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Minister, Clergy, Religious Workers

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	Taxpayer	Spouse	
State postal code	[1]	[2]	
	Taxpayer	Spouse	Prior Year Information
If you received a parsonage provided by the church, ple	ease complete the following in	nformation:	
Fair rental value of parsonage provided by church			
Actual parsonage utilities expense	+ [11] +		
If you received a rental or parsonage allowance provid-			ation:
Utilities allowance,			
if separate from parsonage allowance	+[17] +	[18]	
Actual parsonage expense		[21]	
Fair rental value of home	+ [23] +		
Actual utilities expense	+ [26] +	[27]	
Mark if you have claimed exemption from self-employi			
by filing Form 4361 with the IRS	[29]	[30]	
If you are a self-employed minister, enter any tax-dedu	ıctible		
contributions to a 403(b) retirement plan	+[33] +	[34]	
Unreimbursed Business Expenses - net reimbursed and			
	_+[36]	[37]	
	_+ +	- 	
	_+ +	·	
	_+ +	·	
	_+ +	·	

Form ID: 8615	ax for Children w	ith Unearned Income	76
Enter parent's information for children under	age 19 on 1/1/25 or	a full-time student under age 24 with unearned	income of more th
Parent's social security number (Enter the name and s	social security number of the	parent listed first on the return)	[1]
Parent's first name			[2]
Parent's last name			[3]
Parent's filing status (1 = Single, 2 = Married/filing jointly,	3 = Married separately, 4 = H	ead of household, 5 = Qualifying widow(er))	[4]
	All Other Child	ren's Information	
Enter informati		h unearned income of more than \$2600.	
	Preparer - Enter	on Screen 8615Sib	
Child #1 social security number	[1]	Child #2 social security number	[1]
Child #1 first name	[2]	Child #2 first name	[2]
Child #1 last name	[3]		[3]
	[4]	Child #2 date of birth (mm/dd/yyyy)	[4]
Child #3 social security number	[1]	Child #4 social security number	[1]
Child #3 first name		Child #4 first name	<u> </u>
Child #3 last name			[3]
	[4]	Child #4 date of birth (mm/dd/yyyy)	[4]
Child #5 social security number	[1]	Child #6 social security number	[1]
Child #5 first name		Child #6 first name	
01:11:11:11:11:11:11:11:11:11:11:11:11:1	[3]	Child #C last resure	[3]
Child #5 date of birth (mm/dd/yyyy)	[4]	Child #6 date of birth (mm/dd/yyyy)	[4]
Child #7 social security number	[1]	Child #8 social security number	[1]

[3]

[1]

[2]

[3]

[4]

[1]

[2]

Child #8 first name

Child #8 last name

Child #10 first name

Child #10 last name

Child #12 first name

Child #12 last name

Child #8 date of birth (mm/dd/yyyy)

Child #10 social security number

Child #10 date of birth (mm/dd/yyyy)

Child #12 social security number

Child #12 date of birth (mm/dd/yyyy)

NOTES/QUESTIONS:

Child #7 first name

Child #7 last name

Child #9 first name

Child #9 last name

Child #11 first name

Child #11 last name

Child #7 date of birth (mm/dd/yyyy)

Child #9 social security number

Child #9 date of birth (mm/dd/yyyy)

Child #11 social security number

Child #11 date of birth (mm/dd/yyyy)

[2]

[3]

[4]

[1]

[2]

[3]

[4]

[1]

[2]

[3]

[4]

Form ID: 8814

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

						Coi	mplete a separat	e Organizer Fori	m ID: 8814 for 6	each child.			
		social secu	-	oer									[1]
-	-	date of bir	th										[2]
-		name											[4]
		er/Spouse	/Joint (T, S	, J)					_				_ [5]
Type Code	e e (**5	See codes be	low)		Payer				Interest [6] Income	Tax Exempt Income	U.S. Obligation \$ or %	ns*Tax Exempt* \$ or %	Prior Year Information
_													
_													
_													
_													
_													
								**Interest Co	ados				
				Blai	nk = Regular In	nterest 3 = Nor	ninee Distributio			OID Adjustmen	t 6 = ABP Adii	ustment	
											· · · · · · · · · · · · · · · · · · ·		
							Childr	en's Dividen	d Income				
							s of all Form 109	9-DIV or other s	tatements repo	orting child's div	ridend income.		
ype ode	(** S	ee codes be	Ord ow) Divid	inary[8] lends	Qualified Dividends	Total Capital G Distributions	iain Section 1250	Section 199A	28% Capital Gair	Tax Exemp n Dividends	t U.S. Obligatio \$ or %	ns* Tax Exempt* \$ or %	Prior Year Information
	1	Payer				T	T		1	T		ı	
		Amount: Payer	+										
	2	Amount	+										
	3	Payer		<u> </u>			Į.		ı	I .		II.	
	3	Amount	+										
	4	Payer				1	T		1			1	
		Amount	+										
	5	Payer Amount				T	T		1	1	1		
		Payer	+	<u> </u>									
	6	Amount	+										
							•	**Dividend C	odes .				
							Blank =	Other	3 = Nomine	ee			
											Į,	2024 nformation 10]	Prior Year Information
Alas	ska F	Permanen	t Fund di	vidends:									
											+		

Control Totals +

Form ID: H Household Employment Tax	78
Complete if you paid cash wages of \$1,000 or more to any hous	sehold employee.
Towns of Consum (5.1)	
Taxpayer/Spouse (T, S) Employer identification number	[1] [2]
Employer identification number	[2]
Total cash wages subject to social security taxes	+[4]
Total cash wages subject to Medicare taxes	+[5]
Total cash wages subject to Additional Medicare Tax withholding	+[6]
Federal income tax withheld State disability plan social security & Medicare withheld	+[7]
State disability plan social security & Medicare Withheld	+[8]
Did you:	
(A) pay any household employee cash wages of \$2,700 or more in 2024? (Y, N)	[9]
(B) withhold Federal income tax for any household employee? (Y, N)	[10]
(C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2023	or 2024? (Y, N)[11]
Federal Unemployment (FUTA) Tax	
If you answered "Yes" to question (C) above, complete the follo	using information
Complete only items marked with an asterisk (*) if total cash wages subject t	
as defined by your State act and unemployment contributions are p	
	·
Total cash wages subject to FUTA tax	+[12]
State #1 information	
State postal code where you have to pay unemployment contributions *	[14]
State reporting number as shown on state unemployment tax return	· · · [15]
Taxable wages (as defined in state act)	+ [16]
State experience rate period:	
From	[17]
То	[18]
State experience rate (xxx.xx)	[19]
Contributions paid to state unemployment fund * Contributions for 2024 paid after 04/15/25	+[20] +[21]
Contributions for 2024 paid after 04/15/25	[21]
State #2 information	
State postal code where you have to pay unemployment contributions	[22]
State reporting number as shown on state unemployment tax return	[23]
Taxable wages (as defined in state act)	+[24]
State experience rate period:	
From To	[25]
State experience rate (xxx.xx)	[26] [27]
Contributions paid to state unemployment fund	+ [28]
Contributions for 2024 paid after 04/15/25	+ [29]

	Form ID: H
Control Totals+	

Form	ID:	5405
	٠.	5-105

First-Time Homebuyer Credit Repayment

79

You are required to repay the First-Time Homebuyer credit if you claimed the credit in 2008. If the credit was claimed in 2009, 2010, or 2011, you do not have to repay the credit.

Principal residence address, if different from home address on Organizer Form ID: 1040			
Address			[1]
City/State/Zip code	[2]	[3]	[4]
Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/08 and before 5/1/11)			[5]
Purchase price of the home			[6]
Date the home was sold or ceased being used as principal residence			[13
If you sold your home, enter the selling price			[14
If you sold your home, enter the expense of sale			[15]
Were you and your spouse married on the purchase date? (Y, N)			[18
If your home was transferred to your ex-spouse due to a divorce settlement,			
enter his or her full name			[19
If you own the principal residence with another person enter their name and allocation percentage			
Other owner name			[22
Allocation percentage			

Child and Dependent Care Expenses

Please enter all amounts paid in 2024 for the care of one or more dependents which enables you to work or attend school. Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

Did you provide care expenses for any person(s) who is not listed as a dependent? (v, N) 128 Business name of provider		Taxpayer	Spouse
Employer-provided dependent care benefits that were forfeted in 2024	2023 employer-provided dependent care benefits used during 2024 grace period	+[3] +	[4]
Were you or your spouse a full time student or disabled? (Yes or No)	Employer-provided dependent care benefits that were forfeited in 2024		
Did you provide care expenses for any person(s) who is not listed as a dependent? (v, N) 128 Business name of provider	Total qualified expenses incurred in 2024		[9]
Business name of provider First and last name of provider City, State and 2ip code Social security number OR Employer identification number Tax Exempt / LAFCP / Due Diligence (1 - Tax Exempt / 2 - Living Abroad Foreign Care Provider, 3 - Provider moved and unable to get Titl, 4 - Provider refuses to give Titly Amount paid to care provider in 2024 Foreign province or state of provider First and last name of provider Gity, State and 2ip code Social security number OR Employer identification number Tax Exempt / LAFCP / Due Diligence (1 - Tax Exempt, 2 - Living Abroad Foreign Care Provider, 3 - Provider moved and unable to get Titl, 4 - Provider refuses to give Titly Amount paid to care provider in 2024 Foreign province or state of provider Street address of provider Gity, State and 2ip code Social security number OR Employer identification number Tax Exempt / LAFCP / Due Diligence (1 - Tax Exempt, 2 - Living Abroad Foreign Care Provider, 3 - Provider moved and unable to get Titl, 4 - Provider refuses to give Titly Foreign province or state of provider Gity, State and 2ip code Social security number OR Employer identification number Tax Exempt / LAFCP / Due Diligence (1 - Tax Exempt, 2 - Living Abroad Foreign Care Provider, 3 - Provider moved and unable to get Titl, 4 - Provider refuses to give Titly Amount paid to care provider in 2024 Foreign province or state of provider Gity, State and 2ip code Social security number OR Employer identification number Tax Exempt / LAFCP / Due Diligence (1 - Tax Exempt, 2 - Living Abroad Foreign Care Provider, 3 - Provider moved and unable to get Titl, 4 - Provider refuses to give Titly Amount paid to care provider in 2024 Foreign province or state of provider Gity, State and 2ip code Social security number OR Employer identification number Tax Exempt / LAFCP / Due Diligence (1 - Tax Exempt, 2 - Living Abroad Foreign Care Provider, 3 - Provider moved and unable to get Titl, 4 - Provider refuses to give Titly Amount paid to care provider in 2024 Foreign province or state of provid			[11]
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Foreign country and Foreign postal code of provider		+	
	- ·		
	Control Totals+		Form ID: 2441

Form ID: R

Credit For The Elderly or Disabled

81

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

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

Control Totals+	Form ID: R

Residential Energy Credit

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

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

Form ID: 1116 Fo	oreign Tax Credit		83
	reign taxes to a foreign country or U.S. pos	session in 2024.	
Preparer use only			
Preparet use only			
Description			[3]
Taxpayer/Spouse (T, S) Category of income*			_[9]
Description of income			[11] [12]
· -		1	
A = Section 951A income	Category of Income E = Section 901(j) income	-	
B = Foreign Branch income	F = Certain income re-sourced by treat	V	
C = Passive income	G = Lump-sum distributions		
D = General income			
Fore	eign Income or Loss		ı
Country code			[20]
Country name			[21]
	Bogulou	AMT, if differe	
Foreign gross income	Regular +	[24] +	
Definitely related expenses:			[20]
-	+	[32] +	
	+	- +	
	+	+	
	+	+	
Foreign source losses	+	[46] +	[47]
Foreign	Taxes Paid or Accrued		
Foreign taxes paid or accrued:			
Date paid or accrued			[48]
In foreign currency - taxes withheld on: Dividends			
Rents & royalties		+	[49] [50]
Interest		+	
Other foreign taxes		+	[52]
In US dollars - taxes withheld on:			
Dividends Rents & Royalties		+	[54] [55]
Interest			[55] [56]
Other foreign taxes		+	
NOTES/QUESTIONS:			

Control Totals+	Form ID: 1116
CONTROL TOTALS+	LOUIN ID: TTTD

Form ID: 8839	Adoption Credit	84

Complete this form if you paid qualified adoption expenses in 2024. Indicate if the adoption was final in or before 2024. Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home. Please provide copies of legal documents approving the adoption.

	Child 1[1]	Child 2	Child 3
Taxpayer/Spouse/Joint (T, S, J)			
First name			
Last name	_		
Child's date of birth			
Mark if this child was:			
born before '07 and was disabled			
a child with special needs			
a foreign child			
Child's identifying number			
Total adoption credit received in prior years for this child			
Total qualified adoption expenses paid in 2023 for this child			
Employer-provided benefits received in 2023 for this child			
Total qualified adoption expenses paid in 2024 for this child			
Employer-provided benefits received in 2024 for this child			
Adoption final in (1 = '24, 2 = Pre '24)			
•			
	Child 4	Child 5	Child 6
Taxpayer/Spouse/Joint (T, S, J)			
First name			
Last name			
Child's date of birth			
Mark if this child was:			
born before '07 and was disabled			
a child with special needs			
a foreign child			
Child's identifying number			
Total adoption credit received in prior years for this child			
Total qualified adoption expenses paid in 2023 for this child			
Employer-provided benefits received in 2023 for this child			
Total qualified adoption expenses paid in 2024 for this child			
Employer-provided benefits received in 2024 for this child			
Adoption final in (1 = '24, 2 = Pre '24)			
If the adoption was incomplete or unsuccessful please provide	le information below:		
			[9]
			[10]
			[11]
Adoption credit carryover from 2019			
Adoption credit carryover from 2020			
Adoption credit carryover from 2021			
Adoption credit carryover from 2022			
Adoption credit carryover from 2023			

*Select the Type of Use codes from the chart below

-	pe of Use*	Rate	Gallons
Nontaxable use of gasoline -			
Off-highway business use		\$0.183	+[1
Use on a farm		0.183	+[2
Other nontaxable use	[3]	0.183	+[4
Exported		0.184	+[5
Nontaxable use of aviation gasoline -			
Commercial aviation		0.15	+[6
Other nontaxable use	[7]	0.193	+[8
Exported		0.194	+[9
Leaking underground storage tank (LUST) tax		0.001	+[1
Nontaxable use of undyed diesel fuel - Explanation of evidence of dyes:			[1
Other nontaxable use	[12]	0.243	+[1
Use on a farm		0.243	+[1
Trains		0.243	+[1
Intercity / local bus		0.17	+[1
Exported		0.244	+[1
	aviation) -		[1
Nontaxable use of undyed kerosene (other than Explanation of evidence of dyes:		0.242	
Iontaxable use of undyed kerosene (other than Explanation of evidence of dyes: Other nontaxable use	[19]	0.243	+[2
Iontaxable use of undyed kerosene (other than Explanation of evidence of dyes: Other nontaxable use Use on a farm		0.243	+ [2 + [2
Other nontaxable use Use on a farm Intercity / local buses		0.243 0.17	+ [2 + [2 + [2
Nontaxable use of undyed kerosene (other than Explanation of evidence of dyes: Other nontaxable use Use on a farm Intercity / local buses Exported	[19]	0.243 0.17 0.244	+ [2 + [2 + [2 + [2
Other nontaxable use Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044	[19]	0.243 0.17 0.244 0.043	+ [2 + [2 + [2 + [2 + [2
Other nontaxable uses Explanation of evidence of dyes: Other nontaxable use Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219	[19]	0.243 0.17 0.244	+ [2 + [2 + [2 + [2
Other nontaxable use Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Gerosene used in aviation -	[19]	0.243 0.17 0.244 0.043 0.218	+ [2 + [2 + [2 + [2 + [2 + [2
Other nontaxable use Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244	[19]	0.243 0.17 0.244 0.043 0.218	+ [2 + [2 + [2 + [2 + [2 + [2
Other nontaxable use Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219	[19] [24] [26]	0.243 0.17 0.244 0.043 0.218 0.200 0.175	+ [2 + [2 + [2 + [2 + [2 + [2 + [2 + [2
Other nontaxable use Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Gerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244	[19][24][26]	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243	+ [2 + [2 + [2 + [2 + [2 + [2 + [2 + [3
Other nontaxable use Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219	[19] [24] [26]	0.243 0.17 0.244 0.043 0.218 0.200 0.175	+ [2 + [2 + [2 + [2 + [2 + [2 + [2 + [3
Other nontaxable use Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Gerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244 Cother nontaxable use taxed at \$.219/.044 Leaking underground storage tank (LUST) tax	[19][24][26][30][32] *Type of Use	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243 0.218 0.001	+ [2 + [2 + [2 + [2 + [2 + [2 + [3 + [3 + [3
Other nontaxable use Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244 Cother nontaxable use taxed at \$.244 Leaking underground storage tank (LUST) tax	[19] [24] [26] [30] [32] *Type of Use 8 = Diesel & Ke	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243 0.218 0.001	+ [2 + [2 + [2 + [2 + [2 + [2 + [3 + [3 + [3
Other nontaxable use Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Gerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244 Other nontaxable use taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244 Other nontaxable use taxed at \$.219/.044 Leaking underground storage tank (LUST) tax 1 = Farming purposes 2 = Off highway business use	[24] [26] *Type of Use 8 = Diesel & Ke 9 = Foreign tra	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243 0.218 0.001	+[2 +[2 +[2 +[2 +[2 +[3 +[3 +[3
Other nontaxable use Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Gerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244 Cher nontaxable use taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244 Other nontaxable use taxed at \$.219/.044 Leaking underground storage tank (LUST) tax 1 = Farming purposes 2 = Off highway business use 3 = Export	*Type of Use 8 = Diesel & Ke 9 = Foreign tra 10 = Certain he	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243 0.218 0.001 erosene fuel other than train or higher than train and higher than trai	+[2 +[2 +[2 +[2 +[2 +[3 +[3 +[3 +[3
Other nontaxable use Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244 Cother nontaxable use taxed at \$.244 Leaking underground storage tank (LUST) tax 1 = Farming purposes 2 = Off highway business use 3 = Export 4 = Commercial fishing	*Type of Use 8 = Diesel & Ke 9 = Foreign tra 10 = Certain he 11 = Aviation fo	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243 0.218 0.001 erosene fuel other than train or higher than propulsion engines	+ [2 + [2 + [2 + [2 + [2 + [2 + [2 + [3 + [3 + [3] + [3]
Other nontaxable use Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244 Other nontaxable use taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.219/.044 Leaking underground storage tank (LUST) tax 1 = Farming purposes 2 = Off highway business use 3 = Export 4 = Commercial fishing 5 = Intercity/local bus	*Type of Use 8 = Diesel & Ke 9 = Foreign tra 10 = Certain he 11 = Aviation for 13 = Exclusive of	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243 0.218 0.001 erosene fuel other than train or higher than propulsion engines use by a nonprofit educational organical organical trains that the higher than propulsion engines use by a nonprofit educational organical trains that the higher than propulsion engines use by a nonprofit educational organical trains that the higher than propulsion engines use by a nonprofit educational organical trains that the higher than trains the higher than trains that the higher than trains the higher than the higher tha	+[2 +[2 +[2 +[2 +[3 +[3 +[3 +[3 mance uses
Other nontaxable use Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244 Cother nontaxable use taxed at \$.244 Leaking underground storage tank (LUST) tax 1 = Farming purposes 2 = Off highway business use 3 = Export 4 = Commercial fishing	*Type of Use 8 = Diesel & Ke 9 = Foreign tra 10 = Certain he 11 = Aviation fo 13 = Exclusive of 14 = Exclusive of	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243 0.218 0.001 erosene fuel other than train or higher than propulsion engines	+[2 +[2 +[2 +[2 +[3 +[3 +[3 +[3 more uses

Control Totals+	Form ID: 4136

*Select the Type of Use codes from the chart below

Type of Use*	•	Rate	Gallon	ıs
Sales by registered ultimate vendors of undyed diesel fu	el -			
Registration Number		_		[1]
Explanation of evidence of dyes:				
				[2]
State / local government		0.243	+	[3]
Intercity / local buses		0.17	+	[4]
Sales by registered ultimate vendors of undyed kerosene) <u>-</u>		·	
Registration Number	•			[5]
Explanation of evidence of dyes:		_		
·				[6]
Use by state/local government		0.243	+	[7]
Sales from a blocked pump		0.243	+	[8]
Intercity / local buses	.i.a.a	0.17	+	[9]
Gales by registered ultimate vendors of kerosene in aviat Registration Number	.ion -			[10]
Commercial aviation taxed at \$.219 (Other than foreign to	rade)	0.175	+	[11]
Commercial aviation taxed at \$.244 (Other than foreign to		0.200	·	[12]
Nonexempt use in noncommercial aviation	idde	0.025	+	[13]
Other nontaxable uses taxed at \$.244 [14]		0.243	+	[15]
Other nontaxable uses taxed at \$.219/.044 [16]		0.218	+	[17]
Leaking underground storage tank (LUST) tax		0.001	+	[18]
1 - Farming annual and	*Type of Use	fire a state and the and true in a		
1 = Farming purposes	8 = Diesel & Kerosene	tuei other than train o	or nignway venici	e
2 = Off highway business use	9 = Foreign trade	and fived wine six ou	hulanaa uaaa	
3 = Export 4 = Commercial fishing	10 = Certain helicopte 11 = Aviation fuel other	_		
5 = Intercity/local bus	13 = Exclusive use by a			
6 = In a qualified local bus	14 = Exclusive use by a	·	_	
7 = School bus		ehicle owned by an air		

Control Totals+	Form ID: 4136-2
I CONTROLLOTAIS+	1 FORM ID: 4136-V

*Select the Type of Use codes from the chart below

Type of Use*	Rate	Gallons
Nontaxable use of alternative fuel -		
Liquefied petroleum gas (LPG)[1]	0.183	+[2]
"P Series" fuels[3]	0.183	+[4]
Compressed natural gas (CNG)[5]	0.183	+[6]
Liquefied hydrogen[7]	0.183	+[8]
Any liquid fuel derived from coal through		
the Fischer-Tropsch process[9]	0.243	+[10]
Liquid hydrocarbons derived from biomass[11]	0.243	+[12]
Liquefied natural gas (LNG)	0.243	+[14]
Liquefied gas derived from biomass[15]	0.183	+[16]
Alternative fuel credit and alternative fuel mixture credit -		
Registration Number		[17]
Liquefied hydrogen	0.50	+[18]
Registered credit card users -		
Registration Number		[19]
Diesel for state / local government	0.243	+[20]
Kerosene for state / local government	0.243	+[21]
Kerosene for aviation use by state / local gov't taxed at \$.219/.044	0.218	+[22]
Nontaxable use of a diesel-water fuel emulsion -		
Other nontaxable use[23]	0.197	+[24]
Exported	0.198	+[25]
Diesel-water fuel emulsion blending -		
Registration Number		[26]
Blender credit	0.046	+[27]
Exported dyed fuels -		
Exported dyed diesel fuel	0.001	+[28]
Exported dyed kerosene	0.001	+[29]

	*Type of Use					
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle					
2 = Off highway business use	9 = Foreign trade					
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses					
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines					
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization					
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC					
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum					

Control Totals+	Form ID: 4136-3

Qualified Business Income Deduction Car	Indefinite Carryovers	2023 to	2024 Amounts		
Qualified business loss (QBID)	+	[1]	Minimum tax credit	+	[4]
Qualified REIT dividends and PTP loss	+	[2]	Investment interest	+	[5]
Excess business loss deduction portion of I	NOL+	[3]	Investment interest - AMT	+	[6]
			Short-term capital loss	+	[7]
			Short-term capital loss - AMT	+	[8]
Instructions			Long-term capital loss	+	[9]
Enter carryovers from prior year(s) as posi	tive numbers.		Long-term capital loss - AMT	+	[10]
Enter utilizations from prior year(s) as neg	ative numbers.		Residential energy credit	+	[11]
			D.C. first-time homebuyer credit	+	[12]
			Tax credit bonds	+	[13]

Section 1231 Nonrecaptured Losses

	Ν	Section 1231 lonrecaptured Losses	N	AMT Section 1231 Jonrecaptured Losses
2019	+	[14]	+	[19]
2020	+	[15]	+	[20]
2021	+	[16]	+	[21]
2022	+	[17]	+	[22]
2023	+	[18]	+	[23]

Charitable Contribution Carryover Items

Prior C/O Year		60% Contributions		50% Contributions		30% Contributions		50/30% Cap Gain Prop		20% Contributions
2019	+	[24]	+	[29]	+	[34]	+	[39]	+	[44]
2020	+	[25]	+	[30]	+	[35]	+	[40]	+	[45]
2021	+	[26]	+	[31]	+	[36]	+	[41]	+	[46]
2022	+	[27]	+	[32]	+	[37]	+	[42]	+	[47]
2023	+	[28]	+	[33]	+	[38]	+	[43]	+	[48]

AMT Charitable Contribution Carryover Items

Prior C/O Year		60% AMT Contributions		50% AMT Contributions		30% AMT Contributions		50/30% AMT Cap Gain Prop		20% AMT Contributions
2019	+	[49]	+	[54]	+	[59]	+	[64]	+	[69]
2020	+	[50]	+	[55]	+	[60]	+	[65]	+	[70]
2021	+	[51]	+	[56]	+	[61]	+	[66]	+	[71]
2022	+	[52]	+	[57]	+	[62]	+	[67]	+	[72]
2023	+	[53]	+	[58]	+	[63]	+	[68]	+	[73]

Control Totals+	Form ID: CO

Qualified Conservation Contribution Carryover Items

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

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

Form ID: C	Business Credit Carryover Information - Preparer Use Only								89	
	Description									
Α	•									[2
В										[2
C										[2
D _										[2
Prior		Α		В			С			D
C/O Year		[1]			[1]			[1]		[1
2004	+	[3]	+		[3]	+		[3]	+	[3
2005	+	[4]	+		[4]	+		[4]	+	[4
2006	+	[5]	+		[5]	+		[5]	+	[!
2007	+	[6]	+		[6]	+		[6]	+	[6
2008	+	[7]	+		[7]	+		[7]	+	[7
2009	+	[8]	+		[8]	+		[8]	+	
2010	+	[9]	+		[9]	+		[9]	+	[9
2011	+	[10]	+		[10]	+		[10]	+	[1
2012	+	[11]	+		[11]	+		[11]	+	[1
2013	+	[12]	+		[12]	+		[12]	+	[1
2014	+	[13]	+		[13]	+		[13]	+	[1
2015	+	[14]	+		[14]	+		[14]	+	[1
2016	+	[15]	+		[15]	+		[15]	+	[1
2017	+	[16]	+		[16]	+		[16]	+	[1
2018	+	[17]	+		[17]	+		[17]	+	[1
2019	+	[18]	+		[18]	+		[18]	+	[1
2020	+	[19]	+		[19]	+		[19]	+	

[21]

[22]

[20]

[21]

[22]

[22]

NOTES/QUESTIONS:

[21]

[22]

2021

2022

2023

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	L	w	IN	ID:	orm	- 1-1

Net Operating Loss Carryover Information - Preparer Use Only

90

20 Year Carryovers - Pre-TCJA

Prior C/O Year		Net Operating Loss	AMT Net Operating Loss
2004	+	[1]	+ [21]
2005	+	[2]	+ [22]
2006	+	[3]	+ [23]
2007	+	[4]	+ [24]
2008	+	[5]	+ [25]
2009	+	[6]	+ [26]
2010	+	[7]	+ [27]
2011	+	[8]	+ [28]
2012	+	[9]	+ [29]
2013	+	[10]	+ [30]
2014	+	[11]	+ [31]
2015	+	[12]	+ [32]
2016	+	[13]	+ [33]
2017	+	[14]	+ [34]
2017	+_	[14]	+[34

Indefinite Carryovers - Starting in 2018

	No	et	AMT Net
	Operat	ing Loss	Operating Loss
Post-TCJA	+	[20] +	[40

GENERAL INFORMATION

General: 1040		Personal	Information		
Filing (Marital) status code Mark if you were married l			arate, 4 = Head of household, 5 ark if your nonresident a Taxpayer		
Social security number First name Last name Occupation Designate \$3.00 to the pre Mark if legally blind Mark if dependent of anot Taxpayer between 19 and Date of birth Date of death Work/daytime telephone is Do you authorize us to disc	her taxpayer 23, full-time student, v number/ext number	vith income less than	= No, 3=Blank)		
General: 1040, Contact		Present Ma	ailing Address		
Address Apartment number City/State postal code/Zip Foreign country name Foreign phone number Home/evening telephone Taxpayer email address Spouse email address					
General: 1040		Dependen	t Information		
First Name	Last Name	Date of Birth	Social Security No.	Relationship	Care Months expenses in paid for home dependent
Credits: 2441	(Child and Deper	ndent Care Expense	es	
Provider information: Business name First and Last name Street address City, state, and zip code Social security number O Tax Exempt or Living Abr Amount paid to care pro	oad Foreign Care Provi vider in 2024	der (1 = TE, 2 = LAFCP)		Taxpayer	Spouse
NOTES/QUESTIONS:					

T/S Description In Pension, IRA, and Annuity Distributions Please provide all copies of Form 1099-R that you rece elow is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099 T/S Description P In Pension, IRA, and Annuity Distributions Please provide all copies of Form 1099-R that you rece In Pension, IRA, and Annuity Distributions P P Pension, IRA, and Annuity Distributions P P Pension, IRA, and Annuity Distributions P P P P P P P P P P P P P P P P P P	eive. P-R no longer appropriate to the control of t	Mark if no longer applicable
T/S Description In Come: K1, K1T Schedules K-1	eive. 9-R no longe prior Year offormation	applicable
Please provide all copies of Form 1099-R that you rece Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099 T/S Description P In Come: K1, K1T Schedules K-1 Please provide all copies of Schedule K-1 that you rece Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1	eive. 9-R no longe Prior Year Iformation	Mark if no longer applicable
Please provide all copies of Form 1099-R that you rece Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099 T/S Description In Come: K1, K1T Schedules K-1 Please provide all copies of Schedule K-1 that you rece Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1	eive. 9-R no longe Prior Year Iformation	Mark if no longer applicable
Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099 T/S Description In Come: K1, K1T Please provide all copies of Schedule K-1 that you rece Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1	P-R no longe rior Year Iformation	Mark if no longer applicable
T/S Description In Come: K1, K1T Schedules K-1 Please provide all copies of Schedule K-1 that you rece Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1	eive.	applicable ————————————————————————————————————
Please provide all copies of Schedule K-1 that you rece Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1	eive.	applies, mark the not app
Please provide all copies of Schedule K-1 that you rece Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1	eive. no longer a	applies, mark the not app
Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1	eive. . no longer a	applies, mark the not app
	no longer a	applies, mark the not app
T/S/J Description F		Mark if no longer
•	orm	Mark if no longer applicable
		<u> </u>
		_
		
Gambling Income		
Please provide all copies of Form W-2G that you rece Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G	ive. G no longer	applies, mark the not app
	rior Year Iformation	Mark if no longer applicable
Educate: 1099Q Qualified Education Plan Distributions		
·	_•	
Please provide all copies of Form 1099-Q that you rece Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099	eive. 9-Q no longe	er applies, mark the not a
· · · · · · · · · · · · · · · · · · ·	rior Year formation	Mark if no longer applicable

Lite-2 W-2/1099-R/K-1/W-2G/1099-Q

Income Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Form	T/S/J	Description	1 = Attache 2 = N/A
			<u> </u>
			<u> </u>
			
			<u> </u>
	_		
			<u> </u>
			
	_		
			<u> </u>
	_		
	_		
			<u> </u>

INTEREST/DIVIDENDS/CAPITAL GAINS/OTHER INCOME

Income: B1		In	terest Income			
T/S/J 	Please provide all copies of Payer N		L099-INT or other st	tatements reporting	interest i Interes Incom	st Prior Year
•	Payer's name lress, city, state, zip code ceived in 2024	r Fina	anced Mortgage	Payer's social secur		er
Income: B2		Di	vidend Income			
T/S/J 	Please provide copies of all F Payer Name	Form 1	099-DIV or other st	atements reporting Ordinary Dividends	dividend Qualif Divide	ied Prior Year
Income: D	Sales of Stocks,	Secu	rities, and Othe	r Investment Pro	operty	
T/S/J	Please prov	ide co	Date Acquired	G	iross Sales ess expenses	
Income: Income		(Other Income			
State and lo	Please provi	de cop	oies of all supportin Agreement Date	2024 Inform		Prior Year Information Prior Year Information
Alimony red			Taxpayer	Spouse		Prior Year Information
Unemployr Social secur Medicare p Railroad re	nent compensation nent compensation repaid rity benefits remiums to be reported on Schedule A tirement benefits er Income:		- -	2024 Inform		Prior Year Information
			Lite-3	NIEKESI/DIVIDEND	3/CAPITA	L GAINS/OTHER INCOME

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

					Тахрау	er	Spouse
		Contributions for					
			mum allowable traditional IRA co		,		
			eductible only, 2 = Both deductible and non	ndeductible)			
			ributions made for use in 2024				
•		ibutions for 2024					
•			maximum Roth IRA contribution	1			
iter the	total F	Roth IRA contributi	ons made for use in 2024				
Educate: I	Educate2		Higher Education	Deductions ar	nd/or Credit	S	
	Com		if you paid interest on a qualific				
Γ/S		-	our spouse, or a person who wa alified student loan interest pai	-	2024 Infor		ո. Prior Year Information
_							
			this section if you paid qualifie enses include tuition and fees re Please provide		nent or attenda		
	l Exp ode* 	Student's SSN	Student's First Name				xpenses Information
The stu	udent d	qualifies for the A	ode: 1 = American opportunity of merican opportunity credit whe ompleted the first 4 years of po	en enrolled at least	half-time in a	program lead	ling to a degree, certificat
1040 Adj:	3903		Job Relate	ed Moving Expe	enses		
		Compl	ete this section if you moved to	a now home due	to convice in th	a armod forc	os
escription	on of n	•	ete tilis section il you moveu to	a new nome due	to service in th	e armed forc	c 3.
		se/Joint (T, S, J)			-		
			ce in the armed forces				
-	-	s from old home to					_
			•				
		s from old home to	•				
			tes or its possessions				_
-		and storage expens				-	
	_	ng (not including n imbursed for movi	•			- -	
1040 Adj:	OtherAd	j	Other Adju	ustments to Inc	come		
Alimon	y Paid:						
T/S	Date	*	Recipient name	Recipient SS	SN 2024	Information	Prior Year Information
Street	addres	S					
City, St	ate an	d Zip code					
Enter the	e divorce	/separation agreement d	ate		·		
				Taxpayer	S	pouse	Prior Year Information
ducato	or expe	enses:					
Other a	ıdjustm	nents:					
			<u> </u>				
						Lite-4 A	DJUSTMENTS/EDUCATE

				ITEMIZED DEDUCTIONS
Itemized	Medical and Dei	ntal Expen	ses	
T/S/J _ _ _ _	Medical and dental expenses Medical insurance premiums you paid*** Long-term care premiums you paid*** Prescription medicines and drugs Miles driven for medical items (21 cents)		2024 Information	Prior Year Information
	***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts	paid for your self	-employed business, or Medicar	e premiums entered on Form Lite-3
Itemized	Tax Expe	nses		
T/S/J _ _ _ _	State/local income taxes paid 2023 state and local income taxes paid in 2024 Sales tax paid on actual expenses Real estate taxes paid		2024 Information	Prior Year Information
_	Personal property taxes Other taxes			
Itemized	: A2 Interest Ex	penses		
T/S/J	Home mortgage interest From Form 1098		2024 Information	Prior Year Information
T/S/J	Other home mortgage interest paid to individuals: Payee's Name SSN	l or EIN	2024 Information	Prior Year Information
_	Address		City	State Zip Code
T/S/J	Investment interest expense, other than on Sch K-1s:		2024 Information	Prior Year Information
T/S/J Recip Tota Date Term	ncing Information: Refinance #1	_ 	Refinanc	ce #2
Itemized	Charitable Cor	ntributions	:	
T/S/J _ _ _	Contributions made by cash or check Volunteer miles driven Noncash items, such as: Goodwill, Salvation Army		2024 Information	Prior Year Information
Itemized	: A3, A-St Miscellaneous	Deduction	ıs	
T/S/J _ _	Other expenses Gambling losses (enter only if you have gambling income)		2024 Information	Prior Year Information
T/S/J _ _ _	***STATE USE ONLY - Complete the following fields onl Unreimbursed expenses*** Union dues, other than amounts reported on Form W-2*** Tax preparation fees*** Other expenses, subject to 2% AGI limitation***:	y if you file a	state return in AL, AR, 2024 Information	CA, HI, MN, NY or PA Prior Year Information
_ _ _ _	Safe deposit box rental*** Investment expenses, other than on Schedule(s) K-1 or Form(s) 10	99-DIV/INT*	** Lite-5	ITEMIZED DEDUCTIONS

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. Primary account: Financial institution routing transit number	
Name of financial institution	
Your account number	
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)	<u> </u>
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)	<u> </u>
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)	<u> </u>
Enter the maximum dollar amount, or percentage of total refund Dollar	or Percent (xxx.xx)
Secondary account #1:	
Financial institution routing transit number	
Name of financial institution	
Your account number	
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)	<u>_</u>
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)	<u>_</u>
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)	<u>_</u>
Enter the maximum dollar amount, or percentage of total refund Dollar	or Percent (xxx.xx)
Secondary account #2:	
Financial institution routing transit number	
Name of financial institution	
Your account number	
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)	
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)	<u> </u>
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)	<u>_</u>
Enter the maximum dollar amount, or percentage of total refund Dollar	or Percent (xxx.xx)
*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the	e bank or financial institution.
Electronic Filing: ID Auth Identity Authentication	
Taxpayer -	
Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification r	not provided)
Identification number	
Issue date	
Expiration date	
Location of issuance	
Document number (New York only)	
Spouse -	
Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification r	not provided)
Identification number	
Issue date	
Expiration date	
Location of issuance	
Document number (New York only)	

Form ID: OrgDp	Depreciation - Asset List	92

Preparer use only

Activity name	
HOW TO BEDORT DISDOSALS. Use the	a blank line directly below the accet information to indicate any accet disposals

HOW TO REPORT DISPOSALS: Use the blank line directly below the asset information to indicate any asset disposals. Enter the date of the disposal and/or sale proceeds, if applicable. Enter additional information regarding the asset disposal in the comments section, such as if the asset was sold on installment, traded for other asset(s), disposed of due to casualty, or sold to a related party. See the EXAMPLE asset below.

Asset No.	Description of Property	Date in Service	Cost or Basis
	Comments	Date Sold/Disposed	Sales Price
EXAMPLE	Machinery and equipment (EXAMPLE ASSET)	11/21/14	42,500
	Collected in 5 equal payments over 2 yrs	03/09/24	20,000
			Form ID: OrgD

Form	ID:	OrgDp2	

Activity name

Depreciation - Asset Acquisitions

Preparer use only

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

	-	Description of Asset Acquired	Date Acquired	Cost or Basis
EXAMPL	F	2024 Model T - (EXAMPLE ASSET)	03/09/24	25,750
	Comments:	22,500 job-related miles, 25,000 total miles		
1				
	Comments:			
2				
	Comments:			
3				
	Comments:		1	
4	Comments:			
	Comments.			
5	Comments:		I	
	comments.			
6	Comments:		l .	
_	comments.			
7	Comments:		<u> </u>	
8	Comments:			
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9	Comments:			
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10	Comments:			
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4 4	Comments:			
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12	Comments:			
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17	Comments:			
	Comments.			
18	Comments:			
4.0	201111111111111111111111111111111111111			
19	Comments:		1	<u> </u>
20				
20	Comments:		1	
21				
21	Comments:			
22				
22	Comments:			
23				
23	Comments:			
24				
-	Comments:			
25				
	Comments:			T
				Form ID: OrgDp2

Form ID: KY	Kentucky General Informatio	on		
National Guard member - taxpayer National Guard member - spouse				[1] [2]
Enter your state of residency at the end of the tax y	ear (Part-year and Nonresident only)			[3]
	Use Tax			
	Description	Date of Purchase	Amour	nt
Enter any out-of-state purchases made on which sales tax was not paid to the seller				[4]
	Contributions			
Amount of poli	tical and charitable contributions your Political Contributions	ou wish to make to:		
	Political Contributions		Spouse	Taxpayer
Political Party Fund (1 = Democratic, 2 = Republican, 3 = No De	signation)		[5]	[6]
	Charitable Contributions			
Nature and Wildlife Fund				[7]
Child Victims' Trust Fund				[8] [9]
Veterans' Program Trust Fund Breast Cancer Research and Education Trust Fund				[10]
Farms to Food Banks Trust Fund				[11]
Local History Trust Fund				[12]
Special Olympics Kentucky				[13]
Pediatric Cancer Research Trust Fund				[14]
Rape Crisis Center Trust Fund Court Appointed Special Advocate Trust Fund				[15] [16]
YMCA Youth Association Fund				[17]
	Part-year Resident Information			
	esident during the tax year, enter the		Kentucky	
Part-year residency dates:	.	,		[18]
From To				[19]
State moved from				[20]
State moved to				[21]
	Nonresident Information			
			6	-
Mark if:			Spouse	Taxpayer
Commuted daily to Kentucky employment (VA reside	ent)		[22]	[23]
All Kentucky wage income earned while a residen	t of a reciprocal state (indicate state(s	s) below)	[24]	[25]
Resident of state(s)	[26] [27]	[20] [20]	[20]	[24] [22]
Taxpayer Spouse		[28] OH[29] VA _ [35] OH[36] VA _		
NOTES/QUESTIONS:				

Form ID: KY

Form ID: OH Ohio General Information			
Enter your current Ohio county of residence School district number			[1] [2]
Use Tax			
Purchases subject to use tax			[3]
Contributions			
Amount of charitable contributions you wish to make	e to:		
Military injury relief fund			[4]
Nature preserves and scenic rivers			[5]
Wildlife species and endangered wildlife			[6]
Ohio History Fund			[7]
Breast and cervical cancer project			[8]
Wishes for sick children			[9]
Credits			
Тахрауег		Spouse	
Displaced worker training expenses for 12-month period since loss of job	[10]		[11]
Part-year Resident and Nonresident Inform	nation		
If you were a part-year resident during the tax year, enter the da	tes you lived i	n Ohio	
	Taxpayer	Spouse	
Part-year residency dates:			
From		[12]	[14]
То		[13]	[15]
		Taxpayer	Spouse
Residency status (If taxpayer and spouse are different) (R = Resident, P = Part-year resident, N = Nonresident)		[16]	[17]
State of residency while not a resident of Ohio		[18]	[19]
If foreign, enter country of residency		[20]	[21]

Form ID: WV West Virginia G	Seneral Information		
County of residence Notice received for mandatory electronic payments			[1] [2]
Use	е Тах		
Purchases			[3]
Municipality purchases Municipality purchases	Municipality	Purchases	[4]
Contri	ibutions		
West Virginia Children's Trust Fund West Virginia Department of Veterans Assistance Donel C. Kinnard Memorial State Veterans Cemetery	ions you wish to make to:		[5] [6] [7]
Part-year Resident an	d Nonresident Information		
Part-year residency status 1 = Moved into West Virginia 2 = Moved out of West Virginia with West Virginia source income during period of nonres 3 = Moved out of West Virginia with no West Virginia source income during period of non-	,	-	[8]
If you were a part-year resident during the	tax year, enter the dates you lived in \	West Virginia	
Part-year residency dates: From To			[9] [10]
State of residence If state of residence is Virginia or Pennsylvania, enter number of da	ys in West Virginia (Nonresidents only)	_	[11] [12]