

2024 Tax Organizer

Note: This is a blank organizer. You may write N/A on any pages that do not apply. For areas where you received official tax documents you may simply put a reference name and write, "See Tax Doc" in lieu of filling in numbers. Do not be overly concerned if it is challenging for you this year as we will meet and fill in anything that is missing.

Future organizers are much easier as they are customized to you, include fewer pages, and contain comparative information from the prior year returns.

You may download our full blank organizer with forms covering specialized areas at http://www.tlongcpa.com/tax-forms - click on "Download the Tax Organizer Form (pdf)"

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www.tlongcpa.com

IF WE RECEIVE ALL OF YOUR INFORMATION:
By February 7: \$40 Discount!
By February 21: \$30 Discount!
By March 18: Ensures completion of returns or estimate of tax liability by April 15
Between March 19 and March 24: 10% additional rush rates apply
Between March 25 and March 31: 20% additional rush rates apply
Between April 1 and April 7: 30% additional rush rates apply
Between April 8 and April 15: 40% additional rush rates apply
Check box if applicable: I missed the March 18 cutoff, but I don't want you to bill rush rates and complete my returns or provide estimates by April 15. Please file an extension for me, but I understand I will be subject to interest and penalties if I owe tax. Check box if applicable: I would like to receive an E-Check Authorization form to
send my retainer (instead of writing a paper check)

Posting a Yelp review is always greatly appreciated!



Dear Client,

We need you to indicate your 2024 tax return and source document preferences below.

In our efforts to become more environmentally aware, we would encourage you to consider secure electronic signature and receipt of your tax returns using DocuSign. Your source tax documents will be scanned and included with the DocuSign as well.

We have found that although many people like the idea of retaining their hard copies, in practice, they rarely use the hard copies again. Then, when actually needed, such as for a lender or a school, they always need an electronic copy.

) Tax Return Preference (Choose one):
DocuSign - I will download my returns (\$15 INCENTIVE BONUS CREDIT)
Paper returns - I will pick them up
Paper returns - Mail them to me (\$15 charge)
2) Scanning of Source Documents Preference (Choose one):
Scan my original source documents for me and: (Choose one)
Include with DocuSign returns (default if DocuSign is chosen above)
Send via separate secure email (\$10 charge)
Do not scan a copy of my source documents for me
3) Disposition of Source Documents (Choose one):
Securely shred my source documents after scanning
I will pick up my original source documents*
Mail my original source documents to me (\$10 charge)
A according to the decomment retention policy in our engagement letter, we retain electronic

According to the document retention policy in our engagement letter, we retain electronic documents for seven years beyond our last engagement with you.

*If original source documents are not picked up by October 31, 2025 they will be scanned and securely shredded.

2024 1040 US Topical Index

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Series: Topical Index

2024	1040	US	Client Information		1
	706 For Pacific Telepho Fax nu E-mail	rest Avenue Grove, CA one numbe mber: address:		Tax Return App Date: Time: Location: mation necessary for the elete information as appr	
CLIEN	NT INFOR	RMATION			
Filing Status	1=married	filing separate	e and lived with spouse		
Taxpayer	First name Last name Title/suffix Social sec Occupation Date of bir Date of de	urity numberth (m/d/y)			Filing Status 1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying surviving spouse (QSS)
Spouse	Last name Title/suffix Social sec Occupation Date of bir Date of de	า th (m/d/y)			
Address	Street add Apartment City State ZIP code Region	ressnumber			
Address					

2024	1040	US/CA	Client Information (continued)		1 _{p2}
			Please add, change or delete information for 2024.		
CLIEN	IT INFO	RMATION			
	1	ne			
_		e		Daytime	e Phone
Taxpayer Contact		none (table)		1 = W	
Information		ne		2 = Ho 3 = M	
		r		1	
		ress		1	
		ne		RDP Filin	a Status
	Work phone	e			_
Spouse	Work exten	sion		1 = Not a 2 = Joint	pplicable
Contact Information	Daytime ph	one (table)		3 = Sepa	rate
Intormation		ne			
		r		-	
		ress		-	
		ense no		_	
Taxpayer Authentication	Driver's lic	ense state		-	
Authentication		(m/d/y) date (m/d/y)		+	
		ection PIN		1	
		ense no		-	
		ense state		†	
Spouse Authentication	1	(m/d/y)		1	
Addicinication	·	date (m/d/y)		1	
	Theft prote	ection PIN		1	
	filing status (s	ection PIN			
CA State		in address			
Information	belo	ne taxpayer's mand enter the not into the net the net to the net information.	ailing address includes a private mail box number (PMB), indicate this e PMB number in the "Apartment Number" field in the Address area of		
				-	
				<u> </u>	1 _{p2}
					∎ p2

2024	1040	US	Dependents	2
ZUZ4	1040	US	Dependents	

Please add, change or delete information for 2024.

DEPENDENTS

	Dependent	l Dependent	
First name			
Last name			Type of Dependent
Title/suffix			
Date of birth (m/d/y)			1 = Child living w/taxpayer
Date of death			2 = Child not living w/taxpayer 3 = Dependent other than child
Date of adoption			4 = Head of household or
Social security number			qualifying surviving spouse (QSS) only.
Relationship.			not a dependent
Months lived at home			5 = Earned income credit only, not a dependent
Type of dependent (see table)			not a dependent
Earned income credit (see table)			Earned Income Credit
			Larried Income Credit
Claimed by: 1=taxpayer, 2=spouse			1 = When applicable (default)
IRS theft protection PIN	Danasadasad	David and and	2 = Student age 19 to 23
E: I	Dependent	Dependent	3 = Disabled 4 = Force
First name			5 = Suppress
Last name.			
Title/suffix			
Date of birth (m/d/y)			NOTE: If you claim the earned
Date of death			l income credit, please provide
Date of adoption			proof that your child is a resident of the U.S. This proof is
Social security number			typically in the form of:
Relationship			1. School records or statement
Months lived at home			2. Landlord or property man-
Type of dependent (see table)			agement statement
Earned income credit (see table)			 3. Health care provider statement
Claimed by: 1=taxpayer, 2=spouse			4. Medical records
IRS theft protection PIN			5. Child care provider records6. Placement agency statement
	Dependent	Dependent	7. Social service records or
First name	•	·	statement 8. Place of worship statement
Last name			9. Indian tribe office statement
Title/suffix			10. Employer statement
Date of birth (m/d/y)			
Date of death			
Date of adoption			NOTE: If your child is disabled,
Social security number			please provide one of the following forms of proof of disa-
Relationship			bility:
Months lived at home			1. Doctor statement
l			2. Other health care provider
Type of dependent (see table)			statement 3. Social services agency or
Earned income credit (see table)			program statement
Earned income credit (see table)			program statement

2024	1040	US	Miscellaneous Questions
			If any of the following items pertain to you or your spouse for 2024, check the appropriate box and provide additional information if necessary.
	Yes	No	PERSONAL INFORMATION
			Did your marital status change during the year?
			Did your address change during the year?
	_		If California was NOT your state of residence for all of 2024:
			. Taxpayer states(s) of residence and dates:
			. Note: the "Taxpayer" is the first person listed on your tax returns.
			. Spouse state(s) of residence and dates:
			Could you be claimed as a dependent on another person's tax return for 2024?
			Did the IRS assign you an Identity Protection PIN (IP PIN) last year? If so, the IRS will send you a CP101A notice in January 2025 with a new PIN. Please provide a copy of this notice with your tax paperwork.
			DEPENDENTS
			Were there any changes in dependents?
			Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2024?
			Did you have any children under age 19 or full-time students under age 24 at the end of 2024, with interest and dividend income in excess of \$1,300, or total investment income in excess of \$2,600?
			HEALTH CARE COVERAGE
			Did everyone in your household have health insurance every month of the year? If not, please explain any exceptions or provide exemption documents. Also, please provide any 1095-A, B or C documents issued.
			Did someone in your household receive health insurance specifically through Covered California? If so, a federal Form 1095-A was issued and you must obtain and provide them to us so we can complete your return.

2024	1040	US	Miscellaneous Questions
	Yes	No	
			Are you interested in receiving no-cost or low-cost health care coverage information from the CA FTB? If you select yes, you authorize the FTB to share limited information from your return to Covered California including your name, mailing address and gross income.
			Do you have a Health Savings Account (HSA)? If yes, answer the following:
			. Did you make a contribution to your HSA other than through payroll deductions?
			. Did your HSA earn any interest, dividend or capital gains income in 2024? If so, please provide copies of the related annual earnings reports.
			. Did you take a distribution (use funds) this year? If yes, answer the following questions in addition to giving us the related Form 1099-SA.
			. Did you use any distributions for nonqualified expenses?
			Did you include medical expenses paid with HSA funds as itemized deductions in the organizer? (Hint: they should not be included there if paid with HSA funds since HSAs are pretax funds.)
			PURCHASES, SALES AND DEBT
			Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
			Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
			Did you buy or sell any stocks, bonds or other investment property in 2024? (Transactions in tax deferred retirement accounts can be ignored).
			Did you buy, sell, receive, send or exchange any virtual currency or other digital assets (e.g. Bitcoin, NFTs) or make any purchases with virtual currencies? If you did, please contact our office to discuss reporting procedures.
			Did you purchase, sell, or refinance your principal home or second home? Circle which and provide final closing statement(s).
			Did you have an open balance on a line of credit or home equity loan secured by your principal residence in 2024, whereby some of the loan balance (either in 2024 or before) was used for something other than improving your principal residence? Please contact our office with any questions.

2024	1040	US	Miscellaneous Questions
	Yes	No	
			Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? Prior to 2023 there was a \$500 lifetime cap. Beginning in 2023 there is a new annual credit of \$1,200 - \$2,000 depending on the improvement.
			Did you purchase an electric or hybrid vehicle? If so, please provide the purchase contract AND IRS Form 15400 (Clean Vehicle Seller Report) provided by the dealer, even if you already received the advanced credit at the dealership.
			Did you have any debts cancelled or forgiven?
			Does anyone owe you money which has become uncollectible?
			Did you receive \$5,000 or more from any one recipient through Paypal, CashApp, Venmo, Stripe, Apple Pay, Google Pay or any other similar platform? If so, please provide Form 1099-K.
			RETIREMENT PLANS
			Did you transfer or rollover any amount from one retirement plan to another retirement plan?
			Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2024?
			Did you receive a distribution from a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)
			Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)
			Did you make a charitable contribution directly from your IRA? If so, please provide a list and do not include these in the itemized deductions section as charitable contributions.
			Do you have any IRAs you inherited after December 31, 2019 from someone other than your spouse? If so, please provide a list with the name of the custodial company, account numbers and dollar amounts as of December 31, 2024.
			Do you have a financial advisor? If so, who is it and in what town is he or she located?
			questions assist with overall tax planning and possible Roth conversions - rough ine. Note - we do not provide specific investment advice.
			What is your estimated value of funds held in PRE-TAX IRAs? (i.e. traditional, SEP, or SIMPLE IRAs where you contributed received a tax deduction)?

2024	1040	US	Miscellaneous Questions
			What is your estimated value of funds held in other PRE-TAX retirement plans? (i.e. 401k, 403b or TSP plans where you contributed and received a tax deduction)
			What is your estimated value of funds held in AFTER-TAX retirement plans such as Roth 401ks, Roth IRAs, Roth TSP, etc. (when you contributed you did NOT receive a tax deduction)?
			What is your estimated value of funds held outside of retirement accounts (taxable accounts) such as brokerage accounts, banks, etc?
			What is your estimated fair market value of real estate you own?
			Estimate of loans on real estate?
			What is your estimated net worth (total assets minus liabilities)?
			EDUCATION
	Yes	No	
			Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program (529 Plan)? If so, please provide a summary of expenditures and any 1099-Qs issued. Note - distributions from these plans cannot be used to pay for the same expenses qualifying you for the American Opportunity or Lifetime Learning Tax Credits. Please contact our office for strategies on how to work around this if needed.
			Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? Please provide 1098-T.
			ITEMIZED DEDUCTIONS
			Did you incur a loss because of damaged or stolen property?
			Did you work out of town for part of the year?
			Did you use your car on the job (other than to and from work)?
			FOREIGN RELATED
			Did you have any foreign income or pay any foreign taxes?

2024	1040	US	Miscellaneous Questions
	Yes	No	
			Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? (There are possible serious monetary or criminal penalties for failure to report.)
			Do you have a direct ownership interest in any foreign entity established in a foreign country - such as a foreign corporation, partnership, trust, estate, etc.? This does not include, for instance, stock in a foreign corporation if it is purchased through a U.S. based institution as the U.S. based institution would already have a reporting requirement to the U.S. government. It is mainly targeting those who own (in whole or in part) foreign businesses or are partners in foreign businesses, or acquire stock through a foreign based institution which the U.S. government would not know about otherwise. (There are possible serious monetary or criminal penalties for failure to report.)
			Did you receive any gifts or benefits exceeding \$100,000 from any foreign person, trust, or estate, or more than \$19,570 from any foreign corporation or partnership treated as a gift?
			Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
			MISCELLANEOUS
			Do you have pension or disability income as a retired public safety officer/qualified public safety employee? This would typically include state or federal law enforcement, firefighters, chaplains, rescue squad workers, ambulance crew members, or employees providing police protection, firefighting services, emergency medical services, air traffic control, etc. You may be able to exclude up to \$3,000 from income if you paid health, supplemental, long-term care, or Medicare insurance premiums. This is true even if they are paid directly by your retirement plan.
			Do you want to allocate \$3 to the Presidential Election Campaign Fund?
			Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
			May the IRS discuss your tax return with your preparer?
			Was your home rented out or used for business?
			Were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
			Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?

2024	1040	US	Miscellaneous Questions
	Yes	No	
			Did you engage the services of any household employees? (such as gardeners, maids, childcare providers, etc.) If you paid any one individual over \$2,700 in 2024 for regular services in your home, you are likely considered an employer and you are responsible for payroll taxes, withholdings, and insurance. Please contact our office if you need a list of payroll service providers that can possibly assist you.
			Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
			Did you or your spouse make any gifts to an individual or a 529 qualified tuition plan that total more than \$18,000, or any amount of gifts to an irrevocable trust?
			If self-employed, did you incur startup costs related to creating a new pension plan in 2024?
			As a California resident, did you make any purchases online, through mail-order, or in another state and brought back to California without paying sales tax that normally would have been collected if bought from a California-based business? If so, you owe use tax instead, and you can either report a dollar amount of untaxed transactions which we will use to calculate your unpaid sales tax, or we can use the safe harbor California Use Tax Table to estimate your liability. The table equates to approximately \$9 per \$100,000 of CA income in your returns. Please CHECK THE BOX HERE if you would like us to use the Use Tax Table, OR you may write down your estimated UNTAXED TRANSACTIONS HERE \$. Using the Use Tax Table is a safe harbor, and the FTB will not audit you on use tax for that year. Note - if you elect to use the tables, individual items purchased over \$1,000 each must be provided to us so we can report them in addition to the tables.
			LONG-TERM PLANNING
			ot provide the following products, but we can help you understand their importance financial well-being should you wish to discuss these items.
			Do you have a will? How many years ago did you last have it reviewed?
			Do you have a trust? How many years ago did you last have it reviewed?
			Do you have a health care power of attorney? If applicable, who is your estate planning attorney and in what town is he or she located?
			Do you have life insurance? If yes, approximate coverage
			Do you have long-term care insurance?

2024	1040	US	Miscellaneous Questions
	Yes	No	
			Do you have disability insurance besides State Disability Insurance (SDI)? SDI only provides benefits up to one year. It generally provides 60-70% of your regular income capped at \$1,681/week (2025). Long-term disability insurance should be considered for needs that carry beyond a year.
			If you own real property in California, do you carry earthquake insurance? It is a separate policy from your regular policy. According to FEMA, only 10% of Californians carry earthquake insurance despite experiencing 90% of the country's earthquakes.

)24	1040	US/CA	Direc	t Depo	sit & Estima	tes (Form 10	40 ES)		3,
					III pertinent 2024	information.			
JIRE	CT DEPO	OSIT / ELE	ECTRO	NIC PAY	MENT (3)				
	•								
					ocupto				
					counts				
	K INFORI			Percent to Deposit				Type of Account	Type of Invest.
	Name	of Bank		(xx.xx)	Routing Number	Account N	umber	(Table 1)	(Table 2
2024	ESTIMAT	ED TAX /	1040-E	S (6)					
eder				• •	unt Paid	Date Paid	TS	2024 Voucher Amo	unt
	ment applied	from 2023	Г	Aillo	unt raid	Date 1 alu		Voucher Ame	unt
			<u> </u>						
			—						
			<u> </u>						
tii quui	rter payment.								
	Additional E	stimated							
	Tax Payr								
Paid wit	th extension		-						
		joint estimates	-						
		,						2024	
State				Amo	unt Paid	Date Paid	TS	2024 Voucher Amo	unt
Overpay	ment applied	from 2023	Г						
	· ·		F						
	ter payment .								
	Additional E	stimated							
	Tax Payr	ments							
 ⊃aid witl	h extension								
					L				
	1				2				
	'	Type of Acc	ount	'		Type of Investment			
		1 = Savings 2 = Checking	1		1 = Checking or savings (2 = Taxpayer's IRA (next	vear limits) 7 = Other	ell savings acco	ount (ESA)	
					3 = Spouse's IRA (next ye 4 = Health savings accou	ear limits) 8 = Taxpay	er's IRA (currer e's IRA (current		
	1				5 = Archer MSA	. ,	Ç. 20. 20. N	/	

2024	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1
			Please enter all pertinent 2024 information.	
APP	LICATION	I OF 2024	OVERPAYMENT (7.1)	
	nave an overpa please explain		4 taxes, do you want the excess refunded? or applied to 2025 estimate? .	
2025	FSTIMAT	FD TAY	INFORMATION	
Do you	expect your 2	025 taxable in	acome to be different from 2024? Yes ncome, deductions, dependents, etc.:	No
	expect your 2 explain any d		ng to be different from 2024? Yes	No
				7.1

ORGANIZER US/CA Wages, Pensions, Gambling Winnings 10, 13.1, 13.2 1040 2024 Please enter all pertinent 2024 amounts & attach all W-2, W-2G and 1099-R forms. Last year's amounts are provided for your reference. WAGES, SALARIES, TIPS (10) Wages, Tips, Other 1=retirement Tax Withheld plan (Box 13) Social Name of Employer (Box c) State (Box 17) Federal Medicare SDI Compensation Security (Box 4) No. (Box 14) 2023 (Box 2) (Box 6) l=spouse (Box 1) Wages PENSIONS, IRA DISTRIBUTIONS (13.1) Distribution code #2 Tax Withheld Value of Gross Taxable Distribution code #1 all IRAs Distribution Name of Payer Amount Federal State 2023 at No. 1=IRA/SEP/SIMPLE (Box 1) (Box 2a) (Box 14) (Box 4) 12/31/24 Distribution 1=spouse **GAMBLING WINNINGS (W-2G) (13.2)** Tax Withheld Gross Winnings Name of Payer 1=spouse 2023 (Box 1) Federal (Box 4) State (Box 15) No. Local (Box 17) Winnings **GAMBLING LOSSES & WINNINGS (NON W-2G)** (13.2)2024 Amount TS 2023 Amount Total gambling losses..... Winnings not reported on Form W-2G

10, 13.1, 13.2

2024	1040	US	Interest & Dividend Income	11, 12

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

INTEREST INCOME (11)

	Name of Paver	1 +		Interest Income			pt Interest	Early Withdrawal	
No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds	Penalty (Box 2)	2023 Interest
					•				

DIVIDEND INCOME (12)

		1-taypayer		Di	vidend Incor	ne		Tax-Exem	pt Interest	Foreign	
No.	Name of Payer	2=spouse	Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	SubSection 199A (Box 5)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)	Foreign Tax Paid (Box 7)	2023 Dividends

2024	1040	US	Miscellaneous Income	14.1
ZUZ T	1070			

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

MISCELLANEOUS INCOME	2024 Am	ount	2023 Am	ount
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
ledicare premiums paid (SSA-1099)				
etreat Medicare premiums paid as SE health ins				
ier 1 RR retirement benefits (RRB-1099, box 5)				
=lump-sum election for SS benefits				
Alimony received				
axable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
ncome from rental of personal property				
Activity not engaged in for profit income				
Olympic & Paralympic medals & USOC prize money				
Prizes and awards				
Stock Options				
· · · · · · · · · · · · · · · · · · ·				
Non-tuition fellowship and stipend payments entered above to nclude as taxable compensation for IRA purposes				
Wages earned while incarcerated not on W-2				
Income subject to S/E tax: (1099-NEC, box 1)				
ner income (1099-MISC, box 3, 8)				
Form 1 0 99-K				
Amount of sale proceeds from Form 1099-K for				
personal item(s) sold at a loss				
Amount from Form 1099-K that was incorrectly reported				
TAX WITHHELD (not entered elsewhere)				
ederal income tax withheld				
State income tax withheld				
_ocal income tax withheld			<u> </u>	

2024 1040 US State & Local Tax Refunds / Unemployment Compensation 14	US	1040	2024	State & Local Tax Refunds / Unemployment Compensation	14.2
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Please add, change or delete 2024 information as appropriate. Be sure to attach all 1099-G forms.

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

	2024 1099-G Amount	
	Name of payer	
	1=spouse	
	Unemployment compensation:	
	Total received (Box 1)	
	2024 Overpayment repaid	
	State and local refunds:	
	State and local income tax refund, credit or offsets (Box 2).	
	1=city or local income tax refund	
	Tax year for box 2 if not 2023 (Box 3)	
	Federal income tax withheld (Box 4)	
No.	RTAA payments (Box 5)	
	Taxable grants:	
	Federal taxable amount (Box 6)	
	State taxable amount, if different	
	Farm amounts:	
	Agriculture payments (Box 7)	
	1=agriculture payments are from conservation reserve program	
	Market gain (Box 9)	
	Number of farm	
	1=box 2 is trade or business income (Box 8)	
	State income tax withheld (Box 11)	
	Name of payer	
	1=spouse	
	Unemployment compensation:	
	Unemployment compensation:	
	Unemployment compensation: Total received (Box 1)	
	Unemployment compensation: Total received (Box 1)	
	Unemployment compensation: Total received (Box 1)	
	Unemployment compensation: Total received (Box 1)	
	Unemployment compensation: Total received (Box 1)	
No.	Unemployment compensation: Total received (Box 1)	
No.	Unemployment compensation: Total received (Box 1)	
No.	Unemployment compensation: Total received (Box 1)	
No.	Unemployment compensation: Total received (Box 1)	
No.	Unemployment compensation: Total received (Box 1)	
No.	Unemployment compensation: Total received (Box 1) 2024 Overpayment repaid State and local refunds: State and local income tax refund, credit or offsets (Box 2) 1=city or local income tax refund Tax year for box 2 if not 2023 (Box 3) Federal income tax withheld (Box 4) RTAA payments (Box 5) Taxable grants: Federal taxable amount (Box 6) State taxable amount, if different Farm amounts:	
No.	Unemployment compensation: Total received (Box 1) 2024 Overpayment repaid State and local refunds: State and local income tax refund, credit or offsets (Box 2) 1=city or local income tax refund Tax year for box 2 if not 2023 (Box 3) Federal income tax withheld (Box 4) RTAA payments (Box 5) Taxable grants: Federal taxable amount (Box 6) State taxable amount, if different Farm amounts: Agriculture payments (Box 7)	
No.	Unemployment compensation: Total received (Box 1)	
No.	Unemployment compensation: Total received (Box 1)	
No.	Unemployment compensation: Total received (Box 1)	
No.	Unemployment compensation: Total received (Box 1)	

2024 104	US	Education Distributions (ESA's and QTP's)	14.3
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Please enter all pertinent 2024 amounts and attach all 1099-Q forms. Enter qualified education expenses below that are not entered elsewhere. Last year's amounts are provided for your reference.

ESA'S AN	ID QTP'S (Form 1099-Q)	2024 Amount	2023 Amount
	Name of payer	2024 Amount	2025 Amount
	1=spouse.		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits)		
	Form 1099-Q:		
	Gross distributions (Box 1)		
No.			
1101	Earnings (Box 2)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
	2024 contributions to this ESA		
İ	Value of this account at 12/31/24 (plus outstanding rollovers)		
i	Basis in this ESA as of 12/31/23		
	This is		
	Name of payer		
	1=spouse.		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits).		
	Form 1099-Q:		
	Gross distributions (Box 1)		
No.	Earnings (Box 2)		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
	2024 contributions to this ESA		
	Value of this account at 12/31/24 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/23		
	Name of payer		
	1=spouse		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits).		
	Form 1099-Q:		
	Gross distributions (Box 1)		
No.	Earnings (Box 2)		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
	2024 contributions to this ESA		
	Value of this account at 12/31/24 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/23		

14.3

2024	1040	US	ABLE Distributions	14.
2024	1040	US	ABLE DISTRIBUTIONS	I4

ADLE DIS	TRIBUTIONS / CONTRIBUTIONS	2024 Amount	2023 Amount
	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
No.	1=program to program transfer (4)		
	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions:		
	Excess contributions withdrawn by due date of return		
	Earnings on excess contributions		
	3		
	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
No.	1=program to program transfer (4)		
	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions:		
	Excess contributions withdrawn by due date of return		
	Earnings on excess contributions		
	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	Earnings (2)		
No.			
	1=program to program transfer (4)		
	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions:		
	Excess contributions withdrawn by due date of return		
	Earnings on excess contributions		

14.4

24	1040	US/CA	Business Income (Schedule (S) N	lo	16
	Please en	ter all pertin	nent 2024 amounts. Last year's amounts are	provided for your refe	rence.	
GEN	JERAL IN	NFORMAT	TION			
			n Form 1040			
-						
			040			
_	_					
Foreign	n country					
Emplo	yer identifica	tion number				
Other	accounting m	nethod				
Accour	nting method	: 1=cash, 2=a	accrual			
Invent	ory method:	1=cost, 2=low	er cost/market, 3=other			
	-	•				
			usiness			
			will you file all required Form(s) 1099: 1=yes, 2=no			
			tax			
			prial income producing factor			
			erial income producing factor			
			company			
			commodities			
	B Form 3805					
1=	eligible smal	I business				
			1=1st, 2=2nd, 3=3rd			
Pri	inciple busin	ess code (SIC	1987)			
INC	OME				2022 A	
Gross	receints or s	ales (Form 109	99-NEC)	024 Amount	2023 Amount	
	income:					
-						
cos	ST OF GO	OODS SO				
			· · · · · · · · · · · · · · · · · · ·			
_						
Other						
	• •					
_			,			
-						
- Invento	ory at end of	the year				

24	1040	US/CA	Business Income (Schedu	ıle C) (cont.)	No.	16 _F
	Please ei	nter all perti	nent 2024 amounts. Last year's amo	unts are provided fo	r your reference).
EXF	PENSES			2024 Amount	2023 Amo	unt
Acco	unting			Lot- / tillount	2020 7 tillo	<u>unt</u>
	=					
Answ	ering service					
Bank	charges					
Car a	and truck expe	enses (not enter	red elsewhere)			
Comr	missions					
Contr	act labor					
Delive	ery and freigh	t				
Dues	and subscrip	tions				
Empl	oyee benefit ¡	orograms				
Insur	ance (other th	an health)				
Mortg	gage interest i	paid to banks,	etc.)			
Other	r interest (not	entered elsewh	ere)			
Janito	orial					
Laund	dry and clean	ing				
Legal	and professi	onal				
Misce	ellaneous					
Office	e expense					
Outsi	de services					
Parki	ng and tolls.					
Pens	ion and profit	sharing plans -	contributions			
Pens	ion and profit	sharing plans -	admin. and education costs			
Posta	age					
Printi	ng					
Rent	- vehicles, ma	achinery, & equ	ipment (not entered elsewhere)			
Rent	- other					
Repa	irs					
Secu	rity					
Supp	lies					
Taxes	s - real estate					
Taxes	s - payroll					
Taxes	s - sales tax i	ncluded in gros	s receipts			
Taxes	s - other (not	entered elsewh	ere)			
Telep	hone					
Tools						
Depa	rtment of Trai	nsportation mea	als in full (80%)			
Unifo	rms					
Utilitie	es					

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

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

If you sold any stocks, bonds, or other investment property in 2024, please list the pertinent information for each sale below or provide a spreadsheet file with this information.

Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity	Description of Property (Box 1a)	Date Acquired (Box 1b)	Date Sold (Box 1c)	Sales Price (gross or net) (Box 1d)	Cost or Basis (Box 1e)	Blank=basis rep. to IRS, 1=nonrec. security (Box 3, 5)	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									

24	1040	US	Installment Sales (Form	6252)		17
	Please er	nter all nert	inent 2024 amounts. Last year's an	nounts are provided fo	r vour reference	
PRIO		•	MENT SALE		-	
1110				2024 Amount	2023 Amount	
			roperty			
No.			n/d/y)		_	
140.		· -	ý)			
		•	o (.xxxx)			
	Ţ Ct	inent year pin	icipai payments (-i ii none)			
	De	escription of pr	roperty			
	Da	ate acquired (r	n/d/y)			
No.	Da	ate sold (m/d/y	")			
	Gr	oss profit ratio) (.xxxx)			
	Cu	ırrent year prir	ncipal payments (-1 if none)			
			roperty			
No F			n/d/y)			
No.			· · · · · · · · · · · · · · · · · · ·			
			(1 if none)			
	Ci	irrent year prii	ncipal payments (-1 if none)			
	De	escription of pr	operty			
	Da	ate acquired (r	n/d/y)			
No.	Da	ate sold (m/d/y)			
			o (.xxxx)			
	Cu	ırrent year prir	ncipal payments (-1 if none)			
	De	escription of pr	operty			
_			n/d/y)			
No.	Da	ate sold (m/d/y	')			
			o (.xxxx)			
	Cı	ırrent year prir	ncipal payments (-1 if none)			
			-			
			roperty			
N			n/d/y)			
No.)			
			(1 if name)			
		irrent year prii	ncipal payments (-1 if none)]
	n-	ecription of a	roperty			
			opertyn/d/y)			
No.			n/a/y)			
140.			(,xxxx)			
			ncipal payments (-1 if none)			
	100	arrent year prii	Topai paymonto (-1 II none)			
						17
					l l	

2024	1040	US	Sale of Home & Moving Expenses	17, 27
4 04	1070	00	Sale of Home & moving Expenses	1/, ~/

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

SALE OF HOME (17)	
Description of property (Box 3)	
Date acquired (m/d/y)	
Date sold (m/d/y) (Box 1)	
Sales price (Box 2)	
l=sale of home	
=owned and used property as main home for at least 2 of 5 years before sale	
=first-time homebuyer credit was previously taken on this home	
=business use in year of sale	
Number of days after December 31, 2008 that home was not used as principal residence	
Adjusted Basis	
Original cost	
mprovements:	
Adjusted basis	
Fotal expenses of sale	
Fotal expenses of sale	
Reduced Exclusion Please complete the following information if due to a change in health, place of employment, or unforeseen a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6	
Reduced Exclusion Please complete the following information if due to a change in health, place of employment, or unforeseen a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 f excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)	
Reduced Exclusion Please complete the following information if due to a change in health, place of employment, or unforeseen a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) escale due to change in health, employment or unforeseen circumstances	
Reduced Exclusion Please complete the following information if due to a change in health, place of employment, or unforeseen a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) lesale due to change in health, employment or unforeseen circumstances	
Reduced Exclusion Please complete the following information if due to a change in health, place of employment, or unforeseen b) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) lesale due to change in health, employment or unforeseen circumstances Days used as main home - taxpayer Days used as main home - spouse	
Reduced Exclusion Please complete the following information if due to a change in health, place of employment, or unforeseen a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 f excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) lesale due to change in health, employment or unforeseen circumstances Days used as main home - taxpayer Days used as main home - spouse Days property owned - taxpayer	
Reduced Exclusion Please complete the following information if due to a change in health, place of employment, or unforeseen b) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 f excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforeseen circumstances Days used as main home - taxpayer Days used as main home - spouse Days property owned - taxpayer	
Reduced Exclusion Please complete the following information if due to a change in health, place of employment, or unforeseen b) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) lesale due to change in health, employment or unforeseen circumstances Days used as main home - taxpayer Days used as main home - spouse	
Reduced Exclusion Please complete the following information if due to a change in health, place of employment, or unforeseen by Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) lesale due to change in health, employment or unforeseen circumstances Days used as main home - taxpayer Days used as main home - spouse Days property owned - taxpayer Days property owned - spouse	
Reduced Exclusion Please complete the following information if due to a change in health, place of employment, or unforeseen by Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) a sale due to change in health, employment or unforeseen circumstances Days used as main home - taxpayer Days used as main home - spouse Days property owned - taxpayer Days property owned - spouse MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a perm	
Reduced Exclusion Please complete the following information if due to a change in health, place of employment, or unforeseen by Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) lesale due to change in health, employment or unforeseen circumstances Days used as main home - taxpayer Days used as main home - spouse Days property owned - taxpayer Days property owned - spouse MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permits and the spouse, 2=joint.	
Reduced Exclusion Please complete the following information if due to a change in health, place of employment, or unforeseen a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) lesale due to change in health, employment or unforeseen circumstances Days used as main home - taxpayer Days used as main home - spouse Days property owned - taxpayer Days property owned - spouse MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permit spouse, 2=joint.	
Reduced Exclusion Please complete the following information if due to a change in health, place of employment, or unforeseen a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) lesale due to change in health, employment or unforeseen circumstances. Days used as main home - taxpayer. Days used as main home - spouse. Days property owned - taxpayer. Days property owned - spouse. MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a perm lespouse, 2=joint. Ilearmed forces move due to permanent change of station. Wiles from old home to new work place.	
Reduced Exclusion Please complete the following information if due to a change in health, place of employment, or unforeseen a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) lesale due to change in health, employment or unforeseen circumstances. Days used as main home - taxpayer. Days used as main home - spouse. Days property owned - taxpayer. Days property owned - spouse. MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a perm lespouse, 2=joint. Ilearmed forces move due to permanent change of station. Miles from old home to new work place.	
Reduced Exclusion Please complete the following information if due to a change in health, place of employment, or unforeseen a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) lesale due to change in health, employment or unforeseen circumstances Days used as main home - taxpayer Days property owned - taxpayer Days property owned - spouse MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a perm lespouse, 2=joint. Learmed forces move due to permanent change of station Miles from old home to new work place Expenses for transportation and storage of household goods and personal effects	
Reduced Exclusion Please complete the following information if due to a change in health, place of employment, or unforeseen a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) lesale due to change in health, employment or unforeseen circumstances Days used as main home - taxpayer Days used as main home - spouse Days property owned - taxpayer Days property owned - taxpayer Days property owned - spouse MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a perm lespouse, 2=joint. Learmed forces move due to permanent change of station Wiles from old home to new work place Wiles from old home to old work place Expenses for transportation and storage of household goods and personal effects Lodging and travel (excluding meals):	
Reduced Exclusion Please complete the following information if due to a change in health, place of employment, or unforeseen b) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) lesale due to change in health, employment or unforeseen circumstances Days used as main home - taxpayer Days used as main home - spouse Days property owned - taxpayer Days property owned - spouse MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a perm lespouse, 2=joint Learmed forces move due to permanent change of station Miles from old home to new work place Expenses for transportation and storage of household goods and personal effects Lodging and travel (excluding meals): Lodging and travel (excluding automobile)	
Reduced Exclusion Please complete the following information if due to a change in health, place of employment, or unforeseen a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) lesale due to change in health, employment or unforeseen circumstances Days used as main home - taxpayer Days property owned - taxpayer Days property owned - spouse MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a perm lespouse, 2=joint. Hearmed forces move due to permanent change of station Wiles from old home to new work place Expenses for transportation and storage of household goods and personal effects Lodging and travel (excluding meals): Lodging and travel (excluding automobile) Parking fees and tolls.	

17, 27

	1040	US/CA	Rental & Royalty In	come (Schedule E)	No.	1
	Please en	ter all perti	nent 2024 amounts. Last ye	ar's amounts are provided for	your reference.	1
GEN	NERAL IN	IFORMAT	TON	2024 Amount	2023 Amou	nt
Descri	iption of prope	erty[
Street	address				Type of Pro	-
City					1 = Single Family R 2 = Multi-Family Re	esidence sidence
State.					3 = Vacation/Short	
ZIP co	ode				4 = Commercial 5 = Land	
Туре	of property (se	ee table)			6 = Royalties 7 = Self-Rental	
Other	type of prope	rty[/ = Sen-Rental	
Numb	er of days rer	nted		34		
Percent	age of ownership	ſ				
if not 10 Percent	00% (.xxxx) age of tenant occi	upancy		1=did not actively participate		
				1=real estate professional		
				1=rental other than real estate		
1=nonpa	assive activity.	nture		1=investment		
	, ,			liability company		
	B Form 3805		id you or will you file all required Form	m(s) 1099: 1=yes, 2=no		
	J		1, 2 or 3			
			1987)			
	OME	(0.0		2024 Amount	2023 Amou	nt
		a a a live al				
DIR	ECT EXP	ENSES				
			ed only to the rental activity. These in	nclude rental agency fees, advertising,	and office supplies.	
NOTE Adver	E: Direct expetising	nses are relate			and office supplies.	
NOTE Adver Assoc	E: Direct expetisingiation dues	nses are relate			and office supplies.	
Adver Assoc Auto a	E: Direct expetisingiation duesand travel (no	nses are relate	where)		and office supplies.	
Adver Assoc Auto a Clean	E: Direct expe tisingi ation dues and travel (no ing and maint	nses are relate	where)		and office supplies.	
Adver Assoc Auto a Cleani Comm	E: Direct expetisingiation duesand travel (no ing and maint inssions	nses are relate	vhere)		and office supplies.	
Adversion Associated Auto a Cleanic Commission Garde	E: Direct expetisingiation duesand travel (no ing and maint nissionsning	nses are relate	where)		and office supplies.	
Adver Assoc Auto a Cleani Comm Garde Insura	E: Direct expetisingiation duesand travel (no ing and maint nissionsning	nses are relate	where)		and office supplies.	
Adver Associ Auto a Cleani Comm Garde Insura Legal	E: Direct expetising	nses are relate	where)		and office supplies.	
Adverse Associated Auto a Cleania Commander Garde Insura Legal Licens	E: Direct expetisingiation dues and travel (noting and mainthissions ning and professions and permites and permites	nses are relate t entered elsev enance	where)		and office supplies.	
Adverse Associated Auto a Cleani Commission Garde Insura Legal Licens Management Associated Auto-Associated Associated As	E: Direct expetising	nses are relate	where)		and office supplies.	
Advertassocial Advertassocial Autoria Cleanii Commingarde Insura Legal Licens Manag Miscel	E: Direct expetising	t entered elsevenance	where)		and office supplies.	
Adver Associ Auto a Cleani Comm Garde Insura Legal Licens Manag Miscel Mortga	E: Direct expetising	t entered elsevenance	where)		and office supplies.	
Adver Assoc Auto a Cleani Comm Garde Insura Legal Licens Manaç Miscel Mortga Exces	E: Direct expetising	t entered elsevenance	where)		and office supplies.	
Adver Associated and a Cleani Comm Garde Insura Legal Licens Manag Miscel Mortga Exces Other	E: Direct expetising	t entered elsevenance	where) etc.)		and office supplies.	
Adver Associ Auto a Cleani Comm Garde Insura Legal Licens Manag Miscel Mortga Exces Other Paintin	E: Direct expetising	t entered elsevenance	etc.)		and office supplies.	
Advertassocial Advertassocial Autoria Cleania Commander	E: Direct expetising iation dues and travel (noting and mainthissions ning and professions and permit fees llaneous age interest (list mortgage interest (not fing and decoration)	t entered elsevenance	where) etc.)		and office supplies.	
Advertassocial Advertassocial Advertassocial Autoria Cleanii Comming Garde Insura Legal Licens Manag Miscel Mortga Exces Other Paintin Pest of Plumb	E: Direct expetising	t entered elsevenance	where) etc.)		and office supplies.	
Advertassocial Advertassocial Advertassocial Autoria Cleania Committee Garde Insura Legal Licens Manage Miscel Mortga Excess Other Paintin Pest of Plumb Repair	E: Direct expetising	t entered elsevenance	where) etc.)		and office supplies.	
Advertassocial Advertassocial Advertassocial Autoria Committe Garde Insural Legal Licens Manage Miscel Mortga Excess Other Paintin Pest of Plumb Repair Suppli	E: Direct expetising	t entered elsevenance	where) etc.)		and office supplies.	
Adver Associated Auto a Cleani Comm Garde Insura Legal Licens Manag Miscel Mortga Exces Other Paintin Pest of Plumb Repain Suppli Taxes	E: Direct expetising	t entered elsevenance	where) etc.)		and office supplies.	
Adver Assoc Auto a Cleani Comm Garde Insura Legal Licens Manag Miscel Mortga Exces Other Paintii Pest o Plumb Repair Suppli Taxes Taxes	E: Direct expetising	t entered elsevenance	where) etc.)		and office supplies.	
Advert Associated Advertised Advertised Associated Asso	E: Direct expetising	t entered elsevenance	where) etc.) nere)		and office supplies.	
Advertassoc Auto a Cleani Comm Garde Insura Legal Licens Manag Miscel Mortga Exces Other Paintii Pest o Plumb Repair Suppli Taxes Taxes Teleph Utilitie	E: Direct expetising	t entered elsevenance	where) etc.) nere)		and office supplies.	
Advertassoc Auto a Cleani Comm Garde Insura Legal Licens Manag Miscel Mortga Exces Other Paintii Pest o Plumb Repair Suppli Taxes Taxes Teleph Utilitie	E: Direct expetising	t entered elsevenance	where) etc.) nere)		and office supplies.	

18

24	1040	US	Rental & Royalty Income	(Sch. E) (cont.)	No.	18
Pleas e	e enter all expense co	pertinent i	2024 amounts. Last year's amounts uld only be used for vacation homes	are provided for your re or less than 100% tenar	ference. The in	ndirect ntals.
GEN	NERAL IN	IFORMA	TION			
Foreig	ın region		Г			
Foreig	ın postal code)				
Foreig	ın country					
OII	AND GA	S				
		_	-1.3	2024 Amount	2023 Amou	nt
		•	nly)			
			ount			
			(-1 if none)			
	•		nt, if different (-1 if none)			
DFD	SONAL	IISE OE	DWELLING UNIT (INCLUDING V	/ACATION HOME)	1	
			· -	ACATION HOME)	I	
			nal method elected)			
	-		·			
IND	IRECT EX	XPENSE:	S			
NOTE	E:Indirect expe These inclu	enses are rel de repairs, in	ated to operating or maintaining the dwelling un surance, and utilities.	it.		
Advert	tising					
Assoc	iation dues					
Auto a	and travel (no	t entered else	ewhere)			
Cleani	ing and maint	enance				
Comm	nissions					
	J					
	•					
	,					
			s, etc.)			
_	s mortgage ir		· · · · · · · · · · · · · · · · · · ·			
	0 0		vhere)			
Plumb	ing and elect	rical				
Repair	rs					
			/here)			
vvages	s and salaries					
Other:						
			Γ			
-						
-						
-						
-						

24	1040	US/CA	Farm Income (Schedule F/Form 4835)	No.	19
	Please er	ter all perti	inent 2024 amounts. Last year's amounts are provided fo	or your reference.	
GEN	NERAL IN	IFORMAT	ΓΙΟΝ		
Princi	pal product				
		er			
Agricu	ultural activity	code			
Accou	ınting method	: 1=cash, 2=ad	ccrual		
1=spo	ouse, 2=joint.				
1=farr	m rental (Forr	n 4835)			
		= :	tal only): 1=land, 2=self-rental, 3=other		
			on		
			will you file all required Form(s) 1099: 1=yes, 2=no		
			(Schedule F only)		
		, ,	arm rental only)		
		,	rental only)		
			company		
			x) (Farm rental only)		
\sim \sim \sim	B Form 3805	V:			
	امصم ملطنمناه	l huainaaa			
1=			1=1ct 2=2cd 2=2rd		
1= Qı	ualified new b	usiness year:	1=1st, 2=2nd, 3=3rd		
1= Qı	ualified new b	usiness year:			
1= Qı Pr	ualified new b	ess code (SIC	1=1st, 2=2nd, 3=3rd		
1= Qı Pr	ualified new brinciple busing	ess code (SIC	1=1st, 2=2nd, 3=3rd	2023 Amour	nt.
1= Qr Pr FAR Cash	ualified new be rinciple busing RM INCO method:	ousiness year: less code (SIC	1=1st, 2=2nd, 3=3rd	2023 Amour	nt
1= Qı Pr FAF Cash	ualified new be rinciple busing RM INCO method: ales of livesto	ousiness year: ess code (SIC VIE ck and other re	1=1st, 2=2nd, 3=3rd	2023 Amour	nt
1= Qı Pr FAF Cash	ualified new be rinciple busine RM INCO method: alles of livesto ost or basis o	ousiness year: ess code (SIC VIE ck and other ref livestock or o	1=1st, 2=2nd, 3=3rd	2023 Amour	nt
1= Qi Pr FAF Cash Si Co	ualified new be rinciple busine RM INCO method: alles of livesto ost or basis o	ousiness year: ess code (SIC VIE ck and other ref livestock or o	1=1st, 2=2nd, 3=3rd	2023 Amour	nt
1= Qi Pr FAR Cash Sa Co Sa Accrus	RM INCO method: ales of livesto ost or basis o ales of produc al method:	ousiness year: ess code (SIC WE ck and other ref livestock or outs raised	1=1st, 2=2nd, 3=3rd	2023 Amour	nt
1= Qı Pr FAF Cash Sa Co Sa Accrus	RM INCO RM INCO method: ales of livesto ales of produc al method: ales of livesto	wisiness year: ess code (SIC WE ck and other ref livestock or octs raised ck, produce, e	1=1st, 2=2nd, 3=3rd	2023 Amour	nt
1= Qu Pr FAF Cash Sa Co Sa Accrua	RM INCO method: ales of livesto ales of product al method: ales of product al method: ales of livesto al method:	wisiness year: ess code (SIC WE ck and other ref livestock or octs raised ck, produce, entory of livestor	1=1st, 2=2nd, 3=3rd 1987) 2024 Amount esale items other resale items	2023 Amour	nt
1= Qu Pr FAF Cash Sa Accrus Sa Be	RM INCO method: ales of livesto ales of product ales of livesto ales of livesto ales of livesto ales of livesto ost of livesto	wisiness year: ess code (SIC WE ck and other ref livestock or octs raised ck, produce, entory of livestock, etc. purchas	1=1st, 2=2nd, 3=3rd	2023 Amour	nt
1= Qu Pr FAF Cash Sa Co Sa Accrus Sa Be Co	RM INCO method: ales of livesto ales of product ales of livesto ales of livesto ales of livesto ales of livesto ost of livesto	wisiness year: ess code (SIC WE ck and other reflivestock or octs raised ck, produce, entory of livestock, etc. purchastry of livestock,	1=1st, 2=2nd, 3=3rd	2023 Amour	nt
1= QI Pr FAF Cash Sa CC Sa Accrus Sa Be CC Er Other	RM INCO method: ales of livesto ales of livesto ales of livesto eginning invertost of livesto ost of livesto farm income	wisiness year: ess code (SIC WE ck and other reflivestock or octs raised ck, produce, entory of livestock, etc. purchastry of livestock,	1=1st, 2=2nd, 3=3rd	2023 Amour	nt
1= QI Pr FAF Cash Si Accru Si Be Ci Ci To	RM INCO method: ales of livesto ales of livesto ales of livesto eginning inverto ost of livesto eding invento farm income otal cooperati exable cooper	wisiness year: ess code (SIC WE ck and other reflivestock or obts raised ck, produce, entory of livestock, etc. purchasery of livestock, we distributions ative distributions	1=1st, 2=2nd, 3=3rd 1987) 2024 Amount esale items other resale items etc. ock, etc. sed etc. ons.	2023 Amour	nt
FAF Cash Sa Accrus Sa Accrus To Ta	RM INCO method: ales of livesto ales of livesto ales of livesto eginning inverto ost of livesto conding invento farm income otal cooperativ exable cooper otal agricultur	wisiness year: ess code (SIC WE ck and other reflivestock or obts raised ck, produce, entory of livestock, etc. purchastry of livestock, we distributions ative distributional program pay	1=1st, 2=2nd, 3=3rd 1987) 2024 Amount esale items other resale items ctc. ock, etc. sed etc. sed etc. yments (other than CRP)	2023 Amour	nt
1= Qu Pr FAF Cash Sa Accru: Sa Be Cc Er Other Ta Ta	RM INCO method: ales of livesto ales of livesto ales of livesto eginning invert ost of livesto chaing invento farm income otal cooperati exable cooper otal agricultur exable agricultur	wisiness year: ess code (SIC WE ck and other reflivestock or octs raised ck, produce, entory of livestock, etc. purchastry of livestock, we distributions ative distributional program paytural pay	1=1st, 2=2nd, 3=3rd 1987) 2024 Amount esale items other resale items otc. ock, etc. sed etc. syments (other than CRP) payments (other than CRP)	2023 Amour	nt
FAF Cash Sa Accrus Sa Accrus Ta Ta	RM INCO method: ales of livesto bat of livesto conding invento farm income otal cooperati axable cooper otal agricultur axable agricul otal conservat	wisiness year: ess code (SIC WE ck and other reflivestock or octs raised ck, produce, entory of livestock, etc. purchastry of livestock, we distributions attive distributional program paytural program paytural program prog	1=1st, 2=2nd, 3=3rd 1987) 2024 Amount esale items other resale items ttc. ock, etc. sed etc. ons yments (other than CRP) payments (other than CRP) ogram payments	2023 Amour	nt
FAR Cash Sa Accrus Sa Be Co Er Other Ta Ta	RM INCO method: ales of livesto ales of livest	wisiness year: ess code (SIC WE ck and other reflivestock or octs raised ck, produce, entory of livestock, etc. purchastry of livestock, we distributions ative distributional program paytural program paytural program provation reserve	1=1st, 2=2nd, 3=3rd 1987) 2024 Amount esale items ottc. ock, etc. sed etc. ons yments (other than CRP) payments (other than CRP) ogram payments program payments program payments	2023 Amour	nt
FAR Cash Sa Co Sa Accrua Sa Be Co Er Other Ta Ta Ta Co	RM INCO method: ales of livesto aling invento farm income otal cooperati axable cooper otal agricultur axable conservat	wisiness year: ess code (SIC WE ck and other reflivestock or octs raised ck, produce, entory of livestock, etc. purchastry of livestock, ve distributions ative distributional program paytural paytural paytural paytural	1=1st, 2=2nd, 3=3rd 1987) 2024 Amount esale items ttc. ock, etc. sed etc. ons yments (other than CRP) payments (other than CRP) ogram payments program payments tted under election	2023 Amour	nt
FAF Cash Sa Coc Sa Accrue Sa Be Co Ta Ta Ta Co Ta	RM INCO method: ales of livesto ales of livest	wisiness year: ess code (SIC WE ck and other reflivestock or obts raised ck, produce, entory of livestock, etc. purchasery of livestock, we distributions ative distributional program paytural program paytural program progr	1=1st, 2=2nd, 3=3rd 1987) 2024 Amount esale items other resale items etc. ock, etc. sed. etc. ons. yments (other than CRP) payments (other than CRP) ogram payments program payments program payments ted under election forfeited or repaid	2023 Amour	nt
Tanch	RM INCO method: ales of livesto ost or basis o ales of livesto ales of livesto ales of livesto eginning inverto ost of livesto otal cooperati axable cooper otal agricultur axable agricul otal conservat axable conser ommodity cre otal commodit axable commodit axable commodit	wisiness year: ess code (SIC WE ck and other refilivestock or octs raised ck, produce, entory of livestock, etc. purchastry of livestock, we distributions ative distributional program pay tural program pay tural program provation reserve provation reserve dit loans reporty credit loans redity credit loans redity credit loans redity credit loans redity credit loans	1=1st, 2=2nd, 3=3rd 1987) 2024 Amount esale items other resale items etc. ock, etc. sed etc. ssed etc. payments (other than CRP) payments (other than CRP) ogram payments program payments program payments ted under election forfeited or repaid ns forfeited or repaid	2023 Amour	nt
Tancarda Tan	RM INCO method: ales of livesto ost or basis o ales of livesto ales of livesto eginning inverto ost of livesto otal cooperati exable cooper otal agricultur exable agricul otal conservate exable conservate exable commodity cre otal commodity cre	ck and other references code (SIC) WE ck and other references code (SIC) ck and other references co	1=1st, 2=2nd, 3=3rd 1987) 2024 Amount esale items ttc. bther resale items ctc. sed etc. ssed etc. syments (other than CRP) payments (other than CRP) ogram payments program payments ted under election forfeited or repaid s received in 2024	2023 Amour	nt
Tancon Ta	RM INCO method: ales of livesto ost or basis o ales of livesto ales of livesto eginning inverto ost of livesto onding invento farm income otal cooperative axable cooper otal agricultur exable agricul otal conservate exable conservate exable commodity exable com	wisiness year: ess code (SIC WE ck and other refilivestock or octs raised ck, produce, entory of livestock, etc. purchastry of livestock, we distributions ative distributions ative distribution reserve provation reserve provation reserve dit loans reporty credit loans rance proceeds surance proceeds	1=1st, 2=2nd, 3=3rd 1987) 2024 Amount esale items ttc. ctc. ckc, etc. sed etc. sons yments (other than CRP) payments (other than CRP) ogram payments program payments ted under election forfeited or repaid s received in 2024 eeds received in 2024	2023 Amour	nt
Tancarda Tan	RM INCO method: ales of livesto cost or basis o ales of livesto deginning invento difficulty in the cost and in the cost of livesto deginning invento deginning invento deginning invento deginning invento desire in the cost of livesto desire in the cost	ck and other ref livestock or octs raised	1=1st, 2=2nd, 3=3rd 1987) 2024 Amount esale items ttc. bther resale items ctc. sed etc. ssed etc. syments (other than CRP) payments (other than CRP) ogram payments program payments ted under election forfeited or repaid s received in 2024	2023 Amour	nt

Please enter all pertinent 2024 amounts. Last year's amounts. Continued) Other income: FARM EXPENSES Car and truck expenses (not entered elsewhere)	ounts are provided for y	2023 Amount	
Other income: FARM EXPENSES	2024 Amount	2023 Amount	
Other income: FARM EXPENSES	2024 Amount	2023 Amount	
FARM EXPENSES	2024 Amount	2023 Amount	
Car and truck expenses (not entered elsewhere)			
The same superiors (introduction of our superior of the superi			
Chemicals			
Conservation expenses			
Custom hire (machine work)			
Employee benefit programs			
Feed purchased			
Fertilizers and lime.			
Freight and trucking.			
Gasoline, fuel, and oil			
Insurance (other than health)			
Other interest (not entered elsewhere)			
Labor hired			
Pension and profit sharing - contributions			
Pension and profit sharing plans - admin. and education costs			
Rent - vehicles, machinery, and equipment (not entered elsewhere)			
Rent - other (land, animals, etc.)			
Repairs and maintenance			
Seeds and plants purchased			
Storage and warehousing			
Supplies purchased			
Taxes (not entered elsewhere)			
Utilities.			
Veterinary, breeding, and medicine			
Other expenses:			
Other experises.			
		1	
NOTE: If you purchased or disposed of any business as	ssets, please complete Sheet 2	22.	

2024 1040 US Partnership and S corporation Information									
			delete 2024 in IATION (20.	formation as appropriate	e. Be sure to attach all S	Schedule K-1s.			
No.		ne of Partnershi		Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership			
s c	ORPORAT	TION INFO	RMATION (20.2)					
No.	Name	e of S corporation	on	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation			
						20.1,20.2			

	24	1040	US	Estate or Trust and R	EMIC Information	20.3,20.4
	ESTA	ATE OR T		se add, change or delete 2024 i Be sure to attach all Schedule FORMATION (20.3)	nformation as appropriate. e K-1s and Schedule Qs.	
No.			Nam	ne of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number
	REMI	C INFOR	MATION	(20.4)		
No.				Name of REMIC		Employer Identification Number
						20.3,20.4

2024	1040	US	Asset Dis	position List				22
lf yo	ou disposed For r	of any bueal estate	usiness assets in transactions, b	n 2024, please ente e sure to attach all	er date sold, s 1099-S forms	sales price, ar s and closing	nd expenses of statements.	sale.
).	Descrip	otion of Prope	erty (Box 3)	Date Placed in Service	Date Sold (Box 1)	Sales Price (Box 2)	Cost or Basis	Expenses of Sale
						<u> </u>	<u> </u>	
								22

Asset Disposition List Series: 61

2024	1040	US	Asset Acquisition List	22 p2
ZUZ T	1070	00	Asset Acquisition List	

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2024, please enter all pertinent information below.

		Deleted	Prep	oarer Use	Only	Date Placed	Cost	Preparer U	se Only
No.	Description of Property	Related Business or Activity	Form	No. of Form	Category	Date Placed in Service	or Basis	Current Section 179	Method
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14 15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
								2	2 _{p2}

RGANIZER 2024	1040	US	Vehicle Expenses		No. 22 p3
2024	1040		Vernoie Expenses		ZZ p3
	Please ent	er all per	tinent 2024 amounts. Last year's amo	unts are provided for	your reference.
GEI	NERAL IN	FORMA	TION	2024 Amount	2023 Amount
1=no 1=no 1=veł 1=no 1=veł	evidence to su written evidenchicle is available other vehicle is nicle used prima	pport your doe to suppor e for off-duty s available fo arily by more	eduction		
AU ⁻	TOMOBIL	E MILEA	AGE		
Busin Comr	ness mileage muting mileage	(for the tax	year)		
AC ⁻	TUAL EXP	ENSES			
Gasol Repa Tires, Insura Misce Auto Perso Intere Vehic	line, lube, oil irs ance lideneous license (other tonal property taest (car loan) (fele rent or leasesion amount (er	han persona xes (based o or Schedule payments . nter as posit	portion only) Il property taxes) In car's value) C, E & F) Ive) Icle on Form W-2 (2106)		

2024	1040	US	Adjustments to Income	24
	1070		Adiastificitis to ilicollic	47

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

TRADITIONAL IRA CONTRIBUTIONS .	2024 Amount	_	2023 Am	_
<u></u> '	axpayer	Spouse	Taxpayer	Spouse
RA contributions you made or expect to make 1=maximum) (\$7,000/\$8,000 if 50 or older)				
Contributions made to date				
=covered by plan, 2=not covered				
2024 payments from 1/1/23 to 4/15/23				
ROTH IRA CONTRIBUTIONS				
oth IRA contributions you made or expect to nake (1=maximum) (\$7,000/\$8,000 if 50 or older)				
contributions made to date				
	(FOOLI)			
SEP, SIMPLE AND QUALIFIED PLANS (P	(EOGH)			
Profit-sharing (25%/1.25) contributions you nade or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you nade or expect to make (1=maximum)				
efined benefit contributions you expect to make				
elf-employed SEP (25%/1.25) contributions you nade or expect to make (1=maximum)				
lan contribution rate if not .25 (.xxxx)				
dividual 401k: SE elective deferrals (except Roth) (1=max.)				
dividual 401k: SE designated Roth contributions (1=max.)				
IMPLE contributions:] [
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)				
contributions made to date				
ADJUSTMENTS TO INCOME				
elf-employed health insurance:				
Total premiums (excluding long-term care) Long-term care premiums				
tudent loan interest paid (1098-E, box 1)				
ducator expenses (kindergarten thru grade 12)				
ury duty pay given to employer				
torney fees and court costs for unlawful discrimination claims				
ttorney fees and court costs paid in connection with n IRS award for information on tax law violations				
ontributions by certain chaplains to section 403(b) plans				
eforestation amortization and expenses				
epayment of supplemental unemployment benefits				
xpenses from rental of personal property				
ther adjustments to income:				

24

2024	1040	US	Adjustments to Income	24 p2
•	Please ente	er all pertir	nent 2024 information. Last year's amounts are provided for your refere	ence.
ADJU	JSTMENT	S TO INC	COME	
Alimony	paid: rce or sep. aç		spayer Spouse	
Rec	ipient's first n	ame		
Rec	ipient's last na ipient's SSN.			
Amo	ount paid		2023 amt: 2023 amt:	
				24 p2

Series: 300 Adjustments to Income

2024 1040 US Itemized Deductions 25

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

MEDICAL AND DENTAL EXPENSES

NOTE:Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.	2024 Amount	TS	2023 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars)			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			
TAXES PAID (State and local withholding and 2024 estimates are au State income taxes - 1/24 payment on 2023 state estimate State income taxes - paid with 2023 state return extension State income taxes - paid with 2023 state return State income taxes - paid for prior years and/or to other state City/local income taxes - 1/24 payment on 2023 city/local estimate	tomatic.)		
City/local income taxes - paid with 2023 city/local extension			
City/local income taxes - paid with 2023 city/local return			
SALES AND USE TAXES PAID			
_			
State and local sales taxes (except autos and special items)			
Use taxes paid on 2024 purchases			
Use taxes paid with 2023 state return			
Sales tax on autos not included above			
Sales tax on boats, aircraft, other special items			
OTHER TAXES PAID			
Real estate taxes - principal residence:			
Real estate taxes - held for investment :			
Treal estate taxes - field for investment.			
_			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice)			
Foreign income taxes			
Other taxes:			
Γ			

25

25	i							1	
			ontinued)	contin	d Deductions	Itemiz	US	1040	24
ference.	our reference.	d for you	nounts are provide	s amoun	mounts. Last yea	tinent 2024	ter all pert	Please en	
							AID	EREST PA	INT
2023 Amount	2023 Amour	TS	2024 Amount	20	reported on Form 1098:	points (Box 5)	(Box 1) and	e mortgage int.	Home
					•		` ,	5 5	
					orm 1098:	ot reported on		Home mortgag	
							_	Payee's name	
								Payee's SSN	
							<u> </u>	Payee's street Payee's city	
								Payee's state.	
							-	Payee's ZIP c	
							_	Payee's region	
							_	Payee's posta	
							ry	Payee's count	
								Amount paid.	
						8:	on Form 1098	ts not reported	Point
								ive interest	Passi
rtgage.	the mortgage.	ne life of the	me are deductible over th	n home are	ouild, or improve your redates and lives of the	er than to buy also provide th	on loans othe pes of loans	E: Points paid For these ty	NOT
						NS	RIBUTIO	SH CONT	CA
communication	written communica	ord, or a writ nount(s).	nor maintains a bank reco te(s), and contribution an	donor mai n date(s), a	ck contributions unless e organization, contribu	for cash or che the name of t	n is allowed thee, showing	E: No deductio from the dor	NOT
			n):	tation):	le organizations (60% l	d other charita	hospitals, and	ches, schools, l	Churc
						ck:	cash or ched	Contributions by	С
						ocket)	ises (out-of-n	/olunteer exper	\/
	l .	-		-					v
							table times		N
							table miles	varriber of chart	Ν
nitation):	(30% limitation):	ndations (309	private nonoperating four	ain private					
nitation):	(30% limitation):	ndations (309	orivate nonoperating four	ain private		ıl societies, no	ons, fraternal		Veter
nitation):	(30% limitation):	ndations (309	orivate nonoperating four	ain private		ıl societies, no	ons, fraternal	rans' organizati	Veter
nitation):	(30% limitation):	ndations (309	orivate nonoperating four	ain private		ıl societies, no	ons, fraternal	rans' organizati	Veter
nitation):	(30% limitation):	ndations (309	orivate nonoperating four	ain private		ıl societies, no	ons, fraternal	rans' organizati	Veter
nitation):	(30% limitation):	ndations (309	orivate nonoperating four	ain private		ıl societies, no	ons, fraternal	rans' organizati	Veter
nitation):	(30% limitation):	ndations (309	orivate nonoperating four	ain private		il societies, no ck:	ons, fraternal	rans' organizati Contributions by	Veter C
						oocket)			V

25 _{p2}

DRGANIZER				
2024	1040	US/CA	Itemized Deductions (continued)	25 _{p3}
	Please en	iter all perti	nent 2024 amounts. Last year's amounts are provided for your reference.	

NOTE:Use Sheet 26 if total noncash contributions are over \$500. that are not in <i>good</i> used condition or better. In addition,	a deduction for any item with minimal	,	value may be demed.
0% limitation (see above):	2024 Amount	TS	2023 Amount
80% limitation (see above):			
80% capital gain property (gifts of capital gain property to 50% lir	mit orgs.):		
20% capital gain property (gifts of capital gain property to non-50	% limit orgs.):		
	_		
Inion and professional dues		ACT (st	ubject to 2% AGI limit)
Union and professional dues		ACT (st	ubject to 2% AGI limit)
Jnion and professional dues		ACT (st	ubject to 2% AGI limit)
Jnion and professional dues		ACT (st	ubject to 2% AGI limit)
Union and professional dues		ACT (st	ubject to 2% AGI limit)
Union and professional dues		ACT (st	ubject to 2% AGI limit)
Union and professional dues		ACT (st	ubject to 2% AGI limit)
Union and professional dues		ACT (st	ubject to 2% AGI limit)
Union and professional dues	clothing, edu. expenses):	ACT (st	ubject to 2% AGI limit)
Union and professional dues Other unreimbursed employee expenses (uniforms and protective professional subscriptions, employment agency fees, and certain investment expense: Tax return preparation fee	clothing, edu. expenses):	ACT (st	ubject to 2% AGI limit)
Union and professional dues Other unreimbursed employee expenses (uniforms and protective professional subscriptions, employment agency fees, and certain needs on the subscriptions of the subscript	clothing, edu. expenses):	ACT (st	ubject to 2% AGI limit)
Union and professional dues Other unreimbursed employee expenses (uniforms and protective professional subscriptions, employment agency fees, and certain newstment expense: Fax return preparation fee Safe deposit box rental Miscellaneous deductions (2% AGI) (certain legal and accounting	clothing, edu. expenses):	ACT (st	ubject to 2% AGI limit)
Union and professional dues Other unreimbursed employee expenses (uniforms and protective professional subscriptions, employment agency fees, and certain envestment expense: Fax return preparation fee Safe deposit box rental Miscellaneous deductions (2% AGI) (certain legal and accounting	clothing, edu. expenses):	ACT (st	ubject to 2% AGI limit)
Union and professional dues Other unreimbursed employee expenses (uniforms and protective professional subscriptions, employment agency fees, and certain newstment expense: Fax return preparation fee Safe deposit box rental Miscellaneous deductions (2% AGI) (certain legal and accounting	clothing, edu. expenses):	ACT (st	ubject to 2% AGI limit)
Union and professional dues Other unreimbursed employee expenses (uniforms and protective professional subscriptions, employment agency fees, and certain envestment expense: Fax return preparation fee Safe deposit box rental Miscellaneous deductions (2% AGI) (certain legal and accounting and custodial fees):	clothing, edu. expenses):	ACT (st	ubject to 2% AGI limit)
Union and professional dues Other unreimbursed employee expenses (uniforms and protective professional subscriptions, employment agency fees, and certain envestment expense: Fax return preparation fee Safe deposit box rental Miscellaneous deductions (2% AGI) (certain legal and accounting and custodial fees):	clothing, edu. expenses):	ACT (st	ubject to 2% AGI limit)
Union and professional dues Other unreimbursed employee expenses (uniforms and protective professional subscriptions, employment agency fees, and certain envestment expense: Fax return preparation fee Safe deposit box rental Miscellaneous deductions (2% AGI) (certain legal and accounting and custodial fees): Federal only:	clothing, edu. expenses):	ACT (st	ubject to 2% AGI limit)
STATE MISC. DEDS. IF NON-CONFORMING Union and professional dues Other unreimbursed employee expenses (uniforms and protective professional subscriptions, employment agency fees, and certain subscriptions, employment agency fees, and certain subscriptions are turn preparation fee. Safe deposit box rental. Miscellaneous deductions (2% AGI) (certain legal and accounting and custodial fees): Federal only: State only:	clothing, edu. expenses):	ACT (st	ubject to 2% AGI limit)

OTH	HER MIS	CELLANE	OUS DEDUCTION	S	2024 Amount	TS	2023 Amount
Other	miscellaneou	ıs deductions:		Г			
				<u>_</u>			
				<u>_</u>			
Feder	al only:						
State	only:						
				L			

2024 1040 US Itemized Deductions (continued) 25 p5

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

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

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

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

Fair market value of the property on the date that the last debt was secured		
LOAN INFORMATION Doan #1 Lender's name. Form (see table). Number of form. 1=taxpayer, 2=spouse, blank=joint. Interest paid. Points paid.		
Lender's name. Form (see table). Number of form. 1=taxpayer, 2=spouse, blank=joint. Interest paid. Points paid.		
Lender's name. Form (see table). Number of form. 1=taxpayer, 2=spouse, blank=joint. Interest paid. Points paid.		
Form (see table) Number of form 1=taxpayer, 2=spouse, blank=joint Interest paid. Points paid.		
Number of form. 1=taxpayer, 2=spouse, blank=joint. Interest paid. Points paid.		
1=taxpayer, 2=spouse, blank=joint		
Interest paid		
Points paid		
Points paid		
Total principal paid		
Lump sum principal payment (if paid off)		
Months outstanding (if not 12)		
1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17)		-
Home acquisition debt balance - beginning of year		
Home acquisition debt borrowed in 2024		
Home equity debt balance - beginning of year		
Home equity debt borrowed in 2024		
Grandfather debt balance - beginning of year		
oan #2		
Lender's name		
Form (see table)		
Number of form		
1=taxpayer, 2=spouse, blank=joint		
Interest paid		
Points paid.		
Total principal paid		
Lump sum principal payment (if paid off)		
Months outstanding (if not 12)		
1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17)		
Home acquisition debt balance - beginning of year		
Home acquisition debt borrowed in 2024		
Home equity debt balance - beginning of year		
Home equity debt borrowed in 2024		
Grandfather debt balance - beginning of year		
2.5		

25 _{p5}

2024

1040

US

Noncash Contributions (Form 8283)

26.1,26.2

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

- * If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.
- * A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

D	1	M	Λ.	TΕ	\mathbf{D}	DE	\sim	DI	FE	T	/	N	E	\cap	DΙ	VI	Λ	TI	n	N	ı
u	U	'IN	м		u	ГГ	v	П				IA	г	u	ΠI	٧ı	н		u	1	

	2 = Gift	+ - Exchange	2	= Thrift shop value For other methods,	·		
	1 = Purchase	3 = Inheritance 4 = Exchange		= Appraisal	3 = Catalog 4 = Comparable sales		
1	How Pro	perty was Acquired	2	Method Used to	Determine FMV		
	Method used	d to determine FMV (Table 2 or desc	cribe)				
		value					
		or basis					
		d by donor (Table 1 or describe)					
	Date acquire	ed by donor (m/y)					
		ribution (m/d/y)					
		Odometer mileage					
		Model					
No.	Vehicle	Make					
	_	Year (yyyy)					
		Identification number (VIN)					
	Property des	scription (other than vehicle)					
	1=spouse, 2	=joint					
	ZIP code						
	State						
	City						
		Street address					
	Name of cha	aritable organization (donee)					
	1						
		d to determine FMV (Table 2 or desc					
		value					
	Donor's cos	or basis					
	How acquire	d by donor (Table 1 or describe)					
	Date acquired by donor (m/y)						
	Date of cont	ribution (m/d/y)					
		Odometer mileage					
		Model					
No.	─	Make					
		Year (yyyy)					
	Troporty do	Identification number (VIN)					
		scription (other than vehicle)					
		=joint					
	I Stroot addro	ss					

26.1,26.2

2024	1040	US	Business Use of Home (Form 8829)	No.	29

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

BUSINESS USE OF HOME	2024 Amount	2023 Amount
Form		
Number of form (e.g., enter 2 for Schedule C number 2)		
Business use area (square footage)		
Total area of home (square footage)		
Fotal hours facility used (for daycare facilities only)		
Fotal hours available (if not 8,760)		
Area of home included above used exclusively for daycare business, if any (sq ft)		
% (.xx) or amount of gross income from home if not 100% (-1 if none)		
% (.xx) or amount of expenses from home if not 100% (-1 if none)		
INDIRECT EXPENSES		
NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.		
Mortgage interest		
Real estate taxes		
Casualty losses		
nsurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Jtilities		
Excess mortgage interest		
Excess real estate taxes		
Other indirect expenses:		
DIRECT EXPENSES		
NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.		
parameter of the contract of t		
Mortgage interest.		
Mortgage interest		
Mortgage interest		
Mortgage interest. Real estate taxes Casualty losses nsurance		
Mortgage interest. Real estate taxes Casualty losses nsurance Miscellaneous		
Mortgage interest Real estate taxes Casualty losses Insurance Miscellaneous Rent		
Mortgage interest Real estate taxes Casualty losses Insurance Miscellaneous Rent Repairs and maintenance		
Mortgage interest Real estate taxes Casualty losses Insurance Miscellaneous Rent Repairs and maintenance Utilities		
Mortgage interest Real estate taxes Casualty losses Insurance Miscellaneous Rent Repairs and maintenance Utilities Excess mortgage interest		
Mortgage interest Real estate taxes Casualty losses nsurance Miscellaneous Rent Repairs and maintenance Utilities Excess mortgage interest Excess real estate taxes		
Mortgage interest Real estate taxes Casualty losses nsurance Miscellaneous Rent Repairs and maintenance Utilities Excess mortgage interest Excess real estate taxes Excess casualty losses		
Mortgage interest Real estate taxes Casualty losses Insurance Miscellaneous Rent Repairs and maintenance Utilities Excess mortgage interest Excess real estate taxes Excess casualty losses Milowable casualty losses		
Mortgage interest Real estate taxes Casualty losses nsurance Miscellaneous Rent Repairs and maintenance Utilities Excess mortgage interest Excess real estate taxes Excess casualty losses Allowable casualty losses		
Mortgage interest. Real estate taxes Casualty losses nsurance		
Mortgage interest Real estate taxes Casualty losses nsurance Miscellaneous Rent Repairs and maintenance Utilities Excess mortgage interest Excess real estate taxes Excess casualty losses Allowable casualty losses		

2024	1040	US	Employee/Vehicle Bus.	Exp. (Form 2106)	No.	30
P	lease en	ter all pert	inent 2024 amounts. Last year's ar	mounts are provided for y	our reference.	
GENE	RAL IN	IFORMA1	ΓΙΟΝ			
Occupati	on, if differe	ent from Forn	n 1040			
Number of 1=spouse 1=perform	of form (1=t e mance artis	first Schedule st, 2=handicap	e C, 2=second, etc.)			
			SS EXPENSES	2024 Amount	2023 Amoun	<u>t</u>
1=Depart Local tra Travel ex Reimburs	tment of Tra insportation xpenses whi	ansportation ((bus, taxi, tra ille away from ot included on	n W-2, box 1 (80% meal allowance) ain, etc.) n home overnight Form W-2, box 1			
						30

Please enter all pertinent 2024 amounts. Last year's amounts. CLE INFORMATION	ounts are provided for	r your reference.
CLE INFORMATION		
	2024 Amount	2023 Amount
le used primarily by more than 5% owner		
le is available for off-duty personal use		_
her vehicle is available for personal use		_
vidence to support your deduction		_
_		
` ''		
		_
fees and tolls (business portion only)		
Dynancec:		
· · · · ·		
<u>-</u>		
<u>-</u>		
<u>-</u>		
<u> </u>		
ue of employer-provided vehicle on Form W-2 (2106)		
CLE 2		·
tion of vehicle		
aced in service (m/d/y)		
ileage (for the tax year)		
ss mileage		
ting mileage (for the tax year)		
e daily round-trip commute		
of months of business use if changed from 100% personal use		
fees and tolls (business portion only)		
expenses:		
soline, lube, oil		
pairs		
S		
urance		
cellaneous		
o license (other than personal property taxes)		
		
the state of the s	expenses: coline, lube, oil	CLE 1 tion of vehicle aced in service (m/d/y) lleage (for the tax year) s mileage (for the tax year) s daily round-trip commute of months of business use if changed from 100% personal use fees and tolls (business portion only) expenses: obline, lube, oil. airs. s. rance. cellalneous. b license (other than personal property taxes) sonal property taxes (based on car's value) rest (car loan) (for Schedule C, E & F) iction of vehicle aced in service (m/d/y) illeage (for the tax year) s mileage. did yound-trip commute of months of business use if changed from 100% personal use fees and tolls (business portion only) expenses: oline, lube, oil. airs. s. clean tolls (business portion only) expenses: oline, lube, oil. airs (ar loan) (for Schedule C, E & F) clean tolls (business portion only) expenses: oline, lube, oil. airs (ar loan) (for Schedule C, E and F) iction erest (car loan) (for Schedule C, E and F) iction erest (car loan) (for Schedule C, E and F) iction erest (car loan) (for Schedule C, E and F) iction amount (enter as positive)

Please enter all pertinent 2024 information. GENERAL INFORMATION 1=spouse Foreign address of taxpayer, if different from Form 1040: Street address. City. Pegion. Postel code Country. Employer: U.S. street address. U.S. street address. U.S. street address. U.S. street address. Foreign of the street address. Foreign for address. Foreign of the street address. Foreign affined of the street address. Foreign for)24	1040	US	Foreign Income Exclu	ısion (Form 2555)	No.	31.1
Type of exclusion revoked if revoked in earlier year (if applicable): Stroke and tress of taxpayer, if different from Form 1040: Street address				Please enter all pertinent 2	2024 information.		
Type of exclusion revoked if revoked in earlier year (if applicable): Stroke and tress of taxpayer, if different from Form 1040: Street address	GEN	NERAL IN	IFORMA	TION			
Foreign address of taxpayer, if different from Form 1040: Street address. City. Region. Postal code. Country. Employer: Name. U.S. street address. U.S. city. U.S. state U.S. ZIP code. Foreign street address. Foreign city. Foreign region. Foreign postal code. Foreign country. Employer type: = foreign entity 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other. Employer type, if other. Type of exclusion revoked if revoked in earlier year (if applicable): Tax year revocation was effective Number of days during tax year at separate foreign address (if applicable): Number of days during tax year at separate foreign address (if applicable):							
Street address. City. Region. Postal code. Country. Employer: Name. U.S. street address. U.S. city. U.S. state. U.S. ZIP code. Foreign street address. Foreign city. Foreign region. Foreign postal code. Foreign country. Employer type: 1=foreign entity, 2=U.S. company, 3=self. 4=foreign affiliate of U.S. company, 5=other. Employer type, if other. Type of exclusion revoked if revoked in earlier year (if applicable): Country of citizenship. City and country of separate foreign residence if maintained due to adverse living conditions (if applicable): Number of days during tax year at separate foreign address (if applicable)							
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Type of exclusion revoked in earlier year (if applicable): Tax year revocation was effective Country of citizenship. City and country of separate foreign residence if maintained due to adverse living conditions (if applicable): Number of days during tax year at separate foreign address (if applicable) Dates tax home(s) were	E1	mployer type:	1=foreign e	entity, 2=U.S. company,			
Type of exclusion revoked if revoked in earlier year (if applicable): Country of citizenship City and country of separate foreign residence if maintained due to adverse living conditions (if applicable): Dates tax home(s) were							
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Country of citizenship City and country of separate foreign residence if maintained due to adverse living conditions (if applicable): Number of days during tax year at separate foreign address (if applicable) Dates tax home(s) were	Туре	of exclusion re	evoked if revo	oked in earlier year (if applicable):	Tax year revocation was effective		
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City and country of separate foreign residence if maintained due to adverse living conditions (if applicable): Number of days during tax year at separate foreign address (if applicable) Dates tax home(s) were	Count	ry of citizonch	in				
Dates tax home(s) were							
Dates tax home(s) were	City a	nd country of se living condi	separate fore itions (if appl	eign residence if maintained due to licable):	Number of days during tax year at separate foreign address (if applicable)		
Tax homes(s) during tax year: Dates tax home(s) were established (m/dly)				,			
Tax homes(s) during tax year: Dates tax home(s) were established (m/d/y)							
Tax homes(s) during tax year: Dates tax home(s) were established (m/d/y) Dates tax home(s) were established (m/d/y)							
Tax homes(s) during tax year: established (m/d/y) established (m/d/y)					Dates tax home(s) were		
	Tax h	omes(s) durin	g tax year:		established (m/d/y)		
						-	
						-	
							31.1

24	1040	US	Foreign Income Excl	usion (2555)		No.	31.1 p
			Please enter all pertinent	t 2024 information.			
	VEL INF						
	: Please ente el Type (table		2024 as well as travel for 2025 known f country (if not United States)	to date. Date arrived	Date left	Days in U.S	on business
		,					
		1	1	'		'	
BO	NA FIDE I	RESIDEN	ICE TEST AND PHYSICAL	PRESENCE TE	ST		
-	•		dence (m/d/y)				
	-		nce (m/d/y)				
			: 1=purchased home, 2=rented house quarters furnished by employer			'1 P 1 1	
Names	of family living at	broad with taxpay	er (if applicable): Relation	nship	Period f	amily lived abroa	ad
		-	y of bona fide residence				
	· -		country of bona fide residence yth of employment abroad				
Туре	of visa you en	itered foreign	country under				
	-	-	oyment in country (if applicable)				
	ss of home in living abroad				ZIP Code		S. home rented applicable)
	Names	of occupants	in U.S. home (if applicable)	Relationship of o	occupants in U.S	6. home (if appli	cable)
Princi	pal country of	employment					
FOF	REIGN HO	DUSING I	EXPENSES	2024 Amoun	t	2023 Amou	ınt
	-	•					
Locati	on of housing	expenses:		Qualifying days	s in location (mi	ultiple locations o	only)
			Travel Ty	une.			
			Ilavel I	, , , ,			
			1 = Travel to U.S. (d	default)			
			1 = Travel to U.S. (c 2 = Travel to foreigr 3 = Travel to restrict	n country			

31.1 _{p2}

Please enter all pertinent 2024 amounts and attac Enter amounts in U.S. dollars only. Last year's	amounts are provided fo	r your reference.
FOREIGN WAGES, SALARIES, TIPS	2024 Amount	2023 Amount
Name or number		
=spouse.		
=retirement plan (Box 13)		
Vages, tips, other compensation (Box 1)		
ederal income tax withheld (Box 2)		
Social security tax withheld (Box 4)		
Medicare tax withheld (Box 6)		
State income tax withheld (Box 17)		
ocal income tax withheld (Box 13)		
FOREIGN ALLOWANCES, REIMBURSEMENTS A	ND OTHER EARNED	INCOME
Noncash Income		
Home (lodging)		
Car.		
Other properties or facilities:		
Allowances and Reimbursements		
Cost of living and overseas differential		
Allowances and Reimbursements Cost of living and overseas differential Family Education Home leave Quarters Other purposes:		
Cost of living and overseas differential		
Cost of living and overseas differential		
Cost of living and overseas differential		
Cost of living and overseas differential		
Cost of living and overseas differential		
Cost of living and overseas differential		
Cost of living and overseas differential Family. Education. Home leave. Quarters. Other purposes: Meals and lodging provided for the convenience of the Employer (excludable under section 119) Other Foreign Earned Income		
Cost of living and overseas differential		
Cost of living and overseas differential Equivarion Home leave Quarters Other purposes: Meals and lodging provided for the convenience of the employer (excludable under section 119) Other Foreign Earned Income 2024 Days Worked Allocation Information		

2024 | 1040 | US | Health Savings Accounts (8889) | 32.1

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

HSA CONTRIBUTIONS

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

	2024 Am	ount	2023 Am	ount
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)				
Contributions included above that were made after you became eligible for Medicare				
Contributions made to date				
HSA DISTRIBUTIONS				
Total HSA distribution received (1099-SA, box 1)				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses				

32.1

		2024 Amo	unt	2023 Amo	unt
EPENI	DENT CARE EXPENSES (33.1)	Taxpayer	Spouse	Taxpayer	Spouse
	are expenses incurred but not paid in 2024				
mployer-pr	ovided benefits forfeited in 2024				
EDCO	NO AND EVERNOES OF A LEVINO	EOD DEDEND	ENT OARE O	DED IT	
ERSO	NS AND EXPENSES QUALIFYING	FOR DEPEND	ENT CARE C	REDII	
	First name				
	Title or suffix				
	Date of birth (m/d/y)				
lo.	Social security number				
	-				
	Qualified dependent care expenses incurred and paid in 2024			2023 amt:	
	1=over age 12 & disabled at the time care was provided				
	1=spouse, 2=joint				
	First name				
	Last name				
	Title or suffix				
	Date of birth (m/d/y)				
lo.	Social security number				
	⁻				
	Qualified dependent care expenses incurred and paid in 2024			2023 amt:	
	1=over age 12 & disabled at the time care was provided				
	1=spouse, 2=joint				
RSON	S OR ORGANIZATIONS PROVIDII	NG CARE (33.2	2)		
	Name of provider				
	Street address				
	City				
	State				
	ZIP code				
	Address where care provided (if different):				
	Street address				
	City, state, ZIP code				
lo	Telephone number				
	Identification number (SSN or EIN)				
	1=organization is tax-exempt				
	1=care provider is a person				
	Foreign postal code				
	Foreign postal code				
	Amount paid to care provider in 2024			2023 amt:	
	1=spouse, 2=joint			LULU AIIIL.	
	1-5p0u30, 2-j0iiit				

4 1	040 U	40 US Qualified Adoption Expenses (Form 8839)				
	•	pertinent 2024 information. Last year's	amounts are provided for	your reference.		
ELIGIB	LE CHILDE		2024 Amount	2023 Amount		
No.	Last name Identification Date of birt 1=born before 1=special r 1=foreign of 1=adoption Qualified Adoption Expenses Paid in	on number th (m/d/y) the 2007 and was disabled needs child thild was not final in 2024 2023 for adoption not finalized by end of 2024 Prior years for adoption of foreign child finalized in 2024 2023 and 2024 for adoption finalized in 2024 2024 for adoption finalized before 2024 2=joint				
		,				
No.	Identification Date of birting 1=born before 1=special in 1=foreign or 1=adoption Qualified Adoption Expenses Paid in	n number n (m/d/y) ore 2007 and was disabled eeds child nild was not final in 2024 2023 for adoption not finalized by end of 2024 Prior years for adoption of foreign child finalized in 2024 2023 and 2024 for adoption finalized in 2024 2024 for adoption finalized before 2024 2=joint				
	First name					
No.	Last name Identification Date of birting 1=born before 1=special in 1=foreign or 1=adoption Qualified Adoption Expenses Paid in	n number n (m/d/y) ore 2007 and was disabled eeds child nild was not final in 2024 2023 for adoption not finalized by end of 2024 Prior years for adoption of foreign child finalized in 2024				

24	1040	US	Education Credits		No.	38
	Please con you	nplete the r spouse,	information below if you paid quali or your dependents enrolled in an a Last year's amounts are provided	fied education expens ccredited postsecond I for your reference.	ses in 2024 for you, dary institution.	
STU	UDENT IN	FORMA ⁻	TION			
1=tax	xpayer, 2=spou	se				
First	name					
	=		ned			
1=stud 2024 (d	lent was NOT enrolle or the first 3 months	d at least half-time of 2025 if the qua	e for at least one academic period that began in allfied expenses were made in 2024)			
1=stud 1=stud of a co	dent completed first the lent was convicted, bontrolled substance.	our years of posterior the end of 2	-secondary education before 2024 2024 , of a felony for possession or distribution			
- FD	LICATION!	AL INCTI	FUTION ATTENDED (#1)			
			TUTION ATTENDED (#1)			
City.						
	ode		noived.			
			Box 7 completed			
			n Box 7 completed			
Fede	ral ID number fr	om Form 109	8-T			
EDI	UCATIONA	AL INSTIT	TUTION ATTENDED (#2)			
Name	e					
Stree	et address					
-						
	ode		sived			
			Box 7 completed			
			Box 7 completed			
			8-Т			
QU	ALIFIED EI	DUCATIO	N EXPENSES	2024 Amount	2023 Amount	
Qualific	ed tuition & fees pai	d in 2024 (net of i	refund or assistance, & not entered elsewhere)	2024 Amount	2023 Amount	
	·	•	rchased from institution			
Books	s & supplies not	entered abov	e			
Amou	unt of prior year	refund or assi	stance *			
Refund (of qualified exp	enses and ta	ax-free educational assistance received after y	ou file your return for the yea	ar in which the expenses v	vere pa

38

2024	1040	US	Household Employment Taxes (Schedule H)	42
	1070		I HOUSCHOID EIHBIOVIIICHT TUXCS (SCHOUDIC II)	74

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

HOUSEHOLD EMPLOYMENT TAXES

NOTE: If you paid any one household employee cash wages of \$2,700 or more in 2024; withheld federal income tax during 2024 for any

household employee; or paid total cash wages of \$1,000 or more in any ca please complete the following:	lendar quarter of 2023 or 2	2024 to household employees,
Employer identification number		
1=spouse, 2=joint.		
Social security, Medicare and income taxes:	2024 Amount	2023 Amount
1=paid any one employee cash wages of \$2,700 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Taxes withheld from state disability payments		
Federal unemployment tax:		
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2023 or 2024		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/15/25		
1=all wages taxable for FUTA were also taxable for state unemployment .		
Name of state		
Contributions paid to state unemployment fund		

24	1040	US	Parent's Election to Repor	t Child's Inc.	No.	44
Please enter all pertinent 2024 amounts & attach all 1099-INT and 1099-DIV forms. Last year's amounts are provided for your reference.						
CHII	LD'S INFO) RMATIC	-	i your reference.		
	ame ame					
	security numb					
	of birth (m/d/y)					
1=non	taxable to fed	eral				
1=non	taxable to stat	:e				
INTE	EREST IN	COME (F	Form 1099-INT)			
Banks	, credit unions	, etc. (Box 1)):	2024 Amount	2023 Amount	
-						
U.S. b	onds, T-bills,	etc. (nontaxa	ble to state) (Box 3):		I	
_						
	xempt interest		_			
	ments:				<u> </u>	
No	ominee distribu	ıtion				
Ac	crued interest					
	·	•	T in error)			
	•					
Foreig						
-		authority over	r foreign account			
		-				
1=	grantor/transf	eror or receiv	red distribution from foreign trust			
Post 8	3/7/86 private a	activity bond	interest (included above) (6251)			
DIVI	DEND IN	COME (F	orm 1099-DIV)			
	ordinary divide	•	•			
Total	oraniary arvido	nas (Box ra)				
-						
Qualifi	ied dividends ((Box 1b)				
Total o	capital gain dis	stributions (B	ox 2a):			
-						
Linrac:	antured section	n 1250 gain (Box 2b)			
		_				
		•				
Tax-ex	xempt interest		<u> </u>			
	•					
	nee distribution					
	urrary dividen					
Or		nde				
Or Qı	ualified divider					
Or Qu Ca	ualified divider apital gain dist	ributions	included above			

024	1040	CA	Other Credits	53.013
			Please enter all pertinent 2024 information.	
REN	ITER'S C	REDIT		
NOTE	:To qualify for on property i	the credit you n California w	u must have paid rent, for at least half of the year, hich was your principal residence.	
			e's credit	
1=filin	g jointly and o	one spouse cl	aimed homeowner's property tax exemption if part-year resident	

53.013

Please enter all pertinent 2024 information. No.	No. Use county (see table). Total purchases subject to use tax Sales or use tax already paid. No. Use county (see table). Total purchases subject to use tax Sales or use tax already paid. No. Use county (see table). Total purchases subject to use tax Sales or use tax already paid. No. Use county (see table). Total purchases subject to use tax Sales or use tax already paid. No. Use county (see table). Total purchases subject to use tax Sales or use tax already paid. No. Use county (see table). Total purchases subject to use tax Sales or use tax already paid. No. Use county (see table). Total purchases subject to use tax Sales or use tax already paid. No. Use county (see table). Total purchases subject to use tax Sales or use tax already paid. No. Use county (see table). Total purchases subject to use tax Sales or use tax already paid. County C	24	1040	CA	California Use	Tax	54.
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Sales or use tax already paid.	Sales or use tax already paid.	NO.					
No.	No.						
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		32= Lake	e (Clearlake)		64 = Orange (Laguna Beach)	96 = Santa Cruz (Santa Cruz)	

54.012

Series: 4001 California Use Tax

2024	1040	US	Report of Foreign Bank	and Financial Acc	ounts	82.1
	Please ent	ter all per	tinent 2024 amounts. Last year's a	mounts are provided for y	our reference.	
GEI	NERAL IN	FORMA	TION	2024 Amount	2023 Amoun	+
Cana	dian province o	or Mexican s	tate	20247 Milodik	2020 / illiour	
	gn identification:					
	axpayer:					
		:, 2=foreign T	IN			
			on			
	Number					
	Country of	issue				
S	pouse:					
	1=passport	., 2=foreign T	IN			
	Other type	of identificat	on			
	Number					
Тахра	ayer:					
Ti	itle					
Spous	se:					
Ti	itle					
					-	
						02 1

			ICIAL ACCOU		2024 Amount	2023 A	mount
•			curities account, or	<u> </u>			
			wn)	· · · · · —			
nancial insti	ation:			_		•	
			tory)				
-							
ccounts own				_			
		latory for Part I	II accounts) (-1 if joint o	wner is joint filer) [
	oint owner:	ation numbe	er, if not joint filer				
			. 3=foreign , 4=unkn				
	•						
First	name						
Midd	lle initial						
.				<u> </u>			
-				<u> </u>			
	e filer has no						
Last name	or org. name	e (mandator	y)				
			 eign , 4=unknown				
			eigii , 4–uiikiiowii				
=							
Filer's title							
ZIP/postal Country (i [.]	code not US)						

RGANIZER					
2024	1040	US	Foreign Reporting (8938)	No.	82.2 _{p2}
	Please en	ter all perti	inent 2024 amounts. Last vear's amounts are provided for ve	our reference.	

FOREIGN DEPOSIT AND CUSTODIAL ACCOUNTS (Part I)		
	2024 Amount	2023 Amount
Description of asset		
Type of account: 1=deposit, 2=custodial		
Jse financial institution information from Form 114		
Financial institution information (if not filing Form 114):		1
Maximum value of account during year		
Name of institution		
Account number (mandatory for part I)		
Mailing address of institution		
City of institution		
State/province of institution		
Postal code of institution		
Country of institution		
I =account opened during year		
l=account closed during year		
I=account jointly owned with spouse		-
I=no tax item in Part III with respect to this account		-
=used foreign currency exchange rate to convert value to US dollars		
Foreign currency in which account is maintained		
Foreign currency exchange rate (xxxx.xxxx)		
Source of exchange rate		<u> </u>
OTHER FOREIGN ASSETS (Part II)		
dentifying number or other designation (mandatory for part II)		
Date asset acquired during year (m/d/y)		_
Date asset disposed of during year (m/d/y)		_
=jointly owned with spouse		
=no tax item in Part III with respect to this asset		
Maximum value of asset during year		
=used foreign currency exchange rate to convert value to US dollars		
Foreign currency in which asset is denominated		1
Foreign currency exchange rate (xxxx.xxxx)		
Source of exchange rate		
Foreign entity information (complete if stock or interest):		
Name of entity		
Type of entity		
Mailing address of entity		
City of entity		
State/province of entity		
Postal code of entity		
Country of entity		
1		
	,	
Type of Entity		
1 = Partnershij 2 = Corporatio		
z = Corporation 3 = Trust		
4 = Estate		

82.2_{p2}

SSETS (Part II) (continued)): arty Interparty (see table 2)	Issuer or counterparty (#1): Name 1=issuer, 2=counterparty Type of issuer or counterparty (see table 2) Issuer or counterparty: 1=US person, 2=foreign person Mailing address City. State/province Postal code Country Issuer or counterparty (#2): Name 1=issuer, 2=counterparty (see table 2) Issuer or counterparty: 1=US person, 2=foreign person Mailing address City. State/province Postal code Country Issuer or counterparty: 1=US person, 2=foreign person Mailing address City. State/province Postal code Country Issuer or counterparty (see table 2) Issuer or counterparty (#3): Name 1=issuer, 2=counterparty Type of issuer or counterparty (see table 2) Issuer or counterparty: 1=US person, 2=foreign person Mailing address City. State/province Postal code Country Issuer or counterparty (see table 2) Issuer or counterparty: 1=US person, 2=foreign person Mailing address City. State/province Postal code Country Issuer or counterparty (#4): Name 1=issuer, 2=counterparty Issuer or counterparty (#4): Name 1=issuer, 2=counterparty Type of issuer or counterparty (see table 2) Issuer or counterparty (#4): Name 1=issuer, 2=counterparty Type of issuer or counterparty (see table 2)	OTHER FOREIGN ASSETS (Part II) (continued) Issuer or counterparty (#1): Name. I = issuer, Z=counterparty (see table 2) Issuer or counterparty (#2): State/province Postal code Country I = issuer, Z=counterparty (#2): Name. I = issuer, Z=counterparty (#2): Name. I = issuer, Z=counterparty (#2): Name. City. State/province Postal code Country I = issuer or counterparty (#3): Name issuer or counterparty (#3): Name issuer or counterparty I = issuer, Z=counterparty I = issuer, Z=counterparty I = issuer or counterparty #4): Name. I = issuer, Z=counterparty I = issuer or counterparty (see table 2) I = issuer or counterparty (#4): Name. I = issuer, Z=counterparty I = issuer or counterparty (see table 2) I = issuer or counterparty (#4): Name. I = issuer, Z=counterparty I = issuer or counterparty I = issuer o	104	40	US	Foreign Reporting (8938) (continued)	No.	82.2 p
Contemporary (see table 2)	Issuer or counterparty (#1): Name	Sasuer or counterparty (#1): Name.	Please	se ente	er all per	tinent 2024 amounts. Last year's amounts are provide	ed for your reference	
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ORGANIZER

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Ple	ase furnish	any addition	onal information or supporting details not provided elsewhere in this tax organizer.
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