Form ID: 1040		Perso	nal Information			1
Filing (Marital) status code (1 = Single, 2 = Married	filing joint, 3 = Married fili	ing separate, 4 = Head of househo	old, 5 = Qualifying survivir	ng spouse)	[1]
	ere married but living apart all		5 -p,	,	○ F /	[2]
•	onresident alien spouse does r	•	al Taxpayer Identification	Number (ITIN)		[3]
			Taxpayer		Spouse	
Social security	number		[4]	-	•	[5]
First name	·		[6]			[7]
Last name			[8]			[9]
Occupation			[10]			[11]
	00 to the presidential election	campaign fund? (1 = '				[14]
•	dent of another taxpayer income less than 1/2 support	200 19 or 10 22 ful	[15]			[16]
Mark if legally		age 10 01 19 - 23 Iui	[20]			[21]
Date of birth	Simo		[22]			[24]
Date of death		_	[26]		-	[27]
	e telephone number/ext numb	er _	[28] [29]		[30]	[31]
	g telephone number		[32]			[33]
	rize us to discuss your return w	rith the IRS? (Y, N)	[34]			
-	·	Procon	t Mailing Addross			
A .1.1		FIESEII	t Mailing Address			
Address	and the same					[40]
Apartment nu				[40]		[41]
Foreign count	tal code, zip code			[42]	[43]	[44]
Foreign phone						[46]
In care of add						[49] [51]
THE CALC OF GOOD						[51]
		Depen	dent Information			
	(*P	Please refer to Depe	endent Codes located at t	he bottom)	Months**Dep	Care expenses
						paid for
First Name	£[52] Last Name	Date of Birth	Social Security No.	Relationship	home * **	dependent
Name of child	who lived with you but is not y	your dependent				[53]
	who lived with you but is not y	your dependent				
	-	· · · · · · · · · · · · · · · · · · ·	application Codes			
Social security	number of qualifying person	Dep	pendent Codes **Other 1 = Stude	ont (Ago 19 . 22)		
	number of qualifying person 1 = Child who lived with you	Dep	**Other 1 = Stude			
Social security	number of qualifying person 1 = Child who lived with you 2 = Child who did not live wi	Dep	**Other 1 = Stude ce/separation 2 = Disab	led dependent	a student and dies	[54]
Social security	number of qualifying person 1 = Child who lived with you 2 = Child who did not live wi 3 = Other dependent	Dep	**Other 1 = Stude ce/separation 2 = Disab 3 = Depe	led dependent ndent who is both	a student and disa	[54]
Social security	number of qualifying person 1 = Child who lived with you 2 = Child who did not live wi 3 = Other dependent 4 = Other dependents, but d	Dep th you due to divor o not qualify for Cre	**Other 1 = Stude ce/separation 2 = Disab 3 = Depe edit for Other Dependen	led dependent ndent who is both	a student and disa	[54]
Social security	number of qualifying person 1 = Child who lived with you 2 = Child who did not live wi 3 = Other dependent 4 = Other dependents, but d 5 = Qualifying child for Earne	Dep th you due to divor- o not qualify for Cre ed Income Credit or	**Other 1 = Stude ce/separation 2 = Disab 3 = Depe edit for Other Dependen	led dependent ndent who is both ts (ODC)	a student and disa	[54]
Social security	1 = Child who lived with you 2 = Child who did not live wi 3 = Other dependent 4 = Other dependents, but d 5 = Qualifying child for Earne 6 = Children who lived with	Dep th you due to divor o not qualify for Cre ed Income Credit or you, but do not qua	**Other 1 = Stude ce/separation 2 = Disab 3 = Depe edit for Other Dependen lly lify for Earned Income Ci	led dependent ndent who is both ts (ODC)	a student and disa	[54]
Social security	1 = Child who lived with you 2 = Child who did not live wi 3 = Other dependent 4 = Other dependents, but d 5 = Qualifying child for Earne 6 = Children who lived with y 7 = Children who lived with y	Dep th you due to divor- o not qualify for Cre ed Income Credit or you, but do not qua you, but do not qua	**Other 1 = Stude ce/separation 2 = Disab 3 = Depe edit for Other Dependen lly lify for Earned Income Co lify for Child Tax Credit	led dependent ndent who is both ts (ODC)		[54]
*Basic	number of qualifying person 1 = Child who lived with you 2 = Child who did not live wi 3 = Other dependent 4 = Other dependents, but d 5 = Qualifying child for Earne 6 = Children who lived with y 7 = Children who lived with y 8 = Children who lived with y	Dep th you due to divor o not qualify for Cre ed Income Credit or you, but do not qua you, but do not qua you, but do not qua	**Other 1 = Stude ce/separation 2 = Disab 3 = Depe edit for Other Dependen lly lify for Earned Income Co lify for Child Tax Credit	led dependent ndent who is both ts (ODC)		[54]
*Basic	1 = Child who lived with you 2 = Child who did not live wi 3 = Other dependent 4 = Other dependents, but d 5 = Qualifying child for Earne 6 = Children who lived with y 7 = Children who lived with y 8 = Children who lived with y 7 = Reported on odd year re	Dep th you due to divor- o not qualify for Cre ed Income Credit or you, but do not qua you, but do not qua you, but do not qua eturn	**Other 1 = Stude ce/separation 2 = Disab 3 = Depe edit for Other Dependen lly lify for Earned Income Co lify for Child Tax Credit	led dependent ndent who is both ts (ODC)		[54]
*Basic	1 = Child who lived with you 2 = Child who did not live wi 3 = Other dependent 4 = Other dependents, but d 5 = Qualifying child for Earne 6 = Children who lived with y 7 = Children who lived with y 8 = Children who lived with y 8 = Children who lived with y 8 = Reported on odd year ro 88 = Reported on even year	Dep th you due to divor- o not qualify for Cre ed Income Credit or you, but do not qua you, but do not qua you, but do not qua eturn	**Other 1 = Stude ce/separation 2 = Disab 3 = Depe edit for Other Dependen lly lify for Earned Income Co lify for Child Tax Credit	led dependent ndent who is both ts (ODC)		[54]
*Basic	1 = Child who lived with you 2 = Child who did not live wi 3 = Other dependent 4 = Other dependents, but d 5 = Qualifying child for Earne 6 = Children who lived with y 7 = Children who lived with y 8 = Children who lived with y 7 = Reported on odd year re	Dep th you due to divor- o not qualify for Cre ed Income Credit or you, but do not qua you, but do not qua you, but do not qua eturn	**Other 1 = Stude ce/separation 2 = Disab 3 = Depe edit for Other Dependen lly lify for Earned Income Co lify for Child Tax Credit	led dependent ndent who is both ts (ODC)		[54]

Client Contact Information

2

Preparer - Enter on Screen Contact

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

٦k

Direct Deposit/Electronic Funds Withdrawal Information

3

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

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

Nonresident Alien - General Information

4

Form ID: NRA

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

Country where you are a citizen or national during the	tayyaar	•	,			[2]
Country where you are a citizen or national during the Foreign address to use for refund check, if different the		entered on Sc	reen 1040:			_[2]
Foreign address	an maning address	s cintered on se				[3]
Foreign city						رق [4]
Foreign country name						_[6]
Foreign province or county						_[7]
Foreign postal code						 [8]
Country of permanent residence for tax purposes						_[10
Scholarships and fellowship grants received during tax	vear:					_,
Scholarships and renovising grants received during tax	year.			+		[15
U.S. real property interests that were disposed at a gain	in during the tax y	ear		+_		_[18
Income Not Effec	tively Connect	ted with a U	.S. Trade or B	usiness		
Payer / Description		Tax Rate	Income	U.	S. Fed Withholding	;
Dividends paid by U.S. corporations:						
		+		[21] +		_
				+ _		_
Dividends paid by foreign corporations:						
		+		[23] +		_
		+		+		
Interest received on mortgages:						
		+		[27] +		
		+		+		
Interest paid by foreign corporations:						_
		+		[29] +		
		+				_
Other Interest received:		· <u></u>				_
		+		[31] +		
						_
Industrial royalties (patents, trademarks, etc.)						_
		+		[33] +		
Motion picture or T.V. copyright royalties						-
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		+		[35] +		
Other royalties (copyrights, recording, publishing, etc.))	· <u></u>				_
, , , , , , , , , , , , , , , , , , , ,		+		[37] +		
Real property income and natural resources royalties						-
		+		[39] +		
Pensions and annuities:						_
		+		[41] +		
Gambling - Residents of Canada only:						_
•	[44	11		+		[43
Gambling - Residents of countries other than Canada:		.,				_,
		+		[47] +		
Other income:		· — ·				-
		+		[49] +		
						_
Capital Gains & Losses N	lot Effectively	Connected	with a U.S. Tra	ade or Bu	ısiness	
Description of Property[51]	Date Acquired			-	sis U.S. Fed W/	
						_
						_
						_
						_
			++		+	_

			esident Ane	n - Other Info	mation		5
lave vou ever appli	ied to be a gree	n cared holder of t	he United State	S (Y. N)			
Vere you ever a U.S	_	in carea notaer or c	ne omica state	3 (1,14)			_
Vere you ever a gre		of the U.S? (Y, N)					_
		2024, enter your vi	sa type				_
•		ur U.S. immigration	* *				
tatus on Decembei	-	J					
ate you first enter	ed U.S.						
່you've ever chanຄ	ged your visa ty	pes (nonimmigrant	status) or U.S.	mmigration statu	s:		
Date of visa chang	ge						
Nature of your vis	sa change						
•		Mexico AND comm	ute to work in t	he U.S. at frequen	t intervals,		
enter 1 for Canada	a or 2 for iviexio	.0					_
ist all dates you en	tered and left t	he United States d	uring 2024 (NA	for residents of Ca	nada or Mexiicaţ)):	
Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left
	ber of days (inc	cluding vacation, no	nworkdays, par	tial work days) yo	u were present	in the U.S. during:	
2022							
2023							
2024							
atest U.S. income t	tay roturn you f	ilad prior to 2024:					
Year filed	tax return you r	neu prior to 2024.					
Type of return file	-d						
Type of return file	ed						
		n of \$250,000 or mo	ore during 2024	(Y, N)			
id you receive tota	al compensation	n of \$250,000 or mo e method to deterr	_		ion? (Y, N)		_
id you receive tota If "Yes" did you us	al compensation se an alternative		nine the source	of the compensat		ne space b ęlow .	=
id you receive tota If "Yes" did you us	al compensation se an alternative	e method to deterr	nine the source	of the compensat		ne space b สุโ ่งพ.	_
id you receive tota If "Yes" did you us	al compensation se an alternative	e method to deterr	nine the source	of the compensat		ne space bęlюw.	_
id you receive tota If "Yes" did you us	al compensation se an alternative	e method to deterr	nine the source	of the compensat		ne space b ∉løw .	_
id you receive tota If "Yes" did you us	al compensation se an alternative	e method to deterr	nine the source	of the compensat		ne space b eløw .	
id you receive tota If "Yes" did you us	al compensation se an alternative	e method to deterr	nine the source	of the compensat		ne space b ąlo w.	_
id you receive tota If "Yes" did you us If you used an alte	al compensation se an alternative ernative method	e method to deterr d to determine the	nine the source source of the c	of the compensation, pro	vide details in th	ne space b ello w.	_
id you receive tota If "Yes" did you us If you used an alte	al compensation se an alternative ernative method	e method to deterr	nine the source source of the c	of the compensation, pro	vide details in th	ne space b ∉lo w.	
id you receive tota If "Yes" did you us If you used an alte	al compensation se an alternative ernative method	e method to detern d to determine the	nine the source source of the co	of the compensation, pro	vide details in th		ome in 2024
d you receive tota If "Yes" did you us If you used an alte	al compensation se an alternative ernative method	e method to detern d to determine the	nine the source source of the c	of the compensation, pro	vide details in the		ome in 2024
d you receive tota If "Yes" did you us If you used an alte	al compensation se an alternative ernative method	e method to detern d to determine the	nine the source source of the co	of the compensation, pro	vide details in the		ome in 2024
d you receive tota If "Yes" did you us If you used an alte	al compensation se an alternative ernative method	e method to detern d to determine the	nine the source source of the co	of the compensation, pro	vide details in the		ome in 2024
d you receive tota If "Yes" did you us If you used an alte	al compensation se an alternative ernative method	e method to detern d to determine the	nine the source source of the co	of the compensation, pro	vide details in the		ome in 2024
id you receive tota If "Yes" did you us If you used an alte	al compensation se an alternative ernative method	e method to detern d to determine the	nine the source source of the co	of the compensation, pro	vide details in the		ome in 2024
id you receive tota If "Yes" did you us If you used an alte	al compensation se an alternative ernative method	e method to detern d to determine the	nine the source source of the co	of the compensation, pro	vide details in the		ome in 2024
old you receive total If "Yes" did you us If you used an alte complete the follow	al compensation se an alternative method ernative method wing if claiming	e method to detern d to determine the	come tax under	a U.S. income tax	treaty	Exempt Inco	
omplete the follow	al compensation se an alternative method ernative method wing if claiming Country Name subject to tax in	e method to detern d to determine the	come tax under	a U.S. income tax le Months C	treaty laimed in 2023	Exempt Inco	
Oid you receive total If "Yes" did you us If you used an alter Complete the follow Were you Are you cla	al compensation se an alternative method ernative method wing if claiming Country Name subject to tax in	e method to determ d to determine the exemption from in [21] T a foreign country enefits pursuant to	come tax under	a U.S. income tax le Months C	treaty laimed in 2023	Exempt Inco	
Oid you receive total If "Yes" did you us If you used an alter Complete the follow Were you Are you cla	al compensation se an alternative method ernative ernativ	e method to determ d to determine the exemption from in [21] T a foreign country enefits pursuant to	come tax under	a U.S. income tax le Months C	treaty laimed in 2023	Exempt Inco	
Oid you receive total If "Yes" did you us If you used an alter Complete the follow Were you Are you cla attach a co	al compensation se an alternative method ernative ernativ	e method to determ d to determine the exemption from in [21] T a foreign country enefits pursuant to	come tax under ax Treaty Artic on any of the ir	a U.S. income tax le Months C	treaty laimed in 2023 the "Exempt incation. If yes,	Exempt Inco	

Form ID: NRA-2

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

Electronic Filing

6

NOTES/QUESTIONS:

Form ID: ELF

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

Form ID: Est	Estimated Taxes	8
If you have an overn	ayment of 2024 taxes, do you want the excess:	
Refunded	ayment of 2024 taxes, do you want the excess.	[52]
Applied to 202	5 estimated tax liability	[53]
Do you expect a con	siderable change in your 2025 income? (Y, N)	[54]
If yes, please explain	any differences:	
		[55]
		[56]
		[57] [58]
Do you expect a con:	siderable change in your deductions for 2025? (Y, N)	[50] [59]
If yes, please explain		
		[60]
		[61]
		[62]
Do you expect a con-	siderable change in the amount of your 2025 withholding? (Y, N)	[63] [64]
If yes, please explain		[04]
,	<u>'</u>	[65]
		[66]
		[67]
Do you expect a char	nge in the number of dependents claimed for 2025? (Y, N)	[68]
If yes, please explain		[69]
yes, prease emplani		[70]
		[71]
		[72]
Daymont mothed us	and to navy your actimated tayor (1-Electronic Fodoral Tay Daymont System (EFTDS), 2-Direct Day)	[73]
Payment method us	ed to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay)	[74]
	2024 Fadaral Fatinatad Tau Damanta	
	2024 Federal Estimated Tax Payments	
2023 overpayment a	pplied to 2024 estimates +	[1]
Mark if you paid the	calculated amounts on the dates due indicated below. Skip the remaining fields.	[5]
the actual date and a	yments were not made on the date due or were for an amount other than the calculated amount below, plane and the calculated amount below.	ease enter
the actual date and a	intount para.	
	Date Due Date Paid if After Date Due Amount Paid Calculated Amount Me	thod*
1st quarter payment		
2nd quarter paymen		
3rd quarter payment		
4th quarter payment Additional payment		
Additional payment	[14] +[15]	
	*Method of payment indicated in prior year	
	EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System	
	Voucher = Form 1040-ES estimated tax payment voucher	
NOTES/QUESTIC	ONS:	

Control Totals +	Form ID: Est

Taxpayer/Spouse/Joint (T, S, J) State postal code		_[1]
		[2]
Amount paid with 2023 return 2023 overpayment applied to '24 estimates Treat calculated amounts as paid		+[3] +[4] [8]
Date Paid	Amount Paid	Calculated Amount
1st quarter payment[9]	+[10]	
2nd quarter payment[11]	+[12]	
3rd quarter payment[13]	+[14]	
4th quarter payment[15]	+[16]	
Additional payment[17]	+[18]	
	2024 City Estimated Tax Payments	
City #1	City #2	
City name	[28] City name	[50]
Amount paid with 2023 return +		
2023 overpayment applied to '24 estimates		· · · · · · · · · · · · · · · · · · ·
Treat calculated amounts as paid	_[36] Treat calculated amounts as paid	[58]
Date Paid A		Amount Paid
1st quarter payment[37] +		
2nd quarter payment[39] +		
3rd quarter payment[41] +		
4th quarter payment[43] +	[44] 4th quarter payment[65]	+[66]
Calculated Amount	Calculated Amou	ınt
1st quarter payment	1st quarter payment	
2nd quarter payment	2nd quarter payment	
3rd quarter payment	3rd quarter payment	
4th quarter payment	4th quarter payment	
City #3	City #4	
City name	[72] City name	[94]
Amount paid with 2023 return +	[75] Amount paid with 2023 return	+[97]
2023 overpayment applied to '24 estimates		e \$ [98]
Treat calculated amounts as paid	_[80] Treat calculated amounts as paid	_[102
Date Paid A	mount Paid Date Paid	Amount Paid
1st quarter payment[81] +		
2nd quarter payment		
3rd quarter payment[85] +		
4th quarter payment[87] +	[88] 4th quarter payment[109]	+[110
Calculated Amount	Calculated Amou	int
1st quarter payment	1st quarter payment	
2nd quarter payment	2nd quarter payment	
	2rd quarter naumont	l
3rd quarter payment 4th quarter payment	3rd quarter payment 4th quarter payment	

Form ID: SumRep	Income Summary	10

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

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

	Form ID: SumRepl

Form	ID:	IntDiv

Interest and Dividend Summary

11

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

Form	T/S/J	Description	Mark if : Foreign	1 = Attached 2 = N/A
	_		_	_
	_			
			_	_
			_	_
			_	_
	_		_	_
	_		_	_
			_	_
				
			_	_
	—			
			_	_
	—		—	
			_	_
				_
			_	_
	_			
			_	_
	—		—	
				_
	_			
	_			
	_			_
	_			

Wages and Salaries #1

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

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

	Form ID: W2

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

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

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

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

Control Totals +	Fo	rm ID: B-1
------------------	----	------------

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

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

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

	**Dividend Codes
Blank = Other	3 = Nominee

Control Totals +		Form ID: B-2
------------------	--	--------------

Seller Financed Mortgage Interest Income

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

			2024 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)				
Payer's name			_	
Payer's street address	-			
Payer's city, state, zip code	_			
Payer's social security number			• ———	
Interest income amount received in 202	24			
interest income amount received in 202		+.	[1]	
Townsys of Control Indian				
Taxpayer/Spouse/Joint (T, S, J)			_	
Payer's name	_			
Payer's street address				
Payer's city, state, zip code			,	
Payer's social security number				
Interest income amount received in 202	24	+ .	[1]	
Taxpayer/Spouse/Joint (T, S, J)			_	
Payer's name	_			
Payer's street address	_			
Payer's city, state, zip code				
Payer's social security number				
Interest income amount received in 202	24	+	[1]	
Taxpayer/Spouse/Joint (T, S, J)				
Payer's name			_	
Payer's street address	-			
Payer's city, state, zip code	_			
Payer's social security number				
Interest income amount received in 202	74			
crest income amount received in 202	- -τ	+,	[1]	
Taxpayer/Spouse/Joint (T, S, J)				
Payer's name			_	
Payer's street address	-			
Payer's city, state, zip code	_			
Payer's social security number				
Interest income amount received in 202	24			
interest income amount received in 202	- 4	+.	[1]	
Taxpayer/Spouse/Joint (T, S, J)				
Payer's name			_	
Payer's street address	_			
Payer's city, state, zip code				
Payer's social security number) 4			
Interest income amount received in 202	4	+.	[1]	
Taynayer/Snouse/Joint /T c **				
Taxpayer/Spouse/Joint (T, S, J)			_	
Payer's street address	_			
Payer's street address				
Payer's city, state, zip code				
Payer's social security number	\ a			
Interest income amount received in 202	24	+.	[1]	
Taurana (Communication)				
Taxpayer/Spouse/Joint (τ, s, J)			_	
Payer's name	_			
Payer's street address				
Payer's city, state, zip code				
Payer's social security number				
Interest income amount received in 202	24	+ .	[1]	
	Control Totals +		l	Form ID: B-3

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

Form ID: D	Sales of Stocks,	Securities, and Oth	er Investmer	nt Property	1
	Please pro	vide copies of all Forms 1			
	any securities become worthless during 2				_
Did you have	any debts become uncollectible during 20)24? (Y, N)			_
Did you have	any commodity sales, short sales, or strac	ldles? (Y, N)			_
	ange any securities or investments for son		Y, N)		_
	ve, sell, exchange, or otherwise dispose of			? (Y. N)	_
,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	, . 0		_
/S/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other B
				+	+
_				+	+
				+	+
				+	+
				+	+
-				+	+
_		<u> </u>		+	+
				+	+
				+	+
				+	·
-				+	+
				<u>'</u>	'
				T	T
				<u> </u>	<u> </u>
				+	<u> </u>
				<u>+</u>	<u>+</u>
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
_				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				·	·
				<u>'</u>	<u>-</u>
				т	T
				Ť	<u> </u>
				+	+

Form ID: InfoD

Sales of Stocks, Securities, and Other Investment Property

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

T/S/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
					<u> </u>
					
_					
					
	_				
					
_					
NOTES /	OLIESTIONIS:				
NOTES/	QUESTIONS:				

Form ID: Bro	ker					Coi	nsolida	ated Broker S	ate	ment				17b
	٦.			Plea	se provide	copies of the C	Consolid	ated Broker State	emen	nt - Include all p	ages and all ins	erts		
L T/S/J	P	reparer use only								Employer ident	tification numbe	er		
Broker	Name	2						_		Margin interes		•		
Accoun	t nun	nber								Investment ma	nagement/advi	sory fees		
		*14/L - L						to an a to the way	VV 5	.		· · · · · · · · · · · · · · · · · · ·	F0/ 7 F F0	
		*Wnoie	numbe		eated as \$		r percen					% as 100.00 or 75	.5% as 75.50	·
Type Code		1099-INT		Interest Income		Tax Exempt Income		Penalty on Early Withdraw	U. al	S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year	Information
	1	Payer								7	7			
	-	Amounts	+											
	2	Payer												
		Amounts	+											
	3	Payer Amounts	+											
		Payer	Т											
	4	Amounts	+											
	5	Payer			•									
		Amounts	+											
Type Code 1	.099-	Ordina DIV Divide	ary	Qualified Dividends	Total Ca Gain Dis	p str Section 1	1350 0	ec. 199A Capi	8% Fal G	Tax Exemp	ot US Obligations s \$ or %	ons* Tax Exempt \$ or %	* Foreign Tax Paid	
	Pay		ius	Dividends	Gaill Dis	sti Section 1	1230 3	ec. 133A Capi	Lai G	aiii Dividend	5 701/8	Ş 01 <i>7</i> 6	i ax raiu	illiorillation
1		ounts+												
2	Pay	er												
		ounts+												
3	Pay				1	<u> </u>		1		1 1				
		ounts+												
4	Pay Am	ounts+												
_	Pay	i	<u> </u>		l			I						
5		ounts+												
		•	·					•						
				_	Form 10	99-B Procee	eds Fro	m Broker and	Ba	rter Exchang	e Transactio	ns Price		
			Des	cription of P	roperty		١	Date Acquired		Date Sold	(Less expenses of	of sale) Cost or O	ther Basis	
	_										<u>+</u>	_		
	_										+			
	_										+	+		
	_										+	+		
		-	· · ·											
		Descriptio	n of Aco	count - Aggre	egate profi	it/-loss on conti	racts	-Loss/Ga	in Er	ntire Yr 109	99-B Adjustmer	nt Net 1256 los	s carryback	
	_													
							16	ontrol Totals +					I	Form ID: Broke

Form ID: Inco	ome			Other Income		18
State and	l local income	e tax refunds		+	2024 Information [5]	Prior Year Information
Alimony r	received		T/S 	Agreement Date +	2024 Information [3]	Prior Year Information
•	•	nefits are taxable income and soithheld. You may need to go to		•		show both the amount received a 1099-G from your account.
				Taxpayer	Spouse	Prior Year Information
	yment comp		+	[9] +	[10]	
		ensation federal withholding				
•					[10]	
	ermanent Fun	ensation repaid			[13] [19]	
Alaska Pe	illialielit Full	iu dividenus	T	[18] +	[19]	
	Self-					
E	mployment Income?				_	
T/S/J	(Y, N)	Other transport at the Com-		a I a sa Bisadas fa	2024 Information	Prior Year Information
		Other income, such as: Com			•	
_	_				[15] 	
_	_			+		
_	_			+	-	
_	_			+		
_	_			+		
_	_			+	·	
_	_			+	<u> </u>	
_	_			†	-	
_	_				-	
_	_			+		
_	_			+		
_	_			+	<u> </u>	
_	_			+		
_	_			+	·	
_	_			·	-	
_	_			+		
_	_			+	-	
_	_			+		
_	_			+		
_	_				·	
_	_			+	<u> </u>	
_	_			·		
_	_			+	-	
_	_			+	-	
_	_			+		
_	_			+		
NOTES	/QUESTIO	NS:				

Form ID: Income

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

Control Totals +

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

Form ID: 1099NEC Nonemployee Com	pensation	#1	18b
Please provide all For	ms 1099-NEC	:	
Preparer use only			
	2	2024 Information	Prior Year Information
Name of payer		[3]	
Taxpayer/Spouse/Joint (T, S, J)		_[5]	
State postal code		[6]	
Nonemployee compensation (Box 1)	+	[13]	
Payer made direct sales of \$5,000 or more of consumer products (Box 2)		_[15]	<u> </u>
Federal income tax withheld (Box 4)	+	[17]	
State tax withheld (Box 5)	+	[19]	
State/Payer's state no. (Box 6)		[21]	
State income (Box 7)	+	[22]	
Control T	otals +		
Nonemployee Com	noncation	#2	
Please provide all For			
Preparer use only			
	2	2024 Information	Prior Year Information
Name of payer		[3]	
Taxpayer/Spouse/Joint (τ, s, J)		_ [5]	
State postal code		[6]	
Nonemployee compensation (Box 1)	+	[13]	
Payer made direct sales of \$5,000 or more of consumer products (Box 2)		_[15]	_
Federal income tax withheld (Box 4)	+	[17]	
State tax withheld (Box 5)	+	[19]	
State/Payer's state no. (Box 6)		[21]	
State income (Box 7)	+	[22]	
Control T	otals +		

Form ID: 1099NEC

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

Form ID: 1099K

Form ID: 1099PATR Taxable	Distributi	ons Received from Cooperative	s #1 18
	Please p	rovide all Forms 1099-PATR	
Preparer use only			
Name of payer			ſ
Taxpayer/Spouse/Joint (T, S, J)			[[
State postal code			<u> </u>
Patron dividends (Box 1)			+
Nonpatronage distributions (Box 2)			+[
Per-unit retain allocations (Box 3)			+[
Federal income tax withheld (Box 4)			++
Redeemed nonqualified notices (Box 5)			+[
Section 199A(g) deduction (Box 6)			+[
Qualified payments (Section 199A(b)(7) (Box 7)			+[
Section 199A(a) qual items (Box 8)			+[
Section 199A(a) SSTB items (Box 9)			+[
Investment credit (Box 10)			+[
Work opportunity credit (Box 11)			+[
Patron's AMT adjustments			+[
Other credits and deductions #1 (Box 12)			+[
Other credits and deductions #2 (Box 12)			+[
Specified Coop (Box 13)			_[
Γ		Control Totals +	T
		Control Fotals :	
5ID 4000DATD			
Form ID: 1099PATR Taxable	Distributi	ons Received from Cooperative	s #2
S	Please p	rovide all Forms 1099-PATR	
Preparer use only			
Name of payer			r
Taxpayer/Spouse/Joint (T, S, J)			[[
State postal code			<u> </u>
Patron dividends (Box 1)			+
Nonpatronage distributions (Box 2)			+ [
Per-unit retain allocations (Box 3)			+ [
Federal income tax withheld (Box 4)			+
Redeemed nonqualified notices (Box 5)			+
Section 199A(g) deduction (Box 6)			+[
Qualified payments (Section 199A(b)(7) (Box 7)			+[
Section 199A(a) qual items (Box 8)			+[
Section 199A(a) SSTB items (Box 9)			+[
Investment credit (Box 10)			+[
Work opportunity credit (Box 11)			+[
Patron's AMT adjustments			+[
Other credits and deductions #1 (Box 12)			+[
Other credits and deductions #2 (Box 12)			+[
Specified Coop (Box 13)			_[
		Control Totals +	T
		CONTROL LOCAIS T	1

	Form ID: 1000DATE
	Form ID: 1099PATR

Please provide all Forms 1099-C and 1099-A Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications: [51 Taxpayer/Spouse/Joint (T, S, J) State postal code [6]
Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications: [51 Taxpayer/Spouse/Joint (T, S, J)
Taxpayer/Spouse/Joint (T, S, J)[5]
_
State postal code

Name of creditor/lender[3]
Form 1099-C Cancellation of Debt
Date of identifiable event (Box 1)
Amount of debt discharged (Box 2) +[11 Interest if included in box 2 (Box 3) +[12
Personally liable for repayment of the debt (if checked) (Box 5) [13] Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate
F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) [14]
Fair market value of property (Box 7) + [15
Form 1099-A Acquisition or Abandonment of Secured Property
Date of lender's acquisition or knowledge of abandonment (Box 1)
Balance of principal outstanding (Box 2) +[17
Fair market value of property (Box 4) +[18
Personally liable for repayment of the debt (if checked) (Box 5)
Control Totals +
Cancellation of Debt, Abandonment #2
Please provide all Forms 1099-C and 1099-A
Preparer use only
Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:
Taxpayer/Spouse/Joint (τ, s, J) [5]
State postal code [6]
Name of creditor[3]
Form 1099-C Cancellation of Debt
Date of identifiable event (Box 1)
Amount of debt discharged (Box 2) +[11
Interest if included in box 2 (Box 3) +[12
Interest if included in box 2 (Box 3) + [12 Personally liable for repayment of the debt (if checked) (Box 5) _ [13 Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate
Interest if included in box 2 (Box 3) + [12 Personally liable for repayment of the debt (if checked) (Box 5)[13 Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate F = By agreement, G = Decision to discontinue collection, H = Other actual discharge)[14]
Interest if included in box 2 (Box 3) + [12] Personally liable for repayment of the debt (if checked) (Box 5)
Interest if included in box 2 (Box 3) + [12 Personally liable for repayment of the debt (if checked) (Box 5) [13 Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) [14 Fair market value of property (Box 7) + [15 Form 1099-A Acquisition or Abandonment of Secured Property
Interest if included in box 2 (Box 3) + [12] Personally liable for repayment of the debt (if checked) (Box 5)[13] Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate F = By agreement, G = Decision to discontinue collection, H = Other actual discharge)[14] Fair market value of property (Box 7) +[15] Form 1099-A Acquisition or Abandonment of Secured Property Date of lender's acquisition or knowledge of abandonment (Box 1)[16]
Interest if included in box 2 (Box 3) + [12] Personally liable for repayment of the debt (if checked) (Box 5) [13] Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) [14] Fair market value of property (Box 7) + [15] Form 1099-A Acquisition or Abandonment of Secured Property

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

Gambling Winnings #2

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

NOTES/QUESTIONS:

	Form ID: W2G
	1 01111 1D. WZG

Shareholders Undistributed Capital Gain #1

Please provide all copies of Form 2439

	2024 Information	Prior Year Information
Taxpayer/Spouse (т, s)	_[1]	
RIC or REIT name	[3]	
State postal code	[4]	
Total undistributed long-term capital gains (Box 1a)	+[9]	
Unrecaptured section 1250 gain (Box 1b)	+[11]	
Section 1202 gain (Box 1c)	+[13]	
If your interest in the RIC/REIT was held on the date the RIC		
1202 stock and continuously until sold indicate the appropr	riate section 1202 code	
(1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion.	exclusion, 4 = 100% exclusion)[15]	_
Collectibles (28%) gain (Box 1d)	+[17]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+[19]	
	Control Totals +	
Shareholde	rs Undistributed Capital Gain #2	
Please p	provide all copies of Form 2439	
	2024 Information	Prior Year Information
Taxpayer/Spouse (т, s)	_[1]	
RIC or REIT name	[3]	
State postal code	[4]	
Total undistributed long-term capital gains (Box 1a)	+[9]	
Unrecaptured section 1250 gain (Box 1b)	+[11]	
Section 1202 gain (Box 1c)	+[13]	
If your interest in the RIC/REIT was held on the date the RIC		
1202 stock and continuously until sold indicate the appropr		
(1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion.	exclusion, 4 = 100% exclusion)[15]	_
Collectibles (28%) gain (Box 1d)	+[17]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+[19]	
	Control Totals+	
Shareholde	rs Undistributed Capital Gain #3	
Please p	provide all copies of Form 2439	
	2024 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_[1]	
RIC or REIT name	[3]	
State postal code	[4]	
Total undistributed long-term capital gains (Box 1a)	+[9]	
Unrecaptured section 1250 gain (Box 1b)	+[11]	
Section 1202 gain (Box 1c)	+[13]	
If your interest in the RIC/REIT was held on the date the RIC		
1202 stock and continuously until sold indicate the appropr		
(1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% ex		
Collectibles (28%) gain (Box 1d)	+[17]	
Collectibles (28%) gain (Box 1d)	+[17]	

Form ID: 243
Form ID: 743

Form ID: 6781	Contracts & Str	addles - Genera	al Information	22
Subject to self-employment tax code (τ = Mark to indicate all the elections that ap Mixed straddle election)		_[1] _[2]
Mixed straddle account election (Attach	explanation)			— [2]
				[3]
Straddle-by-straddle identification elec				
Net section 1256 contracts loss election				_ ^[4] _ [5]
	Section 1256 C	Contracts Marke	ed to Market	
Identification of Account A				[6]
Identification of Account B				
Identification of Account C				
Taylor and Carrier Height (5 a.)		Account A	Account B	Account C
Taxpayer/Spouse/Joint (τ, s, J) State postal code				- <u>-</u>
-Loss/Gain for entire year (Enter losses a	s a negative amount)	+		- +
Total Form 1099-B adjustment	o a megatire amount,	+	+	+
Total net 1256 contract loss carryback		+	+	+
	Gains and	Losses From St	raddles	
Description of Property A				[7]
Name of Contract		т.		
Component Description of Property B			ype	
Name of Contract				
Component		T,	уре	
Description of Property C		·	, po	
Name of Contract				
Component		T [,]	уре	•
Description of Property D				
Name of Contract				
Component		T	ype	
	Property A	Property B	Property C	Property D
Taxpayer/Spouse/Joint (T, S, J)	,		,	, -
State postal code	_	_	_	<u> </u>
Date entered into/acquired				
Date closed out/sold				
Gross sales price +		+	+	+
Cost plus expense of sale +		+	+	+
Unrecognized gain +		+		
Unre	cognized Gain Fro	m Positions He	ld on Last Business I	Эа у
Description of Property A		_		[8]
Description of Property B		_		
Description of Property C		_		
	Prope	erty A	Property B	Property C
Date acquired	<u>-</u>			
Fair market value on last business day	+	+_		+
Cost or other basis as adjusted	+	+_		+
T	Control Totals +	Т		Form ID: 6781
I	Control Totals T			ן זייטו ווויטי ען דווויטי ווי

Foreign Employer Compensation

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

Taxpayer/Spouse (T/S)			_[3]
State			[4]
Foreign Employer Identification (ID) number			[1]
Foreign Employer Name			[2]
Foreign Employer Address			
Foreign street address			[6]
Foreign city			
Foreign country code/name	[8]		
Foreign province/county	<u> </u>		[10]
Foreign postal code			[11]
Name "in care of"			[12]
Employee address, if different from home address on Organizer Enter U.S. (street, city, state, zip code) OR foreign (street, ci Street address			[13]
City, state, zip code	[[14]	[15][16]
Foreign country code/name	[17]		[18]
Foreign province/county			[19]
Foreign postal code	-		[20]
	Income		
	2024 Information		Prior Year Information
Foreign employer compensation	[[22]	

Pension, Annuity, and IRA Distributions #1

Please p	rovide all Forms 1099-R.	
	2024 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_[1]	
Name of payer	[3]	
State postal code	[6]	
Gross distributions received (Box 1)	+[8]	
Taxable amount received (Box 2a)	+[10]	
Federal withholding (Box 4)	+[12]	
Distribution code (Box 7)	[15]	_
Mark if distribution is from an IRA, SEP, SIMPLE retirement	plan[17]	
State withholding (Box 14)	+[18]	
Local withholding (Box 17)	+[20]	
Amount of rollover	+ [22]	
Mark if distribution was due to a pre-retirement age disability	[24]	
	_	
L	Control Totals +	
Pension, Annu	uity, and IRA Distributions #2	
Please p	rovide all Forms 1099-R. 2024 Information	Prior Year Information
Taxpayer/Spouse (T, s)		riioi reai iiiioiiiiatioii
Name of payer	[1] [3]	
State postal code		
Gross distributions received (Box 1)	[6]	
Taxable amount received (Box 2a)	+[8] + [10]	
· · · · · · · · · · · · · · · · · · ·		
Federal withholding (Box 4)	+[12]	
Distribution code (Box 7)	_[15]	_
Mark if distribution is from an IRA, SEP, SIMPLE retirement	-	
State withholding (Box 14)	+[18]	
Local withholding (Box 17)	+[20]	
Amount of rollover	+[22]	
Mark if distribution was due to a pre-retirement age disability	_[24]	
	Control Totals +	
	uity, and IRA Distributions #3	
Please pi	rovide all Forms 1099-R. 2024 Information	Prior Year Information
Taxpayer/Spouse (T, s)	_[1]	
Name of payer	[3]	
State postal code	[6]	
Gross distributions received (Box 1)	+[8]	
Taxable amount received (Box 2a)	+[10]	
Federal withholding (Box 4)	+ [12]	
Distribution code (Box 7)	[15]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement		_
State withholding (Box 14)	+ [18]	
Local withholding (Box 17)	+ [20]	
Amount of rollover	+ [22]	
Mark if distribution was due to a pre-retirement age disability		
Mark it distribution was due to a pre-retirement age disability	[24]	
T	Control Totals +	
	COILLIOI TOLAIS T	

1	
	Form ID: 1099R

Form	ID:	SSA	-10	999

Social Security, Tier 1 Railroad Benefits

1	_
,	-

Please provide a copy of Form(s) SS	6A-1099 or RRB-1099	
Taxpayer/Spouse (T, S) State postal code	[1] [3]	
Social Security Be	nefits	
If you received a Form SSA - 1099, please complete the following information: From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099: Medicare premiums Prescription drug (Part D) premiums Net Benefits for 2024 (Box 3 minus Box 4) (Box 5) Voluntary Federal Income Tax Withheld (Box 6)	+[7] +[9] +[12] +[14]	Prior Year Information
Tier 1 Railroad Be	nefits	
If you received a Form RRB - 1099, please complete the following information: Net Social Security Equivalent Benefit: Portion of Tier 1 Paid in 2024 (Box 5) Federal Income Tax Withheld (Box 10) Medicare Premium Total (Box 11)	+[22] +[25] +[27]	Prior Year Information
Additional Information Abou	t Benefits Received	
Additional information about the benefits received not reported above. For exbenefits in 2024. This information will be reported in the SSA-1099 DESCRIPTION		or in the RRB-1099 Boxes 7 thro [40] [41] [42] [43]
		[44]
NOTES/QUESTIONS:		

1	26
Taxpayer	Spouse
_[1]	_[2
amount? If	
[3]	_[4
+[5] +	[6
• •	Spouse
	[6
	[8
+[17] +	[1
+[19] +	[2
+ +	<u> </u>
+	
+	<u> </u>
+	<u> </u>
+	<u> </u>
	<u> </u>
	<u> </u>
<u> </u>	<u> </u>
+	-
orm 8606 not prepared by this o	office Spouse
	[3
—	: - [3
	- [4
	- [4
	- [4
+ [47] +	- [4
+ [49] +	- [5
+ +	+
+ +	+
+	+
+ +	+
+	+
·	
+	÷
+	÷
+ +	· ·
+ +	
+	+
	Taxpayer [1] amount? If +[3] +[5] + Taxpayer +[5] + [7] + +[17] + +[19] + +[4]

Control Totals +	Form ID: IRA

Form ID: Keogh Keogh, SEP, SIMPLE Contributions		27
Preparer use only		
Business activity or profession name		[3]
Taxpayer/Spouse (T, S)		[3] [4]
State postal code		
Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 =	SIMPLE IRA 6 = SARSEP)	[6]
Plan contribution rate. Enter in xx.xx format (Limitation percentage)	31111 EE 1101, 0 - 37113E1 /	[7]
Enter the total amount of contributions made to a Keogh plan in 2024	+	[8]
Enter the total amount of contributions made to a Solo 401(k) plan in 2024	·	[0] [9]
Enter the total amount of contributions made to a SEP plan in 2024	· ———	[10]
Enter the total amount of contributions made to a SARSEP plan in 2024	· ———	[11]
Enter the total amount of contributions made to a defined benefit plan in 2024	<u>'</u>	[12]
Enter the total amount of contributions made to a defined benefit plan in 2024 Enter the total amount of contributions made to a profit-sharing plan in 2024	<u>'</u>	[13]
Enter the total amount of contributions made to a profit-sharing plan in 2024 Enter the total amount of contributions made to a money purchase plan in 2024	<u> </u>	[14]
Enter the total amount of contributions made to a Money purchase plan in 2024 Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2024	T	[15]
Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2024 + Enter the total amount of contributions to a SIMPLE IRA plan in 2024 +		
Enter the total amount of contributions to a SiMPLE IRA plan in 2024	+	[16]
Catch-up Contributions		
Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2024	1	[17]
•		
Enter the amount of catch-up contributions made to a SIMPLE Plan in 2024	+	[18]
Elective Deferrals		
Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2024 Enter the amount of elective deferrals designated as Roth contributions in 2024	+	[19] [20]

Schedule C - General Information

Taxpayer/Spouse/Joint (r. S. s)			2024 Inform	ation	Prior Year Information
Employer identification number 15	Taxpaver/Spouse/Joint (T. S. J)		2024 111101111		PHOI Teal IIIIOIIIIatioii
Business name					
September Principal business/profession September Septembe	Business name				
Business acode	Principal business/profession				
Business address, if different from home address on Organizer Form ID: 1040 Address City/State/Zip	Business code				
City/State/Zip	Business address, if different from hon	me address on Organizer Form ID: 104			
Accounting method (1 - Cash, 2 - Accnail, 3 - Other) [191]					
If other: Catility Catility			[17]		
Inventory method (a - cost, 2 - i.c.M, 3 - other) If other enter explanation: [24] Enter an explanation if there was a change in determining your inventory: [25] Did you "materially participate" in this business? (r; N) [28] If not, number of hours you did significantly participate [28] Mark if you began or acquired this business is 2024 Did you make any payments in 2024 that require you to file Form(s) 1099? (r, N) [30] Mark if you began or acquired this business is 2024 [30] Mark if you began or acquired this business is 2024 [31] Mark if you began or acquired this business is 2024 [32] Mark if you began or acquired this business is 2024 [33] Mark if this business is considered related to qualified services as a minister or religious worker [33] Mark if this business is considered related to qualified services as a minister or religious worker [34] Medical insurance premiums paid by this activity [44] Manount of wages received as a statutory employee and insister? [1 - statutory employee, 2 - Inmitter) [47] Business Income Business Income		B = Other)		_[19]	_
If other enter explanation: [24] Enter an explanation if there was a change in determining your inventory: [25] Did you "materially participate" in this business? (**, N)					
Enter an explanation if there was a change in determining your inventory: [24]	· · · · · · · · · · · · · · · · · · ·	her)		_[22]	_
Enter an explanation if there was a change in determining your inventory: [25]	•			[24]	
125					
If not, number of hours you did significantly participate Mark if you began or acquired this business in 2024 Did you make any payments in 2024 that require you to file Form(s) 1099? (v, N) If "Yes", did you or will you file all required Forms 1099? (v, N) If "Yes", did you or will you file all required Forms 1099? (v, N) If "Yes", did you or will you file all required Forms 1099? (v, N) If "Yes", did you or will you file all required Forms 1099? (v, N) If "Yes", did you or will you file all required Forms 1099? (v, N) If "Yes", did you or will you file all required Forms 1099? (v, N) If "Yes", did you or will you file all required Forms 1099? (v, N) If "Yes", did you or will you file all required Forms 1099? (v, N) If "Yes", did you or will you file all required Forms 1099? (v, N) If "Yes", did you or will you file all required Forms 1099? (v, N) If "Yes", did you or will you file all required Forms 1099? (v, N) If "Yes", did you or will you file all required Forms 1099? (v, N) If "Yes", did you or will you file all required Forms 1099? (v, N) If "Yes", did you or will you file all required Forms 1099? (v, N) If "Yes", did you or will you file all required Forms 1099? (v, N) If "Yes", did you or will you file all required Forms 1099? (v, N) If "Yes", did you file all required Forms 1099? (v, N) If "Yes", did you file all required Forms 1099? (v, N) If "Yes", did you file all required Forms 1099? (v, N) If "Yes", did you file all required Forms 1099? (v, N) If "Yes", did you file all required Forms 1099? (v, N) If "Yes", did you file all required Forms 1099? (v, N) If "Yes", did you file all required Forms 1099? (v, N) If "Yes", did you file all required Forms 1099? (v, N) If "Yes", did you file all required Forms 1099? (v, N) If "Yes", did you file all required Forms 1099? (v. N) If "Yes", did you file all required Forms 1099? (v. N) If "Yes", did you file all required Forms 1099? (v. N) If "Yes", did you file all required Forms 1099? (v. N) If "Yes", did you file all required F	Enter an explanation if there was a cha			[25]	
If not, number of hours you did significantly participate Mark if you began or acquired this business in 2024 Did you make any payments in 2024 that require you to file Form(s) 1099? (r, N) If "Yes", did you or will you file all required Forms 1099? (r, N) If "Yes", did you or will you file all required Forms 1099? (r, N) If "Yes", did you or will you file all required Forms 1099? (r, N) If "Yes", did you or will you file all required Forms 1099? (r, N) If "Yes", did you or will you file all required Forms 1099? (r, N) If "Yes", did you or will you file all required Forms 1099? (r, N) If "Yes", did you or will you file all required Forms 1099? (r, N) If "Yes", did you or will you file all required Forms 1099? (r, N) If "Yes", did you or will you file all required Forms 1099? (r, N) If "Yes", did you or will you file all required Forms 1099? (r, N) If "Yes", did you or will you file all required Forms 1099? (r, N) If "Yes", did you or will you file all required Forms 1099? (r, N) If "Yes", did you or will you file all required Forms 1099? (r, N) If "Yes", did you or will you file all required Forms 1099? (r, N) If "Yes", did you or will you file all required Forms 1099? (r, N) If "Yes", did you or will you file all required Forms 1099? (r, N) If "Yes", did you file all required Forms 1099? (r, N) If "Yes", did you file all required Forms 1099? (r, N) If "Yes", did you file all required Forms 1099? (r, N) If "Yes", did you file all required Forms 1099? (r, N) If "Yes", did you file all required Forms 1099? (r, N) If "Yes", did you file all required Forms 1099? (r, N) If "Yes", did you file all required Forms 1099? (r, N) If "Yes", did you file all required Forms 1099? (r, N) If "Yes", did you file all required Forms 1099? (r, N) If "Yes", did you file all required Forms 1099? (r) If "Yes", did you file all required Forms 1099? (r) If "Yes", did you file all required Forms 1099? (r) If "Yes", did you file all required Forms 1099? (r) If "Yes", did you file all required Forms 1099? (Did	hi.a.a.a.2 /			
Mark if you began or acquired this business in 2024 1				-	_
Did you make any payments in 2024 that require you to file Form(s) 1099? (r, N)	-				
If "Yes", did you or will you file all required Forms 1099? (Y, N) Mark if this business is considered related to qualified services as a minister or religious worker [15] Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) [13] Medical insurance premiums paid by this activity + [40] Long-term care premiums paid by this activity + [41] Mamount of wages received as a statutory employee + [47] Business Income Business Income Prior Year Information					
Mark if this business is considered related to qualified services as a minister or religious worker [35] Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) [37] Medical insurance premiums paid by this activity			Y, N)		_
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) [37] Medical insurance premiums paid by this activity					_
Medical insurance premiums paid by this activity Long-term care premiums paid by this activity + 44 44 44 47 44 44 44 44 44 44 44 44			_		_
Long-term care premiums paid by this activity			employee, 2 = Minister)		_
Amount of wages received as a statutory employee		· · · · · · · · · · · · · · · · · · ·	+		
Business Income 2024 Information Prior Year Information			+		
Cost of Goods Sold Prior Year Information	Amount of wages received as a statuto	ory employee	+	[47]	
		Rusiness Inc	ome		
		Business inc	Offic		
+		Dusiness me		ation	Prior Year Information
+	Gross receipts and sales	Dusiness inc		ation	Prior Year Information
Other income:	Gross receipts and sales	Dusiness inc	2024 Inform		Prior Year Information
Other income:	Gross receipts and sales	Dusiness inc	2024 Inform	[52]	Prior Year Information
Other income:	Gross receipts and sales	Dusiness inc	2024 Inform	[52]	Prior Year Information
+			2024 Inform	[52]	Prior Year Information
+ +	Returns and allowances		2024 Inform	[52] 	Prior Year Information
+			2024 Inform	[52] 	Prior Year Information
Cost of Goods Sold Prior Year Information	Returns and allowances		2024 Informs + + + + + + + +	[52] [55]	Prior Year Information
2024 Information	Returns and allowances		2024 Informs + + + + +	[52] [55]	Prior Year Information
2024 Information	Returns and allowances		2024 Informs + + + + + + + + + + + + + + + + + + +	[52] [55] [57]	Prior Year Information
Beginning inventory +	Returns and allowances		2024 Informs + + + + + + + + + + + + + + + + + + +	[52] [55] [57]	Prior Year Information
Purchases	Returns and allowances		2024 Information +	[52] [55] [57]	
Labor: + [63] + [65] Materials Other costs: + [67] + [67] + [69]	Returns and allowances Other income:		2024 Information +	[52] [55] [57]	
+ [63] + [65] Materials Other costs: + [67] + [67] + [69]	Returns and allowances Other income: Beginning inventory		2024 Information +	[52] [55] [57] ation	
H	Returns and allowances Other income: Beginning inventory Purchases		2024 Information +	[52] [55] [57] ation	
Materials +[65] Other costs: +[67] + Ending inventory +[69]	Returns and allowances Other income: Beginning inventory		2024 Information +	[52] [55] [57] ation [59]	
Other costs: + [67] + + [67] Ending inventory + [69]	Returns and allowances Other income: Beginning inventory Purchases		2024 Information +	[52] [55] [57] ation [59] [61]	
+ [67] + +	Returns and allowances Other income: Beginning inventory Purchases Labor:		2024 Information +	[52] [55] [57] ation [59] [61]	
+ + + + + + + + + + + + + + + + + + +	Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2024 Information +	[52] [55] [57] ation [59] [61]	
+ + + + + + + + + + + + + + + + + + +	Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2024 Information +	[52] [55] [57] ation [59] [61] [63]	
+ Ending inventory + [69]	Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2024 Informs +	[52] [55] [57] ation [59] [61] [63] [65]	
	Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2024 Information +	[52] [55] [57] [57] ation [59] [61] [63] [65] [67]	
	Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2024 Information +	[52] [55] [57] [57] ation [59] [61] [63] [65] [67]	
	Returns and allowances Other income: Beginning inventory Purchases Labor: Materials Other costs:		2024 Information +	[52] [55] [57] [57] [61] [63] [65] [67]	

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

Form ID: C-3	Schedule C - Carryovers	30

_ Preparer use only						
Carryovers	Non-Q	BI & Tax		For QBI & Tax		AMT
Operating	+	[19]	+	[20]	+	[21]
Short-term capital			+	[22]	+	[23]
Long-term capital			+	[24]	+	[25]
28% rate capital			+	[26]	+	[27]

[29]

[32]

[35] +

[30]

[33]

[36]

[28]

[31]

[34] +

NOTES/QUESTIONS:

Section 179

Preparer use only
Principal business or profession

Section 1231 loss

Ordinary business gain/loss +

~	1	

Form ID: Rent

Rent and Royalty Property - General Information

	na novalty i roperty Genera		
Preparer use only		2024 Information	Prior Year Information
Description		[2]	Filor real illiorillation
Taxpayer/Spouse/Joint (T, S, J)[3]	State r	oostal code [5]	
Physical address: Street	State p	[6]	
	[7] [8		
Foreign country		[11]	
Foreign postal code		[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4	=Commercial 5=Land 6=Royalty 7=Self-rental 8		
Description of other type (Type code #8)	-commercial, 3-Land, 6-Royalty, 7-3ch Tental, 6	[15]	
Did you make any payments in 2024 that require	voluto file Form(s) 10992 (VN)	[16]	
If "Yes", did you or will you file all required For		[18]	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 of		[18] [20]	
Percentage of ownership if not 100%	only) (ose Kent-2 for type 5)	[22]	
Business use percentage, if not 100% (Not vacation	on home percentage)	[24]	
business use percentage, il not 100% (Not vacatio			
	Rent and Royalty Income		
Rents and royalties	2024 Informatio		Prior Year Information
	+	[33]	
	Rent and Royalty Expense		
		n Percent if not 100	% Prior Year Information
Advertising	+		70 The real mornation
Auto	+		
Travel			
Cleaning and maintenance	+		
Commissions:	+	[44][45]	
		[47]	
	+	[47][49]	
Incurance	+		
Insurance:		[50]	
	· · · · · · · · · · · · · · · · · · ·		
Local and mafaccional food	+		
Legal and professional fees	+	[54][55]	
Management fees:			
	<u>†</u>	[57][59]	
Mortgage interest paid to banks, etc (Form 1098)	+	_	
Mortgage interest paid to banks, etc (Form 1098)		[60]	
		[60][62]	
Oth an anadrana interest	<u>†</u>		
Other mortgage interest	<u> </u>	[63][65]	
Qualified mortgage insurance premiums	+	[66][67]	
Other interest:			
	+	[69][71]	<u> </u>
	+		
Repairs	+	[72][73]	
Supplies	+	[75][76]	
Taxes:			
	+	[78][80]	
	+		
Utilities	+	[81][82]	
Depreciation	+	[84] [85]	
Depletion	+	[87][88]	
Other expenses:			
	+	[90]	
	+		
	+		
T	+		
Control -	intals+		Form ID: Rent

	Refinancing		
	Preparer - Enter o		Prior Year Information
Refinancing points paid -		2024 Information	Prior real information
Recipient's/Lender's name		2]	12]
Date of refinance		<u> </u>	
Total # Payments			
Reported on 1098 in 2024			
Total points paid			
Points deemed as paid in current	year (Preparer use only)		
Refinancing points paid -			
Recipient's/Lender's name			
Date of refinance Total # Payments			
Reported on 1098 in 2024			
Total points paid		_	
Points deemed as paid in current	year (Preparer use only)		
Refinancing points paid -			
Recipient's/Lender's name			
Date of refinance			
Total # Payments			
Reported on 1098 in 2024		_	
Total points paid Points deemed as paid in current	woor (Proparor use only)		
r omics accinica as paid in current	. year (i reparer use offiy)		
	Vacation Home	Information	
	Preparer - Enter o	n Screen Rent-3	
		2024 Information	Prior Year Information
		[5]
	ersonally	;	
Number of days home was rented		[7	
Number of days home was used per Number of days home was rented Number of day home owned, if no	t 366	[2 [2]
Number of days home was rented Number of day home owned, if no Carryover of disallowed operating	t 366 expenses into 2024	+[2	1]
Number of days home was rented Number of day home owned, if no Carryover of disallowed operating	t 366 expenses into 2024	+[2]
Number of days home was rented Number of day home owned, if no	t 366 expenses into 2024	[7 [8 +[2	1]
Number of days home was rented Number of day home owned, if no Carryover of disallowed operating	t 366 expenses into 2024 on expenses into 2024	+	1]
Number of days home was rented Number of day home owned, if no Carryover of disallowed operating Carryover of disallowed depreciation.	t 366 expenses into 2024 on expenses into 2024 Passive and Oth Preparer - Enter or	+	[1] [1] [2]
Number of days home was rented Number of day home owned, if no Carryover of disallowed operating Carryover of disallowed depreciati	t 366 expenses into 2024 on expenses into 2024 Passive and Oth	t [2] for Uniformation For QBI & Tax	1]
Number of days home was rented Number of day home owned, if no Carryover of disallowed operating Carryover of disallowed depreciation of the Carryover of disallowed depreciation of the Carryovers	t 366 expenses into 2024 on expenses into 2024 Passive and Oth Preparer - Enter or	+	AMT
Number of days home was rented Number of day home owned, if no Carryover of disallowed operating Carryover of disallowed depreciation Preparer use only Carryovers Operating	Passive and Oth Preparer - Enter or Non-QBI and Tax + [24] +	+	AMT [26]
Number of days home was rented Number of day home owned, if no Carryover of disallowed operating Carryover of disallowed depreciation Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital	Passive and Oth Preparer - Enter or Non-QBI and Tax + [24] +	+	AMT [26] [28]
Number of days home was rented Number of day home owned, if no Carryover of disallowed operating Carryover of disallowed depreciation Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss	Passive and Oth Preparer - Enter or Non-QBI and Tax + [24] + + [33] +	+	AMT [26] [28] [30]
Number of days home was rented Number of day home owned, if no Carryover of disallowed operating Carryover of disallowed depreciation Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital	Passive and Oth Preparer - Enter or Non-QBI and Tax + [24] + + [33] +	+	AMT [26] [28] [30] [32]

Control Totals +

Form ID: Rent-2

Control Totals +

Form ID: F-1	Farn	n Income - General I	nformation	33
		Please provide all Forms :	 1099-К	
Prepa	arer use only	•		5: V . 6 .:
_			2024 Information	Prior Year Information
Taxpayer/Spous			_[2]	
Employer identification	ncation number		[3] [4]	
Principal Produc	.t		[4]	
State postal cod			[6]	
Accounting met	hod (1 = Cash, 2 = Accrual)			_
Agricultural activ			[9]	
•	ally participate" in this business? (Y, N)	(II = /)	[12]	
	ny payments in 2024 that require you t ou or will you file all required Forms 10		_[14]	
	e F net income or loss should be excluded		[16]	
	ce premiums paid by this activity	aca irom sen employment	t income[18] + [21]	
	premiums paid by this activity		+[25]	
		Schedule F Incon	<u>ne</u>	
Sales Code**	Income description		2024 Information	Prior Year Information
	Income description	ı	+[35]	
_			+	
_			+	
_			+	
_			+	
		** Sales Codes		
	1 = Cash sales of items boug		4 = Custom hire (machine wo	rk)
	2 = Cash sales of items raise	ed!	5 = Other income	
	3 = Accrual sales			
			2024 Information	Prior Year Information
Cost or other ba	sis of livestock and other items you bo	ought for resale (Cash method	(37)	
	tory of livestock and other items (Accrua		+[39]	
	ivestock, produce, grains, and other pr	•	+[41]	
	y of livestock and other items (Accrual m	ethod)	+[43]	
•	re distributions you received ative distributions you received		+[45] + [47]	-
Taxable coopera	tive distributions you received	2024 Total	2024 Taxable	Prior Year Information
A and a selection of the second				
Agricultural prog	gram payments	_	+[50]	
		+	_ '	
		+	+	
			2024 Information	Prior Year Information
CRP payments re	eceived while enrolled to receive socia	al security or disability ben	efits	
Commodity cred	dit loans reported under election:			
			[54]	
Tatal assumed the				
	y credit loans forfeited dity credit loans forfeited		+[56] +[58]	-
Taxable commo	arty create loans for cited	2024 Total	2024 Taxable	Prior Year Information
Total cron insura	ance proceeds you received in 2024			
. sta. or op moure	p. 000000 jou 10001000 iii 2024	+	+ [61]	
		+	_ +	
		+	_ +	
_	to defer crop insurance proceeds to 20	025	_[63]	
crop insurance p	proceeds deferred from 2023		+ [65]	

Form ID: F-1

Preparer use only		
Description		
	2024 Information	Prior Year Information
Car and truck expenses +_	[5]	THOI Tear Illionnation
	[7]	
	[9]	
	[11]	
- · · · · · · · · · · · · · · · · · · ·	[13]	
	[15]	
Faraday and beautiful and surprised for all and for all for all the back for Daniel and all the	[17]	
Feed purchased + _	[19]	
Fertilizers and lime + _	[21]	
Freight and trucking + _	[23]	
Gasoline, fuel, and oil + _	[25]	
Insurance (Other than health)		
	[28]	
+_		
+_		
Mortgage interest (Paid to banks, etc.)		
	[30]	
		-
		-
Laboration d (Laboration and Laboration at 20)	[32]	-
	[34]	
	[36]	-
	[38]	-
	[40]	-
- · · · · · · · · · · · · · · · · · · ·	[42] [44]	-
		-
Supplies purchased +_	[46] [48]	
Taxes:	[40]	
	[50]	
+		
+		
Utilities +	[52]	
	[54]	
Other expenses:		
+	[56]	
+		
		-
<u> </u>		
Preproductive period expenses +		
+ _	[58]	

Form ID: F-3	Farm Passive and Other Carr	yover Information
		1

Preparer use only

Description

_ Preparer use only						
Carryovers	No	n-QBI & Tax		For QBI & Tax		AMT
Operating	+	[19]	+	[20]	+	[21]
Short-term capital			+	[22]	+	[23]
Long-term capital			+	[24]	+	[25]
28% rate capital			+	[26]	+	[27]
Section 1231 loss	+	[28]	+	[29]	+	[30]
Ordinary business gain/los	ss +	[31]	+	[32]	+	[33]
Section 179	+	[34]	+	[35]	+	[36]

35

NOTES/QUESTIONS:

Control Totals + Form ID: F-3

Form	ID:	4835

Form ID: 4835 Farm R	ental - General Info	ormation	36
Preparer use only		2024 Information	Prior Year Information
Taxpayer/Spouse/Joint (τ, s, յ)		_[2]	
Employer identification number		[3]	
Description State postal code		[4]	
Did you "actively participate" in the operation of this busir	ness this year? (Y, N)	[5] [6]	
	Income Items		
		2024 Information	Prior Year Information
Income from production of livestock, produce, grains, and	other crops:	+[15]	
		+	
		+	
Total cooperative distributions you received Taxable cooperative distributions you received		+[17] +[19]	
	2024 Total	2024 Taxable	Prior Year Information
Agricultural program payments:			
	+	+	
		2024 Information	Prior Year Information
Commodity credit loans reported under election:		+[24]	
Total commodity credit loans forfeited		+[26]	
Taxable commodity credit loans forfeited		+[28]	
Crop insurance proceeds you received in 2024	2024 Total	2024 Taxable	Prior Year Information
		30 1 [31]	
	+	+	
		2024 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2025 Crop insurance proceeds deferred from 2023 Other income:		[33] +[35]	
Other income.	_	+[38]	
	_ _	+	
	_ _	+	
	_ _	+	
	- -	+	
	_ _	+	
	_ _	+	
	_	+	-

Form ID: 4835

Control Totals +

form ID: 4835-2	Farm Rental Expenses	37
-----------------	----------------------	----

Preparer use only		
Description		
	2024 Information	Prior Year Information
Car and truck expenses	+[6]	
Chemicals	+[8]	
Conservation expenses	+[10]	
Carryover from prior years	+[12]	
Custom hire (machine work)	+[14]	
Depreciation	+[16]	
Employee benefit programs	+[18]	
Feed purchased	+[20]	
Fertilizers and lime	+[22]	
Freight and trucking	+[24]	
Gasoline, fuel, and oil	+[26]	
Insurance (Other than health):		
	+[28]	
	+	
	+	
Mortgage interest (Paid to banks, etc.):		
, ,	+[30]	
	+	-
	+	
Other interest	+[33]	-
Labor hired (Less employment credit)	+ [35]	-
Pension and profit sharing	[07]	
Rent - vehicles, machinery, and equipment	[00]	-
Rent - vehicles, machinery, and equipment	+[39]	-
	+[41]	-
Repairs and maintenance	+[43]	
Seed and plants purchased	+[45]	
Storage and warehousing	+[47]	
Supplies purchased	+[49]	-
Taxes:		
	+	<u> </u>
	+	-
	+	
	+	
Utilities	+[53]	
Veterinary, breeding, and medicine	+[55]	
Other expenses:		
	+	
	+	
	+	
	+	
	+	
	+	
	+	
Preproductive period expenses	+[59]	
Preparer use only		

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

l	
Control Totals +	Form ID: 4835-2
Control rotals +	FUITH ID. 4033-4

		Partnerships a	nd S Corporations		30
	Please provide co	opies of Schedules K-1 show	ring income from partnerships	and S-corporations.	
	Spouse/Joint (T, S, J)				_[2]
	dentification number				[6]
Name of e		-			[13]
State posta					[14]
Type of en	tity (1 = Partnership, 2 = S Corporation,	3 = Foreign partnership, 4 = Publicly t	raded partnership)		[17]
	Preparer use only				
	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter	Operating	[16]	[17]	[18]	
on K1-7	Short-term capital		[19]	[20]	
	Long-term capital		[21]	[22]	
	28% rate capital		[23]	[24]	
	Section 1231 loss	[25]	[26]	[27]	
	Ordinary business gain/loss	[28]	[29]	[30]	
	Other losses - 1040 Sch 1	[31]	[32]	[33]	
	Section 179	[34]	[35]	[36]	
State posta Type of en	tity (1 = Partnership, 2 = S Corporation,	3 = Foreign partnership, 4 = Publicly t	raded partnership)		[14] [17]
	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter	Operating	[16]	[17]	[18]	
on K1-7	Short-term capital		[19]	[20]	
	Long-term capital		[21]	[22]	
	28% rate capital		[23]	[24]	
	Section 1231 loss	[25]	[26]	[27]	
	Ordinary business gain/loss	[28]	[29]	[30]	
	Other losses - 1040 Sch 1	[31]	[32]	[33]	
	Section 179	[34]	[35]	[36]	
Taynayor/	Spouse/Joint (T, S, J)				
	dentification number				[2] [6]
Name of e					[0] [13]
State posta	•	-			[13] [14]
-	tity (1 = Partnership, 2 = S Corporation,	2 - Foreign partnership 4 - Bublishi+	raded narthershin)		
ype or en	cicy (1 - raithership, 2 - 3 Corporation,	5 - 1 Oreign partnership, 4 - rublicly t	raucu partifersilipj		_[17]

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

Form ID: K1T		Estates	and Trusts		39
	Please provi	de all copies of Schedules	K-1 showing income from estate	es and trusts.	
	pouse/Joint (τ, s, յ)	•	-		_[2
	dentification number				[3]
Name of ac	· · · · · ·	-			[4]
State posta	l code				[5]
	Preparer use only				
	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter on K1T-3	Operating	[18]	[19]	[20]	
011 KI 1 3	Short-term capital		[21]	[22]	
ŀ	Long-term capital		[23]	[24]	
ŀ	28% rate capital	f==1	[25]	[26]	
	Section 1231 loss	[27]	[28]	[29]	
	Ordinary business gain/loss	[30]	[31]	[32]	
Taypayar/C	pouse/Joint (T, S, J)				[2]
	dentification number				_[2]
Name of ac					[3]
State posta	· · · · · ·	-			[4]
State posta					[5]
	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter	Operating	[18]	[19]	[20]	
on K1T-3	Short-term capital	[10]	[21]	[22]	
OII KTI-3			[23]	[24]	
OII KII-3	Long-term canital			[26]	
OII KIT-3	Long-term capital		[25] [
OII KIT-3	28% rate capital	[27]	[25]		
OII K11-3	28% rate capital Section 1231 loss	[27]	[28]	[29]	
Taxpayer/S	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J)	[27] [30]			[2]
Taxpayer/S Employer ic Name of ac	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code		[28]	[29]	[3] [4]
Taxpayer/S	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only	[30]	[28]	[29]	[3] [4]
Taxpayer/S Employer ic Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers	[30] Non-QBI & Tax	[28] [31]	[29] [32]	[3] [4]
Taxpayer/S Employer ic Name of ac	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating	[30]	[28] [31] For QBI & Tax [19]	[29] [32] AMT	[3] [4]
Taxpayer/S Employer ic Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital	[30] Non-QBI & Tax	[28] [31] For QBI & Tax [19] [21]	[29] [32] AMT [20] [22]	[3] [4]
Taxpayer/S Employer ic Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital	[30] Non-QBI & Tax	[28] [31] For QBI & Tax [19] [21] [23]	[29] [32] AMT [20] [22] [24]	[3] [4]
Taxpayer/S Employer ic Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital	[30] Non-QBI & Tax [18]	[28] [31] For QBI & Tax [19] [21] [23] [25]	[29] [32] AMT [20] [22] [24] [26]	[3] [4]
Taxpayer/S Employer ic Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss	Non-QBI & Tax [18]	[28] [31] For QBI & Tax [19] [21] [23] [25] [28]	[29] [32] AMT [20] [22] [24] [26] [29]	[3] [4]
Taxpayer/S Employer ic Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital	[30] Non-QBI & Tax [18]	[28] [31] For QBI & Tax [19] [21] [23] [25]	[29] [32] AMT [20] [22] [24] [26]	[2] [3] [4] [5]
Taxpayer/S Employer ic Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss	Non-QBI & Tax [18]	[28] [31] For QBI & Tax [19] [21] [23] [25] [28]	[29] [32] AMT [20] [22] [24] [26] [29]	[3] [4]
Taxpayer/S Employer ic Name of ac State posta Enter on K1T-3	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss	Non-QBI & Tax [18]	[28] [31] For QBI & Tax [19] [21] [23] [25] [28]	[29] [32] AMT [20] [22] [24] [26] [29]	[3 [4] [5]
Taxpayer/S Employer ic Name of ac State posta Enter on K1T-3	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss	Non-QBI & Tax [18]	[28] [31] For QBI & Tax [19] [21] [23] [25] [28]	[29] [32] AMT [20] [22] [24] [26] [29]	[3] [4]
Taxpayer/S Employer ic Name of ac State posta Enter on K1T-3 Taxpayer/S Employer ic	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number	Non-QBI & Tax [18]	[28] [31] For QBI & Tax [19] [21] [23] [25] [28]	[29] [32] AMT [20] [22] [24] [26] [29]	[3 [4] [5] [2] [3]
Taxpayer/S Employer ic Name of ac State posta Enter on K1T-3 Taxpayer/S Employer ic Name of ac	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity	Non-QBI & Tax [18]	[28] [31] For QBI & Tax [19] [21] [23] [25] [28]	[29] [32] AMT [20] [22] [24] [26] [29]	[3] [4] [2] [3] [4]
Taxpayer/S Employer ic Name of ac State posta Enter on K1T-3 Taxpayer/S Employer ic Name of ac	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code	[30] Non-QBI & Tax [18] [27] [30]	[28] [31] For QBI & Tax [19] [21] [23] [25] [28]	[29] [32] AMT [20] [22] [24] [26] [29]	[3] [4] [5]
Taxpayer/S Employer ic Name of ac State posta Enter on K1T-3 Taxpayer/S Employer ic Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity	Non-QBI & Tax [18]	[28] [31] For QBI & Tax [19] [21] [23] [25] [28]	[29] [32] AMT [20] [22] [24] [26] [29]	[3] [4] [2] [3] [4]
Taxpayer/S Employer ic Name of ac State posta Enter on K1T-3 Taxpayer/S Employer ic Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only carryovers Operating Operating	[30] Non-QBI & Tax [18] [27] [30]	[28] [31] For QBI & Tax [19] [21] [23] [25] [28] [31]	[29] [32] AMT [20] [22] [24] [26] [29] [32]	[3][5][2][3][4]
Taxpayer/S Employer ic Name of ac State posta Enter on K1T-3 Taxpayer/S Employer ic Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital 28% rate capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital	[30] Non-QBI & Tax [18] [27] [30]	[28] [31] For QBI & Tax [19] [21] [23] [25] [28] [31]	[29] [32] AMT [20] [22] [24] [26] [29] [32]	[3][5][2][3][4]
Taxpayer/S Employer ic Name of ac State posta Enter on K1T-3 Taxpayer/S Employer ic Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only carryovers Operating Operating	[30] Non-QBI & Tax [18] [27] [30]	[28] [31] For QBI & Tax [19] [21] [23] [25] [28] [31] For QBI & Tax [19]	[29] [32] AMT [20] [22] [24] [26] [29] [32]	[3][5][2][3][4]
Taxpayer/S Employer ic Name of ac State posta Enter on K1T-3 Taxpayer/S Employer ic Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital Long-term capital Long-term capital Long-term capital Long-term capital Long-term capital 28% rate capital	[30] Non-QBI & Tax [18] [27] [30]	[28] [31] For QBI & Tax [19] [21] [23] [25] [28] [31] For QBI & Tax [19] [21]	[29] [32] AMT [20] [22] [24] [26] [29] [32] AMT [20] [22]	[3][5][2][3][4]
Taxpayer/S Employer ic Name of ac State posta Enter on K1T-3 Taxpayer/S Employer ic Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital Long-term capital Long-term capital Long-term capital Long-term capital Long-term capital	[30] Non-QBI & Tax [18] [27] [30]	[28] [31] For QBI & Tax [19] [21] [23] [25] [28] [31] For QBI & Tax [19] [21] [21] [22] [23]	[29] [32] AMT [20] [22] [24] [26] [29] [32] AMT [20] [22] [24]	[3] [4] [5] [2] [3] [4]

Form ID: K1T

Form ID: Home	Sale of Principal Residence		40
Description			[1]
Taxpayer/Spouse/Joint (T, S, J)			[5]
State postal code			[6]
•	sion will be calculated and entire gain will be reported	d on Schedule D)	<u>—</u>
Date former residence was acquired			 [9]
Date former residence was sold			[10]
Selling price of former residence		+	[11]
Expenses related to the sale of your old home		+	[12]
Original cost of home sold including capital improve	ements	+	[13]
	Exclusion Information		
Mark if meet use and ownership test without excer	otions (2 years use within 5-year period preceding sale	e date)	[19]
Wark if freet use and ownership test without excep	otions (2 years use within 5 year period preceding suit		_
Reduced exclusion days: (Enter only days within 5-y	vear period ending on sale date)	Taxpayer	Spouse
Number of days each person used property as ma	- · · · · · · · · · · · · · · · · · · ·	[21]	[22]
Number of days each person owned property use		[23]	[24]
Number of days between date of sale of the other	r home and date of sale of this home	[25]	[26]
Form	n 6252 - Current Year Installment Sale		
Mortgage and other debts the buyer assumed		+	[28]
Total current year payments received		+	[29]
Form 6252	- Related Party Installment Sale Information	tion	
	·		
Related party name			[30]
Address			[31]
City, State and Zip	[32]	[33]	[34]
Identifying number of related party	A.)		[35]
Was the property sold as a marketable security? (Y, Enter date of second sale if more than 2 years after			_[36]
Indicate special conditions if applicable (1 = Sale/excha		-	[37]
Selling price of property sold by a related party	inge, 2 – involuntary conv, 3 = Death of Seller, 4 = No tax avoidance)	+	[38] [40]
Sening price of property sold by a related party		·	[40]

Preparer use only	2024 Information	Prior Year Information
Description	[3]	
Taxpayer/Spouse/Joint (T, S, J)	[5]	
State postal code	[8]	
Date acquired	^[0]	
Date sold	[20]	
Gross sales price of property sold	+ [21]	
Mortgage and other debts the buyer assumed	+ [23]	
Cost or other basis	+ [25]	
Commissions and other expenses of the sale	+ [27]	
Gross profit percentage	[29]	
Total current year principal payments received	+ [35]	
Prior year principal payments received	+[37]	
Total ordinary income to recapture	+[39]	
Total ordinary income previously recaptured	+ [41]	
Total ordinary meetine previously recupitarea	[41]	
Control Totals +		
Prior Year I	nstallment Sale	
Preparer use only	2024 Information	Prior Year Information
Description	[3]	
Taxpayer/Spouse/Joint (T, S, J)	[7]	
State postal code	[8]	
Date acquired	[19]	
Date sold	[20]	
Gross sales price of property sold	+ [21]	

Total ordinary income previously recap	tured	+	[41]	
	Control Totals +			

Cost or other basis

Gross profit percentage

Mortgage and other debts the buyer assumed

Commissions and other expenses of the sale

Total current year principal payments received

Prior year principal payments received

Total ordinary income to recapture

[23]

[25]

[27]

[29]

[35]

[37]

[39]

Form 4797 and 6252 - General Information		42
Description Taxpayer/Spouse/Joint (T, S, J) State postal code Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1 Mark if disposition is due to casualty or theft Mark if disposition was to a related party		[3] _[9] [10] [16] _[21]
Sale Information		[22]
Date acquired Date sold Gross sales price or insurance proceeds received Cost or other basis Commissions and other expenses of sale Depreciation allowed or allowable	+ + + + +	[24] [25] [26] [27] [28]
Form 4797, Part III - Recapture		
Additional depreciation after 1975 (Section 1250) Applicable percentage (if not 100%) (Section 1250) Additional depreciation after 1969 (Section 1250) Soil, water and land clearing expenses (Section 1252) Applicable percentage (if not 100%) (Section 1252) Intangible drilling and development costs (Section 1254) Applicable payments excluded from income under sec. 126 (Section 1255)	+ + + + + +	[31] [32] [33] [34] [35] [36]
Form 6252 - Current Year Installment Sale		
Mortgage and other debts the buyer assumed Total current year payments received	+	[38] [39]
Related party name Address City, State, and Zip [42] Identifying number of related party Was the property sold as a marketable security? (Y, N) Enter date of second sale Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) Selling price of property sold by a related party	[43] 	[40] [41] [44] [45] [46] [47] [48] [50]

Form ID: 8824 Like-Kind Ex	change General Information	43
Preparer use only		
Description of property given up		[4]
		[5]
Taxpayer/Spouse/Joint (τ, s, J)		_[6]
State postal code		[7]
Description of property received		[10]
		[11]
D	ate Information	
Date the like-kind property given up was acquired		[17]
Date you transferred your property to the other party		[17] [18]
Date the like-kind property received was identified		[19]
Date you received the like-kind property from the other parts	V	[20]
Gain a	and Basis Information	
Fair market value of other property given up	+	[21]
Adjusted basis of other property given up		[22]
Cash received		[23]
Fair market value of other (not like-kind) property received		[24]
Installment obligation received in like-kind exchange		[25]
Fair market value of like-kind property you received		[26]
Fair market value of non-section 1245 property you received		[27]
Liabilities, including mortgages, assumed by you		[28]
Cash paid	+	[29]
Adjusted basis of like-kind property given up	+	[30]
Adjusted basis of like-kind property from pass through entity		
Cost or other basis	+	[31]
Depreciation allowed or allowable excluding Section 179		[32]
Section 179 expense deduction passed through	+	[33]
Section 179 carryover		[34]
Liabilities, including mortgages, assumed by the other party	+	[35]
Exchange expenses incurred by you	+	[36]
Related Pa	arty Exchange Information	
Name of related party		[20]
Name of related party Address of related party		[39]
City		[40]
State		[41]
Zip code		[42] [43]
Identifying number of related party		[44]
Relationship to you		[45]
During this tax year, did the related party sell or dispose of the	ne property received? (Y, N)	[46]
During this tax year, did you sell or dispose of the like-kind pr		[47]
Indicate if any special conditions apply (1 = Death of either party, 2 =		_[48]
Mark if this exchange is a prior year like-kind exchange		_[50]

1	Control Totals +	Form ID: 8824
	Control Totals +	l Form ID: 8824

Form	ID:	8938-2

Statement of Specified Foreign Financial Assets

44

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

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

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

Form	ID.	Fran	Δcd
FUIIII	ID.	FIRI	ALL

Foreign Financial Accounts

45

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

Taxpayer/Spouse/Joint (T, S, J)			[1
		2024 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)		[4]	
Type of Account:		_	
Bank		[5]	
Securities		 [6]	
Other		[7]	
Maximum value of account (in US dollars)		[8]	
Account number or other designation			
		[10]	
Financial institution		[12]	
Address of financial institution		[13]	
City, state, zip code	[14][15]	[16]	
Foreign country code/name	[17]	[18]	
For addresses in Mexico, enter state		[20]	
Foreign province/county		[23]	
Foreign postal code		[24]	
Account jointly owned with spouse		_[25]	
Account opened during the tax year		_[47]	_
Account closed during the tax year		_[49]	
Information is reported for a financial account which is:		_[27]	
2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no fin	ancial interest		
Complete this section if there is a joint owner ot	her than the spouse, or you have	signature authority	only over the account
Taxpayer identification number of account holder/joint ow	/ner		[28]
Foreign identification number of account holder/joint own			[29]
Last name or organization name of account holder/joint or			[30]
First name and middle initial of account holder/joint owne			[31] [32]
Address and apartment			[33] [34]
City, state, zip code			[36][37]
Foreign country code/name			[39]
For addresses in Mexico, enter state	 -		[41]
Foreign postal code			[44]
Number of joint owners (Not including taxpayer, if applicable)			[45]
Filer's title with this owner (If applicable)			[46]
NOTES/QUESTIONS:			

Form ID: 2555 Foreign	n Earned Income Exc	clusion		46
Taxpayer/Spouse (T, S) [1]		State postal co	de	[3]
Foreign street address		[4] City		
State/Province		Country code		
Country		Postal code _		
Employer's name				[2]
U.S. address	[5] City		
State postal code		Zip code		
Foreign street address				
State/Province		Country code		
Country				
Employer type (A = Foreign entity, B = U.S. company, C = Self, D = Foreign	affiliate of a U.S. company, $E = Q[t]$	_{jer})f other, specify ty	pe	
Country of citizenship				[11]
If maintained a separate foreign residence for your family of	lue to adverse living condi	tions, provide city, c	-	
				ays
City/Country			D	ays
List tax home(s) during the tax year and dates established: Tax home			Mai Data	
Tay homo			[13] Date	
			Date	
Foreign Earn	ed Income Allocation	n Information		
*U.S. Business Days and Travel Type Code: 1=Travel to Ur	nited States; 2=Travel to r	estricted country; 3	=Travel to foreig	n country
U.S. business days and travel information:[16]	,	• •	J	No. of U.S.
Type Code* Name of Country including Unite	ed States	Date Arrived	Date Left	business days
<u> </u>				
<u> </u>				
<u> </u>				
_		 .		
Foreign days worked before and after foreign assignment	[17] Total days worked b	efore and after forei	gn assignment	[18]
Total number of days worked during year (defaults to 240)				[19]
Bor	na Fide Residence Te	est		
Date foreign residence began [21]	Date foreign residen	ice ended		[22]
Kind of foreign living quarters (A = Purchased house, B = Rented house	_		employer)	[23]
If any family members lived abroad with you during any pa	rt of tax year, list who and	for what period:		_
Relationship	Period abroad			[24]
Relationship	Period abroad			
Relationship	Period abroad			
Relationship	Period abroad			
Mark if you submitted a statement to foreign country auth	orities that you are not a r	esident of that coun	try	_[25]
Mark if required to pay income tax to that country				_[26]
List any contractual terms or other conditions relating to le	ngth of employment abroa	ad		
				[27]
Time of the weed to detect the second				
Type of visa used to enter foreign country				[28]
Explanation if visa limited length of stay or employment				[00]
				[29]
If maintained a home in U.S., enter address, whether it was	rented names of occupa	nts and their relation	shin to you:	
Address	[30]	City	isinp to you.	
State postal code	[50]	Zip code		
Rented Occupant		•	ionship	
Address	[30]	City	- r	
State postal code	[1-3]	Zip code		-
Rented Occupant	_	•	ionship	
	nysical Presence Test	τ		
Principal country of employment				[31]
				Form ID: 2555

Form ID: 2555-2	Foreign Earned Income Exclusion		47
Employer's name Taxpayer/Spouse (T, S) State postal code			
	Foreign Earned Income		
*P	lease use the Foreign Earned Income Allocation Codes loc	ated below Allocation	
Noncash income: Home (lodging) Meals Car	se enter code here and description and amount below):	_[10][11] + _[13][14] + _[16][17] + [19] + +	
Allowances, reimbursements or exper Cost of living and overseas different Family Education		_ + _ + +	[22] [24] [26]
Home leave Quarters Other purposes (Please enter code	e here and description and amount below):	_[27] + _[29] + _[31] + _ +	[28]
Other foreign earned income (Please 6	enter code here and description and amount below):	+ + [33]	[34]
Excludable meals and lodging under se	ection 119	- + <u>-</u> - + <u>-</u> + <u>-</u>	[35]
	*Foreign Earned Income Allocation Codes 1 = 100% foreign during assignment 2 = 100% U.S. during assignment 3 = U.S. and foreign days worked during assignment 4 = U.S. and foreign days before/after assignment 5 = Days worked before, during, and after assignment		
	Deductions Allocable to Foreign Earned Inc	come	
Other allocable deductions		Allocation Code* [36] +	Amount [37]
	Housing Exclusion/Deduction		
Qualified housing expense		+_	[47]
NOTES/QUESTIONS:			
	Control Totals +		Form ID: 2555-2

Form ID: 3903	48		
Preparer use only Description of move			[2]
Taxpayer/Spouse/Joint (T, S, J)			[3]
Mark if the move was due to service i	n the armed forces		[7]
Number of miles from old home to ne	ew workplace		<u>—</u>
Number of miles from old home to ol	d workplace		[9]
Mark if move is outside United States	or its possessions		[10]
Transportation and storage expenses		+	[11]
Travel and lodging (not including mea	ls)	+	[12]
Miles driven to new home			[13]
Total amount reimbursed for moving	expenses	+	[15]

Employee Business Expenses

Preparer use only	2024 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[2]	
Occupation in which expenses were incurred	[3]	
State postal code		
If the employee expenses were from an occupation listed below, enter the		
1 = Qualified performing artist, 2 = Impairment-related work expenses		_
Ded to fee and alle		
Parking fees and tolls	+[18]	
Local transportation	+[20]	
Travel expenses	+[23]	
Other business expenses:	, foot	
	+[26]	
	<u> </u>	
	+	
	+	
	<u> </u>	
	<u> </u>	
	<u>+</u>	
	<u> </u>	
	-	·
	-	·
	+	·
	+	
	+	
	<u>+</u>	
	+	
	+	·
	<u>+</u>	
	+	·
	<u>+</u>	
	-	·
Namahida dangasiatian	+	·
Nonvehicle depreciation Meals	+[29]	
	+[32]	
Meals for individuals subject to DOT hours of service limitation (certain sta	ate ret u rns) [35]	
Employer Reim	bursements	
Enter Reimbursements not entered o	on Screen W2, Box 12, Code L	
	2024 Information	Prior Year Information
Reimbursements for other expenses not included on Form W-2	+[62]	
Reimbursements for meals not included on Form W-2	+ [64]	

[66]

Form ID: 2106

Reimbursements for meals for DOT service limitation not included on Form W-2+

Control Totals +

			Employee B	usiness Expenses			50
Prepare Taxpayer/Spouse (1 Occupation in which State postal code		incurred			_[2] [3] [4]		
			Vehicle	Questions			
Was the vehicle Was another ve	e available for off- chicle available for	duty personal r personal use	use? (Y, N, Blank = No? (Y, N)	ollowing questions:	D24 Information [5][7][9]	Prior Year I	nformation — —
			Vehicle	Information			
Vehicle 1 -	Date placed in s Description	service				_	
Vehicle 2 -	Comments Date placed in s Description Comments	service				_	
Vehicle 3 -	Date placed in s Description Comments	service				_	
	Date placed in s	onvico					
Vehicle 4 -	Description Comments	service					
Vehicle 4 -	Description	et vice	Vehicles A	Actual Expenses			
	Description Comments	Prior Year Information	Vehicles A	Actual Expenses Prior Year Information Vehicle 3	Prior Year Information	Vehicle 4	
Aileage Information	Description Comments Vehicle 1	Prior Year Information		Prior Year Information Vehicle 3		Vehicle 4	Prior Year
Mileage Information Total mileage for the Business miles	Description Comments Vehicle 1 year [18] [20]	Prior Year Information	Vehicle 2	Prior Year Information Vehicle 3	Information		Prior Year
Aileage Information otal mileage for the susiness miles exerage daily round	Description Comments Vehicle 1 year [18] [20] trip	Prior Year Information	Vehicle 2[66][68]	Prior Year Information Vehicle 3	Information [114]	[162] [164]	Prior Year
Aileage Information otal mileage for the susiness miles werage daily round commuting mileage	Description Comments Vehicle 1 year [18] [20] trip e[23]	Prior Year Information	Vehicle 2[66][68][71]	Prior Year Information Vehicle 3	Information (114) (116) (119)	[162] [164]	Prior Year
Aileage Information of the susiness miles of the commuting mileage for the commuting mileage of	Description Comments Vehicle 1 year [18] [20] trip e [23] eage [25]	Prior Year Information	Vehicle 2[66][68][71][73]	Prior Year Information Vehicle 3	Information (114) (116) (119) (121)	[162][164][167][169]	Prior Year
Mileage Information Total mileage for the Business miles Everage daily round Commuting mileage Total commuting mil	Description Comments Vehicle 1 year [18]	Prior Year Information	Vehicle 2[66][68][71][73] + [75]	Prior Year Information Vehicle 3	Information [114] [116] [119] [121] [123]	[162] [164] [167] [169] + [171]	Prior Year
Mileage Information Total mileage for the Business miles Average daily round Commuting mileage Total commuting mil Gasoline	Description Comments Vehicle 1 year [18]	Prior Year Information	Vehicle 2[66][71][73] +	Prior Year Information Vehicle 3	Information [114] [116] [119] [121] [123] [125]	[162] [164] [167] [169] [171] [173]	Prior Year
Mileage Information Total mileage for the Business miles Average daily round commuting mileage Total commuting mil Gasoline Dil Repairs	Description Comments Vehicle 1 year [18]	Prior Year Information	Vehicle 2 [66][71][73] +	Prior Year Information Vehicle 3	Information [14] [16] [19] [121] [123] [125] [127]	[162] [164] [167] [169] + [171] + [173] + [175]	Prior Year
Mileage Information Total mileage for the Business miles Average daily round commuting mileage Total commuting mil Gasoline Dil Repairs Maintenance	Description Comments Vehicle 1 year [18]	Prior Year Information	Vehicle 2 [66][71][73] +	Prior Year Information Vehicle 3	Information 114] 116] 119] 121] 122] 127] 129]	[162] [164] [167] [169] + [171] + [173] + [175]	Prior Year
Mileage Information of the Business miles average daily round commuting mileage fotal commuting mileasoline oil Repairs Maintenance fires	Description Comments Vehicle 1 year [18]	Prior Year Information	Vehicle 2 [66] [68] [71] [73] + [75] + [77] + [79] + [81] + [83]	Prior Year Information Vehicle 3	Information 114] 116] 119] 121] 123] 125] 127] 129]	[162] [164] [167] [169] + [171] + [173] + [175] + [177]	
Mileage Information Total mileage for the Business miles Everage daily round Commuting mileage Total commuting mil Basoline Dil Bepairs Maintenance Tires Car washes	Description Comments Vehicle 1 year [18]	Prior Year Information	Vehicle 2 [66] [68] [71] [73] + [75] + [77] + [81] + [83] + [85]	Prior Year Information Vehicle 3	Information [114] [119] [121] [123] [125] [127] [129] [131] [133]	[162] [164] [167] [169] + [171] + [173] + [175]	Prior Year
Aileage Information of the outsiness miles overage daily round commuting mileage of the outsines of the outsines of the outside of the outside	Description Comments Vehicle 1 year [18]	Prior Year Information	Vehicle 2 [66] [68] [71] [73] + [75] + [77] + [81] + [83] + [85] + [87]	Prior Year Information Vehicle 3	Information [114] [116] [119] [121] [122] [123] [125] [127] [129] [133] [133]	[162] [164] [167] [169] + [171] + [173] + [175] + [177] + [179] + [181] + [183]	Prior Year
Aileage Information otal mileage for the susiness miles overage daily round commuting mileage otal commuting mileasoline oil epairs Aaintenance ires far washes insurance interest	Description Comments Vehicle 1 year [18]	Prior Year Information	Vehicle 2 [66] [68] [71] [73] + [75] + [77] + [81] + [83] + [85] + [87]	Prior Year Information Vehicle 3	Information [114] [116] [119] [121] [122] [125] [127] [129] [131] [133] [135] [137]	[162] [164] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185]	Prior Year
Aileage Information fotal mileage for the susiness miles exerage daily round commuting mileage fotal commuting mileage for the fotal commuting mileage for the fotal commuting mileage for the fotal mileage for the fotal mileage for the fotal commuting mileage for the fotal mileage for the fotal commuting mileage fotal	Description Comments Vehicle 1 year [18]	Prior Year Information	Vehicle 2 [66] [68] [71] [73] + [75] + [77] + [81] + [83] + [85] + [87]	Prior Year Information Vehicle 3	Information [114] [116] [119] [121] [122] [123] [125] [127] [129] [133] [133]	[162] [164] [167] [169] + [171] + [173] + [175] + [177] + [179] + [181] + [183]	Prior Year
Aileage Information otal mileage for the susiness miles overage daily round commuting mileage otal commutation of the com	Description Comments Vehicle 1 year [18]	Prior Year Information	Vehicle 2 [66] [68] [71] [73] + [75] + [79] + [81] + [83] + [85] + [87] + [91] + [93]	Prior Year Information Vehicle 3	Information 114	[162] [164] [167] [169] + [171] + [173] + [175] + [177] + [181] + [185] + [185] + [187]	Prior Year
Aileage Information otal mileage for the cusiness miles everage daily round commuting mileage otal commuting mileasoline otal commuting mileagoral commuting mileasoline otal commutation otal commutatio	Description Comments Vehicle 1 year [18]	Prior Year Information	Vehicle 2 [66] [68] [71] [73] + [75] + [77] + [81] + [83] + [85] + [87] + [91] + [93] + [95]	Prior Year Information Vehicle 3	Information 114	[162] [164] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185] + [187]	Prior Year
Aileage Information of the susiness miles of the susiness miles of the susiness miles of the susiness mileage for the susines mileage of the susines of the susine of the	Description Comments Vehicle 1 year [18]	Prior Year Information	Vehicle 2 [66] [68] [71] [73] + [75] + [79] + [81] + [83] + [85] + [87] + [91] + [93]	Prior Year Information Vehicle 3	Information 114] 116] 119] 121] 122] 122] 122] 133] 135] 137] 138] 141] 143]	[162] [164] [167] [169] + [171] + [173] + [175] + [177] + [181] + [185] + [185] + [187]	Prior Year
Aileage Information of the Business miles average daily round commuting mileage for the Business miles average daily round commuting mileage fotal commuting mileage of the Busines of the	Description Comments Vehicle 1 year [18]	Prior Year Information	Vehicle 2 [66] [68] [71] [73] + [75] + [77] + [81] + [83] + [85] + [87] + [91] + [93] + [95]	Prior Year Information Vehicle 3	Information 114	[162] [164] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185] + [187] + [189] + [191]	
Mileage Information Total mileage for the Business miles Average daily round commuting mileage Total commuting mil Basoline Dil Bepairs Maintenance Tires Car washes Insurance Interest Begistration Licenses Property taxes (Plates, Pehicle rentals Inclusion amt (Prepare Dther vehicle expens	Description Comments Vehicle 1 year [18]	Prior Year Information	Vehicle 2 [66] [68] [71] [73] + [75] + [77] + [81] + [83] + [85] + [87] + [91] + [93] + [95] + [97]	Prior Year Information Vehicle 3	Information 114] 116] 119] 121] 122] 122] 122] 133] 135] 137] 138] 141] 143]	[162] [164] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185] + [187] + [189] + [191] + [193]	Prior Year
Mileage Information Total mileage for the Business miles Average daily round Commuting mileage Total commuting mileage Total commuting mileasoline Dil Repairs Maintenance Tires Car washes Insurance Interest Registration Licenses Property taxes (Plates, Jehicle rentals Inclusion amt (Prepare	Description Comments Vehicle 1 year [18]	Prior Year Information	Vehicle 2 [66] [68] [71] [73] + [75] + [77] + [81] + [83] + [85] + [87] + [91] + [93] + [95] + [97]	Prior Year Information Vehicle 3	Information [114] [116] [119] [121] [122] [122] [125] [127] [129] [131] [133] [135] [137] [139] [141] [143] [144] [145] [146]	[162] [164] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185] + [187] + [189] + [191] + [195]	
Mileage Information Total mileage for the Business miles Average daily round commuting mileage Total commuting mil Basoline Dil Bepairs Maintenance Tires Car washes Insurance Interest Begistration Licenses Property taxes (Plates, Pehicle rentals Inclusion amt (Prepare Dther vehicle expens	Description Comments Vehicle 1 year [18]	Prior Year Information	Vehicle 2 [66] [68] [71] [73] + [75] + [77] + [81] + [83] + [85] + [87] + [91] + [93] + [95] + [97]	Prior Year Information Vehicle 3	Information [114] [116] [119] [121] [122] [122] [125] [127] [129] [131] [133] [135] [137] [139] [141] [143] [144] [145] [146]	[162] [164] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185] + [187] + [189] + [191] + [195]	

Form ID: 2106-2

Control Totals +

Δ	lii	m	^	n	,	Pa	ic	ŀ
н	ш		u	ш	v		HU.	١.

T/S	Date*	2024 Information	Prior Year Information
		+ [4	1]
Recip	ient name and SSN		
	Address		
City,	state and zip code		
		+	
Recip	ient name and SSN		
	Address		
City,	state and zip code		
		+	
Recip	ient name and SSN		
	Address		
City,	state and zip code		

^{*} Date of divorce/separation agreement

Date of divorce/separation agreement	3	024 Information		Prior Year Information
				Prior Year Information
	Taxpayer	Spous	e	
Educator expenses:				
	+	[6] +	[7]	
	+	+		
Other adjustments:			•	
·	+	[9] +	[10]	
		···,		
	' +	— <u> </u>	-	
	—— [†] ————		 -	
	<u>†</u>	+	-	
	+	+	 -	
	+	+		
	+	+		
	+	+		
	+	+		
	+	+	_	
	+			
			_	
-	 +	·		
		<u>`</u>	-	
		<u> </u>	 -	
	†	+		
	+	+	 -	
	+	+		
	+	+	<u></u>	
	+	+		
	+	+		
	+	+		
	+	+		
	+		-	
	·			-
		'		

Control Totals +	Form ID: OtherAdi
Control Totals +	i Form ID: OtherAdii

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

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

Taxpayer/Spouse/Joint (τ, s, J)		
SSN of person enrolled at eligible educational institution		_
Name of person enrolled at eligible educational institution (First/Last)		
Name of eligible educational institution		
Address of eligible educational institution		_
City, state, and zip code		
Qualified higher education expenses you paid in 2024 for person listed above		[1]
Enter any nontaxable educational benefits received for 2024 for person listed above	+	
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuit	tion Program)	•
Financial institution name (ESA) or name of program (QTP)		-
Financial institution address (ESA) or address of program (QTP)		
City, state and zip code		
		•
Taxpayer/Spouse/Joint (T, S, J)		
SSN of person enrolled at eligible educational institution		_
Name of person enrolled at eligible educational institution (First/Last)		
Name of eligible educational institution		
Address of clicible advectional institution		
City, state, and zip code		
Qualified higher education expenses you paid in 2024 for person listed above		[1]
Enter any nontaxable educational benefits received for 2024 for person listed above	+	
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuit	tion Program)	
Financial institution name (ESA) or name of program (QTP)		
Financial institution address (ESA) or address of program (QTP)		
City, state and zip code		
Taxpayer/Spouse/Joint (T, S, J)		_
SSN of person enrolled at eligible educational institution		
Name of person enrolled at eligible educational institution (First/Last)		
Name of eligible educational institution		
Address of eligible educational institution		
City, state, and zip code		
Qualified higher education expenses you paid in 2024 for person listed above	+	[1]
Enter any nontaxable educational benefits received for 2024 for person listed above	+	
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuit	tion Program)	
Financial institution name (ESA) or name of program (QTP)		
Financial institution address (ESA) or address of program (QTP)		
City, state and zip code		
Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2024	+	[3]

Form ID: Educate2	Student Loan Interest Paid	53
-------------------	----------------------------	----

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

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

Form ID: Educ3

Education Credits and Tuition and Fees Deduction

54

Please provide all copies of Form 1098-T.

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

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

Control Totals +	Form ID: Educ3

Form	ID:	10990	1

Qualified Education Programs

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

Federal Student Aid Application Information #1

Complete a FAFSA information section for both the parent and student. Both may be required to complete the FAFSA.

If the parent or student tax return was prepared elsewhere, please provide the completed tax return.

This FAFSA information is for the:	Preparer use only		
Who is listed as the primary taxpayer on the ta	ax return of the individual to whom this information applic	es?	
(1 = Father or stepfather, 2 = Mother or stepmother, 3 =	Student, 4 = Student's spouse)		_[1]
The information for the FAFSA worksheet will	be:		
(1 = Calculated for the taxpayer on this return, 2 = Entere	ed from someone else's return)		_[4]
Child support received but do not include foste	er care or adoption payments	+	[6]
Taxpayer's (and spouse's) current balance of a	II cash, savings and checking accounts	+	[7]
Taxpayer's (and spouse's) net worth in investm	nents and real estate, excluding primary residence	+	[8]
Taxpayer's (and spouse's) net worth in current	t businesses and/or investment farms	+	[9]
			_
	Control Totals +		
Fed	leral Student Aid Application Information #2		
Fed	leral Student Aid Application Information #2		
This FAFSA information is for the:	Preparer use only		
This FAFSA information is for the: Who is listed as the primary taxpayer on the ta	Preparer use only ax return of the individual to whom this information applie		w
This FAFSA information is for the: Who is listed as the primary taxpayer on the ta (1 = Father or stepfather, 2 = Mother or stepmother, 3 =	Preparer use only ax return of the individual to whom this information applie Student, 4 = Student's spouse)		_[1]
This FAFSA information is for the: Who is listed as the primary taxpayer on the ta (1 = Father or stepfather, 2 = Mother or stepmother, 3 = The information for the FAFSA worksheet will	Preparer use only ax return of the individual to whom this information applie Student, 4 = Student's spouse) be:		_
This FAFSA information is for the: Who is listed as the primary taxpayer on the ta (1 = Father or stepfather, 2 = Mother or stepmother, 3 =	Preparer use only ax return of the individual to whom this information applie Student, 4 = Student's spouse) be:		_[1] _[4]
This FAFSA information is for the: Who is listed as the primary taxpayer on the ta (1 = Father or stepfather, 2 = Mother or stepmother, 3 = The information for the FAFSA worksheet will	Preparer use only ax return of the individual to whom this information applie Student, 4 = Student's spouse) be: ed from someone else's return)		_
This FAFSA information is for the: Who is listed as the primary taxpayer on the ta (1 = Father or stepfather, 2 = Mother or stepmother, 3 = The information for the FAFSA worksheet will (1 = Calculated for the taxpayer on this return, 2 = Entered	Preparer use only ax return of the individual to whom this information applie Student, 4 = Student's spouse) be: ed from someone else's return) er care or adoption payments		_[4]
This FAFSA information is for the: Who is listed as the primary taxpayer on the taxuary (1 = Father or stepfather, 2 = Mother or stepmother, 3 = The information for the FAFSA worksheet will (1 = Calculated for the taxpayer on this return, 2 = Entered Child support received but do not include foster Taxpayer's (and spouse's) current balance of a	Preparer use only ax return of the individual to whom this information applie Student, 4 = Student's spouse) be: ed from someone else's return) er care or adoption payments		 [4] [6]
This FAFSA information is for the: Who is listed as the primary taxpayer on the taxuary (1 = Father or stepfather, 2 = Mother or stepmother, 3 = The information for the FAFSA worksheet will (1 = Calculated for the taxpayer on this return, 2 = Entered Child support received but do not include foster Taxpayer's (and spouse's) current balance of a	Preparer use only ax return of the individual to whom this information applied Student, 4 = Student's spouse) be: ed from someone else's return) er care or adoption payments ill cash, savings and checking accounts nents and real estate, excluding primary residence		[4] [6] [7]
This FAFSA information is for the: Who is listed as the primary taxpayer on the taxus (1 = Father or stepfather, 2 = Mother or stepmother, 3 = The information for the FAFSA worksheet will (1 = Calculated for the taxpayer on this return, 2 = Entered Child support received but do not include fosted Taxpayer's (and spouse's) current balance of a Taxpayer's (and spouse's) net worth in investments.	Preparer use only ax return of the individual to whom this information applied Student, 4 = Student's spouse) be: ed from someone else's return) er care or adoption payments ill cash, savings and checking accounts nents and real estate, excluding primary residence		[4] [6] [7] [8]

Schedule A - Medical and Dental Expenses

		2024 Information	Prior Year Informa
	such as: Doctors, Dentists, Hospital/		
	, Eyeglasses/contact lenses, and Insu		
			-
			-
		_ +	
 		_ +	_
Medical insurance premiums y			
	d by an employer-sponsored plan or amounts e , Sch K-1, etc.) or Medicare premiums entered		your
, ,	•	l fel	
· · · · · · · · · · · · · · · · · · ·		_	-
			-
			-
Long-term care premiums you	naide	_	-
	i paiu. I by an employer-sponsored plan or amounts e	ntered elsewhere, such as amounts paid for	vour
self-employed business (Sch C, Sch F		,	, - , -
		+ [8]	
Prescription medicines and dru			
		+[11]	
		+	
Miles driven for medical items	(21 cents)	·	
	(== ::)		
6 //		2024 Information	Prior Year Inform
State/local income taxes paid:			
			-
		_ +	
		_ +	_
		_ +	_
		_ +	_
2023 state and local income ta	exes paid in 2024:		
		_ +	_
		_ +	
Real estate taxes paid:			
		+[25]	
		+	
		+	
Personal property taxes:			
		+ [28]	
		+	-
Other taxes, such as: foreign to	axes and State disability taxes	_	
=	·	+ [31]	
			-
		_ <u>'</u>	
Salos tay naid an maior numbe	ococ:	_	
Sales tax paid on major purcha			
			-
		_ +	
Sales tax paid on actual expens	ses:		
		_ +	
		_ +	
	Control Totals		Fa 15
	Control Totals +		Form ID:

Form ID: A-2	Interest Expenses	58
		33

T/S/J	Farma 4000	2024 Interest Paid _{2]}	2024 Points Paid	Type*Prior Year Informati
Home mortgage interest: Fro		+ +		
		++		
		++		
		++		
		++		
	<u> </u>	++		
		<u>+</u> +		
_		++		_
		++		
	*Mortgage	Types		
Blank = Used to buy, build or in	mprove main/qualified second home	1 = Not used to buy,	build, improve	home or investment
- 101			٠. م.	
T/S/J Paye Other, such as: Home mo	e's Name SSN ortgage interest paid to individuals	or EIN 2024	Information	Prior Year Information
[4]		+	[5]	
Address		 		
City, state and zip code				
Address		+		
City, state and zip code				
City, state and zip touc		I I		
S/J Name and address of other Payer's/Borrower's name	person who received Form 1098 for join			d -
Street Address				
City/State/Zip code				
Refinancing Points paid in 2 Taxpayer/Spouse/Joint (1	024 -		[11	1
Recipient/Lender name	, 3, 1)			J
Total points paid at time	of refinance			
	2024 (Preparer use only)	+	[12	1
Date of refinance				
Term of new loan (in mo	nths)			
Reported on Form 1098 i	n 2024		_	
Taxpayer/Spouse/Joint (1	-, S, J)		_	
Recipient/Lender name				
Total points paid at time				
Date of refinance	2024 (Preparer use only)	+		
Term of new loan (in mo	nths)	_		
Reported on Form 1098 i	•			
Reported on Form 1999.	202 1		_	
г/S/J		2024	Information	Prior Year Information
Investment interest expens	se, other than on Schedule(s) K-1:			
[15]		+	[16]
<u> </u>		+		
_		+		
_		+		
_		<u>+</u>		
_		+		
_		+		
	Control Table :			
	Control Totals +			Form ID: A-2

Form ID: A-3

Charitable Contributions

	2024 Information		Prior Year Informati
	of the contribution in order to claim the o		
or 7250 or more must be accompanied by a written acknow		ſ	oution on your return.
			-
	. +	-	
	. +	-	
	- +	_	
	. +	_	
	+	_	
	+	_	
	. +	_	
	+	_	
	+	_	
	+	_	
	+	_	
	+	_	
		_[6]	
as: Goodwill/Salvation Army/clothing/househ	old goods		
	_ +	_[9]	_
	+	_ [
Miscellaneous			
	2024 Information		Prior Year Informati
		[
	•		_
	_	-	
	_	-	
	_ +	-	
	_ +	-	
er only if you have gambling income)			
	_ +	_ ^[16]	_
	_ +	-	
	_ +	_	
	1		
	_	_ [
	_ '		
	' <u>-</u>	_ '	
	<u> </u>		
	a check or other monetary gift requires a written record of \$250 or more must be accompanied by a written acknowledge of \$250 or more must be accompanied by a written accompanie	A check or other monetary gift requires a written record of the contribution in order to claim the of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the or more must be accompanied by accompanied by a written acknowledgment from the charity to claim the or more must be accompanied by accompanied by accompanied by	A check or other monetary gift requires a written record of the contribution in order to claim the contribution of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution of \$250 or more must be accompanied by a written accompanied by a written accompanied by a written accompanied by a

Control Totals +

Form ID: A-St

Miscellaneous Itemized Deductions (State Use Only)

59a

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

T/S/J	2024 Info	rmation Prior Year Information
Unreimbursed expenses, such as: Uniforms, Profession Business publications, Job seeking expenses, Education		
_[1]	+	[2]
	+	
_	+	
_	+	
	_	
	_	
	_	
_	_	
	+	
-	+	
Union dues, other than amounts reported on Form W		
[4]		
_	<u>+</u>	
	<u>+</u>	
Other expenses, subject to 2% AGI limit, such as: Lega	+	[8]
_[10]		[11]
	+	[11]
	_	
_	+	
_	+	
	+	
	+	
	+	
_		
_[13] Safe deposit box rental	+	[14]
Investment expenses, other than on Schedule(s) K-1	or Form(s) 1099-DIV/INT:	
[16]		
_	+	
_	+	
_	+	
	+	
	+	
_	+	

Complete this section if either of the following applies:

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

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

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

Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J)		[1]
Donated property description		[4]
Name of days a supprisation		r=1
Address of decree and the		
City		[7]
State postal code		[8]
Zip code		[9]
Date contributed		[10]
Date acquired by donor		[11]
How was donated property acquired: (P = Purchase, I = Inheritance, C	G - Gift E - Evchange)	[12]
Donor's cost or basis	J - Girt, L - Extriange)	+ [13]
Fair market value		
Method used to determine fair market value (A = Appraisal, C = Ca	talan T. Thrift share value C. Calan/announting C	+[14]
If other:	italog, I = Infirt snop value, S = Sales/comparative, C	-
if other:		[16]
	Control Totals +	
	ontributions Exceeding \$500	
For donated securities, include the company n	ame and number of shares in the dona	ited property description, below
Taxpayer/Spouse/Joint (T, S, J)		[1]
Donated property description		
Nieuwa Calana a manatatian		
Address of decree and alter		
City		[7]
State postal code		[8]
Zip code		[9]
Date contributed		[10]
Date acquired by donor		[11]
How was donated property acquired: (P = Purchase, I = Inheritance, C	G = Gift E = Evchango)	
Donor's cost or basis	3 - Girt, E - Extriange)	_[12]
Fair market value		+[13]
Method used to determine fair market value (A = Appraisal, C = Ca	talan T. Thrift share value C. Calan/announting C	+[14]
If other:	italog, 1 = 11111t shop value, 5 = Sales/comparative, C	D = Other)[15] [16]
ii diler.		[10]
	Control Totals +	
Noncoch Co	ontributions Exceeding \$500	
For donated securities, include the company n		stad property description below
roi donated securities, include the company in	anie and number of shares in the dona	ited property description, below
Taxpayer/Spouse/Joint (T, S, J)		_[1]
Donated property description		[4]
Name of donee organization		<u>[</u> 5]
Address of donee organization		[6]
City		[7]
State postal code		[8]
Zip code		[9]
Date contributed		[10]
Date acquired by donor		[11]
How was donated property acquired: (P = Purchase, I = Inheritance, C	G = Gift, E = Exchange)	 [12]
Donor's cost or basis	,	+ [13]
Fair market value		+ [14]
Method used to determine fair market value (A = Appraisal, C = Ca	stalog T - Thrift shop value S - Sales/comparative (
If other:	ready, i - inine shop value, 3 - sales/comparative, C	-
ii otiici.	-	[16]
	Control Totals +	
		Form ID: 8283

Form ID: 1098C

Contributions of Motor Vehicles, Boats & Airplanes

62

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

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

Form ID: 4684B	ialty and T	heft - Business	/Income Prod	ucing Properties	63
Preparer use of	only				
Occurrence description					[3]
Taxpayer/Spouse/Joint (T, S, J)	_				[4]
State postal code					[5]
Date of casualty or theft					[7]
Casu	ialty and T	heft - Business	/Income Prod	ucing Properties	
Description of casualty or theft - Propert	-ν Δ				[10]
Description of casualty or theft - Propert	· _				[23]
Description of casualty or theft - Propert	-				[0.6]
Description of casualty or theft - Propert					[49]
		Α	В	С	D
Property type (1 = Business, 2 = Income producing	g, 3 = Employee p	orop) _[13]	_[26]	_[39]	_[52]
Date acquired		[17]	[30]	[43]	[56]
Cost or other basis of property	+		[31]		
Insurance or other reimbursement	+		[32]		
Fair market value before casualty	+	[20] +	[33]		
Fair market value after casualty	+	[21] +	[34]	+[47] +	F[60]
	Business	/Income Use Re	eplacement Inf	ormation	
Description of replacement property A	_				[61]
Description of replacement property B	_				[65]
Description of replacement property C	_				[69]
Description of replacement property D	_				[73]
		Α	В	С	D
Mark if property was acquired from a rel	lated party	[62]	[66]	[70]	[74]
Date acquired	. ,	[63]	[67]	[71]	[75]
Cost of replacement property	+	[64] +	[68]	+[72] +	[76]

Form ID: 4684P Casualt	y and Theft - Per	sonal Use Properti	es	64
Preparer use only				
Occurrence description Taxpayer/Spouse/Joint (T, S, J) State postal code Date of casualty or theft Mark if casualty resulted due to a federally declared by the President of the United States to warrant as FEMA disaster declaration number (ex. DR-4593-	sistance by the Feder		ermined [10]	[3][4][5][8][9][11]
Casualt	y and Theft - Per	sonal Use Properti	es	
Property A Property B Property C Property D	[19] [36] [53] [70]	City	State[20][21][37][38][54][55] [71] [72]	Zip code [22] [39] [56] [73]
Date acquired Cost or other basis of property + Insurance or other reimbursement + Fair market value before casualty + Fair market value after casualty +	[27] [28] + [29] + [31] + [32] +		[64] +	D [78] [79] [80] [81] [82]
Perso	onal Use Replace	ment Information		
Description of replacement property A Description of replacement property B Description of replacement property C Description of replacement property D				[85] [89] [93]
Mark if property was acquired from a related party Date acquired Cost of replacement property +	A [86][87][88] +	B [90][91][92] +	C [94][95][96] +	D[98][99][100]

Form ID: 4684PY Prior Year	r Casualty	and Theft - Bu	siness/Income Pro	ducing Properties	65
Preparer use o	nly				
Occurrence description					[3]
Taxpayer/Spouse/Joint (T, S, J)					_[4]
State postal code					[5]
Date of casualty or theft					[6]
Prior Year Cas	sualty and	Theft - Busine	ss/Income Produci	ng Properties (Cont'o	i)
Description of casualty or theft - Property	, A				[0]
Description of casualty of theft - Property	_				[8] [17]
Description of casualty or theft - Property	_				[26]
Description of casualty or theft - Property	_				[35]
, , , ,	_				
		Α	В	С	D
Property type (1 = Business, 2 = Income producing	g, 3 = Employee p	rop)[9]	[18]	_[27]	_[36]
Date acquired		[12]	[21]	[30]	[39]
Cost or other basis of property				[31] +	
Insurance or other reimbursement				[32] +	
Fair market value before casualty				[33] +	
Fair market value after casualty	+	[16] +	[25] +	[34] +	[43]
Curre	nt Year Bu	ısiness/Income	Use Replacement	Information	
Description of real acceptant property A					
Description of replacement property A Description of replacement property B	_				[44] [50]
Description of replacement property C	_				[56]
Description of replacement property D					[62]
		Α	В	С	D
Date acquired		[45]	-	r	[63]
Prior year cost of replacement property	+		[52] +		
Cost of replacement property			[53] +		
Postponed gain	+		[54] +		
Adjusted basis of replacement property	+		[55] +		

Control Totals +	Form ID: 4694BV
Control Totals +	l Form ID: 4684PY

Occurrence description Taxpayer/Spouse/Joint (T, S, J) State postal code Date of casualty or theft Damage to personal residence from cor	-				_[1] [2] [3]
Taxpayer/Spouse/Joint (T, S, J) State postal code Date of casualty or theft Damage to personal residence from cor	-				[2] [3]
State postal code Date of casualty or theft Damage to personal residence from cor	-				[3]
Date of casualty or theft Damage to personal residence from cor	-				
Damage to personal residence from cor	-				[4]
	-				[5]
Amount paid to repair damage to hon		crioid appliances		+ _	
25% loss available from 2023				+_	[7]
Prior '	Voor Co	sualty and Theft -	Parsonal IIsa D	roperties (Cont'd)	
11101	Tear Cas	sadity and There -		Toperties (cont a)	
		[15]		ty A	
		[26]		ty B	
- · · · ·		[37] [48]		ty C ty D	[38] [49]
Type of property D		[48]	Cit	.y D	[49]
		Α	В	С	D
State postal code		[17]	[28]	[39]	[50]
Zip code		[18]	[29]	[40]	[51]
Date acquired	_	[20]	[31]	[42]	[53]
Cost or other basis of property	+		[32] -		[54]
Insurance or other reimbursement Principal residence exclusion taken		[22] +			[55] [56]
Fair market value before casualty				+[45] + +[46] +	
Fair market value after casualty	+			+[47] +	
	Pe	rsonal Use Replac	ement Informa	ation	
Description of replacement property A Description of replacement property B					[59]
Description of replacement property B					[65] [71]
Description of replacement property D					
, , ,					
		Α	В	С	D
Date acquired	–	[60]	[66]	[72]	[78]
Prior year cost of replacement property Cost of replacement property	'	[61] +	[67] -		[79]
Postponed gain	+	[62] + [63] +	[68] - [69] -		[80] [81]
Adjusted basis of replacement property	+	[64] +	[09] - [70] -		[82]
		·			
NOTES/QUESTIONS:					
110113, QUESTIONS.					

Control Totals +	Form ID: CasPY

Prior Year Inform Total area of home Business Use of Home Business Use of Home Business Use of Home 140	Form ID: 8829	ome Office General In	formation	67
Business Use of Home Business Use of Home Business Use of Home Business Use of Home 2024 Information				
Business Use of Home Comparison Compari	 =			6-1
Business Use of Home Total area of home Area used exclusively for business Information of adv-care facilities only: Total hours used for day-care during this year Total hours used for day-care during this year Total hours used this year, if less than 8784 Special computation for certain day-care facilities: Area used regularly and exclusively for day-care business Area used partly for day-care business Is a direct expenses any expenses which are attributable only to the business part of your home. List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home. List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home. Direct Expenses Mortgage interest:				[3]
Business Use of Home Total area of home Area used exclusively for business Information for day-care facilities only: Total hours used find ay-care during this year Total hours used for day-care during this year Total hours used for day-care during this year Total hours used for day-care during this year Total hours used find ay-care facilities: Area user galarly and exclusively for day-care business List as direct expenses any expenses which are attributable only to the business part of your home. List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home. Direct Expenses Mortgage interest: + 2024 Information Direct Expenses Mortgage interest: + 2129 + 3131 Excess mortgage interest + 3171 + 388 Excess casualty losses Casualty losses Casualty losses Casualty losses Casualty losses Casualty losses Casualty losses Casualty losses Casualty losses Casualty losses Casualty losses Casualty losses Casualty losses Casualty losses Lates of the business use of home, such as: Travel, Supplies, Business telephone expenses + 3171 Excess casualty losses - 3181 Excess casualty los				_[4]
Total area of home Area used exclusively for business Information for day-care facilities only: Total hours used for day-care during this year Total hours used for day-care during this year Total hours used this year, if less than 8784	State postal code			[5]
Total area of home Area used exclusively for business Information for day-care facilities only: Total hours used for day-care facilities only: Total hours used this year, if less than 8784 Special computation for certain day-care facilities: Area used regularly and exclusively for day-care business Area used regularly and exclusively for day-care business Area used partly for day-care facilities: Area used regularly and exclusively for day-care business Area used partly for day-care business I (24) List as direct expenses any expenses which are attributable only to the business part of your home. List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home. Direct Expenses Direct Expenses 291		Business Use of Ho	ome	
Total area of home Area used exclusively for business Information for day-care facilities only: Total hours used for day-care facilities only: Total hours used this year, if less than 8784 Special computation for certain day-care facilities: Area used regularly and exclusively for day-care business Area used regularly and exclusively for day-care business Area used partly for day-care facilities: Area used regularly and exclusively for day-care business Area used partly for day-care business I (24) List as direct expenses any expenses which are attributable only to the business part of your home. List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home. Direct Expenses Direct Expenses 291			2024 Information	Prior Year Information
Area used exclusively for business	Total area of home			
Information for day-care facilities only: Total hours used for day-care during this year Total hours used this year, if less than 8784 Special computation for certain day-care facilities: Area used regularly and exclusively for day-care business Area used partly for day-care business List as direct expenses any expenses which are attributable only to the business part of your home. List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home. List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home. Direct Expenses Mortgage interest: * 1				
Total hours used this year, if less than 8784 Special computation for certain day-care facilities: Area used regularly and exclusively for day-care business Area used partly for day-care business List as direct expenses any expenses which are attributable only to the business part of your home. List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home. Direct Expenses Mortgage interest: +	· · · · · · · · · · · · · · · · · · ·			
Special computation for certain day-care facilities: Area used regularly and exclusively for day-care business Area used partly for day-care business List as direct expenses any expenses which are attributable only to the business part of your home. List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home. Direct Expenses Mortgage interest: * 2024 Information Direct Expenses Mortgage interest: * 299 +			[18]	
Area used regularly and exclusively for day-care business Area used partly for day-care business List as direct expenses any expenses which are attributable only to the business part of your home. List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home. 2024 Information Prior Year Inform	Total hours used this year, if less than 8784		 [20]	
List as direct expenses any expenses which are attributable only to the business part of your home. List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home. Comparison of the comparison of t	Special computation for certain day-care facilities:			
List as direct expenses any expenses which are attributable only to the business part of your home. List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home. 2024 Information	Area used regularly and exclusively for day-care	business	[22]	
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home. 2024 Information Direct Expenses Indirect Expense	Area used partly for day-care business		[24]	
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.				
April		=		
Mortgage interest:	List as indirect expenses any exper	nses which are attributable	to the overall upkeep and ru	nning of your home.
Mortgage interest:		2024	Information	Drior Voor Information
Mortgage interest:				Prior real information
Real estate taxes:	Mortgage interest:			
Excess mortgage interest	mortgage interest.	[23]	[31]	-
Excess mortgage interest	Real estate taxes:	+ [37]	+ [39]	-
Insurance				·
Rent				
Repairs & maintenance				
Utilities	Repairs & maintenance			_
Other expenses, such as: Supplies & Security system	•			
+	Other expenses, such as: Supplies & Security system			
+			+[64]	
Carryovers: Operating expenses Casualty losses Depreciation Business expenses not from business use of home, such as: Travel, Supplies, Business telephone expenses Depreciation + [71] Depreciation		+	+	
Carryovers: Operating expenses Casualty losses Depreciation Business expenses not from business use of home, such as: Travel, Supplies, Business telephone expenses Depreciation + [71] Depreciation		+	+	
Carryovers: Operating expenses Casualty losses Depreciation Business expenses not from business use of home, such as: Travel, Supplies, Business telephone expenses Depreciation Travel, Supplies, Business telephone expenses		+	+	_
Carryovers: Operating expenses Casualty losses Depreciation Business expenses not from business use of home, such as: Travel, Supplies, Business telephone expenses Depreciation Travel, Supplies, Business telephone expenses		+	+	
Carryovers: Operating expenses Casualty losses Depreciation Business expenses not from business use of home, such as: Travel, Supplies, Business telephone expenses Depreciation Travel, Supplies, Business telephone expenses		+	+	
Carryovers: Operating expenses Casualty losses Depreciation Business expenses not from business use of home, such as: Travel, Supplies, Business telephone expenses Depreciation Travel, Supplies, Business telephone expenses		+	+	
Carryovers: Operating expenses Casualty losses Depreciation Business expenses not from business use of home, such as: Travel, Supplies, Business telephone expenses Depreciation Travel, Supplies, Business telephone expenses		+	+	
Carryovers: Operating expenses Casualty losses Depreciation Business expenses not from business use of home, such as: Travel, Supplies, Business telephone expenses Depreciation Travel, Supplies, Business telephone expenses		+	+	_
Carryovers: Operating expenses Casualty losses Depreciation Business expenses not from business use of home, such as: Travel, Supplies, Business telephone expenses Depreciation Travel, Supplies, Business telephone expenses		+	+	
Operating expenses Casualty losses Depreciation Business expenses not from business use of home, such as: Travel, Supplies, Business telephone expenses Depreciation +			+[66]	
Casualty losses Depreciation Business expenses not from business use of home, such as: Travel, Supplies, Business telephone expenses Depreciation +[70] Travel, Supplies, Business telephone expenses +[71] [75]	-			
Depreciation + [70] Business expenses not from business use of home, such as: Travel, Supplies, Business telephone expenses + [71] Depreciation + [75]				
Business expenses not from business use of home, such as: Travel, Supplies, Business telephone expenses Depreciation Travel, Supplies, Business telephone expenses +				
Travel, Supplies, Business telephone expenses +[71] Depreciation +[75]	-	such as:	+ [70]	
Depreciation +[75]	·	bucii dS.	⊥ [74]	
NOTES/OUESTIONS:	Depreciation		[/5]	
NOTES /OLIESTIONS:				
NOTES/OLIESTIONS:				
140113/4013110113.	NOTES/QUESTIONS:			

Form ID: 8829

Control Totals +

				Worksheet				68
			le for business p	urposes, plea	ase complete th	ne following inf	ormation.	
Description of h	Preparer ususiness or profession	=						ra
Description of t	Justiless of profession			ehicles				[3
			Ve	enicies				
	Date placed in service							
	Description							
	Comments Date placed in service							
	Description							
	Comments							
	Date placed in service							
	Description							
(Comments							
/ehicle 4 - [Date placed in service							
[Description							
(Comments							
			Vehicle	e Question	1S			
				Vehicle Pr		Prior Vehicle	Prior Ve	hicle Prio
				1 Ye		Year 3	Year	4 Year
	utomobile for work p			questions:				
	cle available for off-du			— ^[60]	[62]	[64]		_[66]
Was another	vehicle available for po			_ ^[68]	[70]	- $ [72]$	<u> </u>	_[74] _
	widonco to ciinnort w	nur daduction) /\/ NI\	1761	1 1781	[80]		[82]
Do you have o		our deduction	: (T, N)	_ ^[76]	^[78]		<u> </u>	
•	ce written? (Y, N)	our deduction	: (T, N)	— ^[84]	_ _[86]	[88]		[90]
•		our deduction	: (T, N)				_	
•		our deduction		[84]	[86]			
•		our deduction			[86]			
•		Prior Year	Vehic	[84]			Vehicle 4	Prior Yea
Is this evidend	vehicle 1	Prior Year	Vehic	e Expense Prior Year		Prior Year Information		Prior Yea
Is this evidence Total miles for yecommuting miles	Vehicle 1 ar[32]	Prior Year	Vehicl Vehicle 2	e Expense Prior Year	S Vehicle 3	Prior Year Information	Vehicle 4	Prior Yea
Is this evidend Total miles for ye Commuting miles Business miles	Vehicle 1 ar[32]	Prior Year	Vehicle 2	e Expense Prior Year	S Vehicle 3	Prior Year Information	Vehicle 4	Prior Yea
Is this evidence Total miles for year Commuting miles Susiness miles Parking fees	Vehicle 1 ar[32]	Prior Year	Vehicle 2 [34] [42]	e Expense Prior Year Information	Vehicle 3 [36]	Prior Year Information	Vehicle 4[38]	Prior Yea
Is this evidence otal miles for ye commuting miles susiness miles earking fees folls	Vehicle 1 ar[32][40][48] +[100]	Prior Year	Vehicle 2 [34] [42] [50] + [94] + [102]	e Expense Prior Year Information	Vehicle 3 [36] [44] [52] + [96] + [104	Prior Year Information	Vehicle 4 [38] [46] [54] [98] [10]	Prior Yea Informat
Is this evidence Total miles for year Commuting miles Susiness miles Tarking fees Tolls Tossoline	Vehicle 1 ar[32][40][48] +[100] +[108]	Prior Year	Vehicle 2 [34] [42] [50] + [94] + [102]	e Expense Prior Year Information	Vehicle 3 [36] [44] [52] + [96] + [104	Prior Year Information	Vehicle 4 [38] [46] [54] [98] [10]	Prior Year Informat
Is this evidence Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline Dil	Vehicle 1 ar[32]	Prior Year	Vehicle 2 [34] [42] [50] + [94] + [102] + [110] + [111]	e Expense Prior Year Information	Vehicle 3 [36] [44] [52] + [96] + [104 + [112]	Prior Year Information + + + + + + + + + + + + + + + + + +	Vehicle 4[38][46][54][100][110][112]	Prior Year Informat
Is this evidence Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline Dill Repairs	Vehicle 1 ar[32]	Prior Year	Vehicle 2 [34] [42] [50] + [94] + [102] + [110] + [118] + [126]	e Expense Prior Year Information	Vehicle 3 [36] [44] [52] + [96] + [104] + [112] + [120] + [128]	Prior Year Information + + + + + + + + + + + + + + + + + + +	Vehicle 4 [38] [46] [54] [98] [10] [11. [12. [13]	Prior Yea Informat
Is this evidence Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline Dil Repairs Maintenance	Vehicle 1 ar[32][40][48] +[100] +[108] +[116] +[124] +[132]	Prior Year Information	Vehicle 2 [34] [42] [50] + [94] + [102] + [118] + [126] + [134]	e Expense Prior Year Information	Vehicle 3 [36] [44] [52] + [96] + [112 + [112] + [128] + [136]	Prior Year Information + + + + + + + + + + + + + + + + + + +	Vehicle 4 [38] [46] [54] [98] [10] [11: [12: [13: [13:	Prior Year Informate
Is this evidence Total miles for year Commuting miles Business miles For list of the control	Vehicle 1 ar[32][40][48] +[100] +[108] +[116] +[124] +[132] +[140]	Prior Year Information	Vehicle 2 [34] [42] [50] + [94] + [102] + [118] + [126] + [134] + [142]	e Expense Prior Year Information	Vehicle 3 [36] [44] [52] + [96] + [104] + [112] + [128] + [136] + [136]	Prior Year Information + + + + + + + + + + + + + + + + + +	Vehicle 4 [38] [46] [54] [98] [10] [11] [12] [13] [13]	Prior Year Informate
Is this evidence Total miles for year Commuting miles Business miles Farking fees Folls Gasoline Dil Repairs Maintenance Tires Car washes	Vehicle 1 ar [32] [40] [48] + [92] + [100] + [116] + [116] + [124] + [132] + [140] + [148]	Prior Year Information	Vehicle 2 [34] [42] [50] + [94] + [102] + [110] + [118] + [126] + [134] + [142]	e Expense Prior Year Information	S Vehicle 3 [36] [44] [52] + [96] + [104 + [112 + [128 + [136 + [144] + [144 + [152	Prior Year Information + + + + + + + + + + + + + + + + + +	Vehicle 4 [38] [46] [54] [98] [10] [11] [12] [13] [13] [14] [15]	Prior Year Informate
Is this evidence Total miles for year Commuting miles Business miles Folls Gasoline Dil Repairs Maintenance Tires Car washes Insurance	Vehicle 1 ar[32][40][48] +[100] +[108] +[116] +[124] +[140] +[148] +[148] +[156]	Prior Year Information	Vehicle 2 [34] [42] [50] + [94] + [102] + [118] + [126] + [134] + [142] + [150] + [158]	e Expense Prior Year Information	S Vehicle 3 [36] [44] [52] + [96] + [104 + [112 + [128 + [136 + [144 + [144 + [152] + [160	Prior Year Information + + + + + + + + + + + + + + + + + +	Vehicle 4 [38] [46] [54] [98] [10] [11. [12. [13] [14] [15. [16]	Prior Yea Informat
Is this evidence Total miles for year Commuting miles Business miles Farking fees Folls Gasoline Dil Bepairs Maintenance Fires Car washes Insurance Interest	Vehicle 1 ar[32]	Prior Year Information	Vehicle 2 [34] [42] [50] + [94] + [102] + [110] + [118] + [126] + [134] + [142] + [150] + [158] + [166]	e Expense Prior Year Information	Vehicle 3 [36] [44] [52] + [96] + [104 + [112 + [128 + [136 + [144] + [152 + [160 + [168]	Prior Year Information + + + + + + + + + + + + + + + + + + +	Vehicle 4 [38] [46] [54] [98] [10] [11] [12] [13] [13] [14] [15] [16] [17]	Prior Year Information
Is this evidence Total miles for year Commuting miles Business miles Folls Gasoline Oil Bepairs Maintenance Tires Car washes Insurance Interest Begistration	Vehicle 1 ar[32]	Prior Year Information	Vehicle 2 [34] [42] [50] + [94] + [102] + [110] + [118] + [126] + [134] + [150] + [158] + [166] + [174]	e Expense Prior Year Information	S Vehicle 3 [36] [44] [52] + [96] + [104 + [112 + [136] + [144] + [152 + [160] + [160] + [168] + [176	Prior Year Information + + + + + + + + + + + + + + + + + + +	Vehicle 4 [38] [46] [54] [98] [10] [11. [12: [13: [14: [15. [16: [17: [17: [17: [17: [17: [17: [17: [17	Prior Year Informate
Is this evidence Total miles for ye Commuting miles Business miles Foils Gasoline Dil Repairs Maintenance Tires Car washes Insurance Interest Registration Licenses	Vehicle 1 ar[32]	Prior Year Information	Vehicle 2 [34] [42] [50] + [94] + [102] + [118] + [126] + [134] + [150] + [158] + [166] + [174]	e Expense Prior Year Information	S Vehicle 3 [36] [44] [52] + [96] + [104 + [112 + [120 + [136 + [144] + [152 + [160 + [168] + [176 + [176] + [184]	Prior Year Information + + + + + + + + + + + + + + + + + + +	Vehicle 4 [38] [46] [54] [98] [10] [11: [12: [13: [14: [15: [16: [17: [17: [18:	Prior Year Information
Is this evidence Total miles for yether Commuting miles Business miles Folls Gasoline Oil Repairs Maintenance Tires Car washes Insurance Interest Registration Licenses	Vehicle 1 ar[32][40][48] +[100] +[108] +[116] +[144] +[144] +[146] +[148] +[164] +[172] +[180] +[188]	Prior Year Information	Vehicle 2 [34] [42] [50] + [94] + [102] + [118] + [126] + [134] + [142] + [150] + [158] + [166] + [174] + [182]	e Expense Prior Year Information	S Vehicle 3 [36] [44] [52] + [96] + [104 + [112 + [120 + [128 + [144] + [152 + [160 + [168] + [168] + [176 + [184] + [184]	Prior Year Information + + + + + + + + + + + + + + + + + + +	Vehicle 4 [38] [46] [54] [98] [10] [11: [12: [13: [14: [15: [16: [17: [18: [19:	Prior Ye Informat
Is this evidence Total miles for yether Commuting miles Business miles Folls Gasoline Dil Repairs Maintenance Tires Car washes Insurance Interest Registration Licenses Property taxes Other vehicle exp	Vehicle 1 ar[32][40][48] +[100] +[108] +[116] +[124] +[132] +[140] +[148] +[156] +[164] +[172] +[180] +[188] enses+[196]	Prior Year Information	Vehicle 2 [34] [42] [50] + [94] + [102] + [118] + [126] + [150] + [158] + [166] + [174] + [182] + [190] + [198]	e Expense Prior Year Information	Vehicle 3 [36] [44] [52] + [96] + [104 + [112 + [136] + [144] + [152 + [160] + [168] + [176] + [176] + [184] + [192] + [192]	Prior Year Information + + + + + + + + + + + + + + + + + + +	Vehicle 4 [38] [46] [54] [98] [10] [11] [12] [13] [14] [15] [16] [17] [18] [19] [20]	Prior Yeinformat
Is this evidence Total miles for yether commuting miles of the commuting miles of the commuting fees of the commuting fees of the commuting fees of the commutation	Vehicle 1 ar[32][40][48] +[100] +[108] +[116] +[124] +[132] +[140] +[148] +[156] +[164] +[172] +[180] +[188] enses+[196] +[204]	Prior Year Information	Vehicle 2 [34] [42] [50] + [94] + [102] + [110] + [118] + [126] + [150] + [150] + [166] + [174] + [182] + [190] + [198] + [206]	e Expense Prior Year Information	S Vehicle 3 [36] [44] [52] + [96] + [104 + [112 + [120 + [144] + [152 + [160 + [168 + [176 + [184 + [192 + [192 + [192 + [192 + [192 + [192 + [192 + [200 + [208	Prior Year Information + + + + + + + + + + + + + + + + + + +	Vehicle 4 [38] [46] [54] [98] [10] [11] [12] [13] [14] [15] [16] [17] [18] [19] [20] [21]	Prior Year Informate
•	Vehicle 1 ar[32][40][48] +[100] +[108] +[116] +[124] +[132] +[140] +[148] +[156] +[164] +[172] +[180] +[188] enses+[196] +[204]	Prior Year Information	Vehicle 2 [34] [42] [50] + [94] + [102] + [118] + [126] + [150] + [158] + [166] + [174] + [182] + [190] + [198]	e Expense Prior Year Information	Vehicle 3 [36] [44] [52] + [96] + [104 + [112 + [136] + [144] + [152 + [160] + [168] + [176] + [176] + [184] + [192] + [192]	Prior Year Information + + + + + + + + + + + + + + + + + + +	Vehicle 4 [38] [46] [54] [98] [10] [11] [12] [13] [14] [15] [16] [17] [17] [18] [19] [20] [21]	Prior YearInformat

Form ID: Auto

Control Totals +

Form ID: Coverage	Health Care Coverage	69
	2024 Information	Prior Year Information

	2024 1	IIIOIIIIatioii	Filor real illiorillation
	Taxpayer	Spouse	
Self-employed health insurance premiums: (Not entered else	where)		
	+[2] +[3]	
	+	+	
Self-employed long-term care premiums: (Not entered elsewh	nere)		
	+[5] +[6]	
	+	+	

ACA - Health Insurance Marketplace Statement #1

axpayer/Spouse (T	,S)				
	. (5 4)				
larketplace identif		-1			
	ed policy number (Box 2	2)			
olicy issuer's name	• •				
art III Household I	nformation -				
	A. 2024 Monthly Premium Amount	Prior Year Information	B. 2024 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2024 Monthly Advance Payment of Premium Tax Credit	Prior Year Informatio
January	+[12]		+[25]	+[38]	
February	+[13]		+[26]	+[39]	
March	+[14]		+[27]	+[40]	
April	+[15]		+[28]	+[41]	
May	+[16]		+[29]	+[42]	
June	+[17]		+[30]	+[43]	
July	+[18]		+[31]	+[44]	
August	+[19]		+[32]	+[45]	
September	+[20]		+[33]	+[46]	_
October	+[21]		+[34]	+[47]	_
November	+[22]		+[35]	+[48]	_
December	+[23]		+[36]	+[49]	
Annual total	+[24]		+[37]	+[50]	
				<u> </u>	
			Control Totals +		
	•				
nxpayer/Spouse (T			Control Totals + surance Marketplace Stater e provide all Forms 1095-A	ment #2	
arketplace identif	,S)	Please	surance Marketplace Stater	ment #2	
arketplace identif arketplace-assign	,S) ier (Box 1) ed policy number (Box 2	Please	surance Marketplace Stater		
arketplace identif arketplace-assign blicy issuer's name	,S) ier (Box 1) ed policy number (Box 2 (Box 3)	Please	surance Marketplace Stater		
arketplace identif arketplace-assign llicy issuer's name	,S) ier (Box 1) ed policy number (Box 2 (Box 3)	Please	B. 2024 Monthly Premium Amount of Second	C. 2024 Monthly Advance Payment	Prior Year
arketplace identif arketplace-assign llicy issuer's name	,S) ier (Box 1) ed policy number (Box 2 (Box 3) nformation - A. 2024 Monthly Premium	Please 2) Prior Year	surance Marketplace Stater e provide all Forms 1095-A B. 2024 Monthly	C. 2024 Monthly Advance Payment	Prior Year
arketplace identif arketplace-assign dicy issuer's name rt III Household I	,5) ier (Box 1) ed policy number (Box 2) (Box 3) nformation - A. 2024 Monthly Premium Amount	Please 2) Prior Year	B. 2024 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2024 Monthly Advance Payment of Premium Tax Credit	Prior Year
arketplace identif arketplace-assign licy issuer's name rt III Household I	,5) ier (Box 1) ed policy number (Box 2) f (Box 3) nformation - A. 2024 Monthly Premium Amount +[12]	Please 2) Prior Year	B. 2024 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25]	C. 2024 Monthly Advance Payment of Premium Tax Credit +[38]	Prior Year
arketplace identif arketplace-assign olicy issuer's name i rt III Household I January February	,(S) ier (Box 1) ed policy number (Box 2) e (Box 3) nformation - A. 2024 Monthly Premium Amount +[12] +[13]	Please 2) Prior Year	B. 2024 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26]	C. 2024 Monthly Advance Payment of Premium Tax Credit +[38] +[39]	Prior Year
arketplace identif arketplace-assign olicy issuer's name irt III Household I January February March	,(S) ier (Box 1) ed policy number (Box 2) e (Box 3) information - A. 2024 Monthly Premium Amount +[12] +[13] +[14]	Please 2) Prior Year	B. 2024 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27]	C. 2024 Monthly Advance Payment of Premium Tax Credit +[38] +[39] +[40]	Prior Year
arketplace identif arketplace-assign licy issuer's name irt III Household I January February March April	,(S) ier (Box 1) ed policy number (Box 2) e (Box 3) information - A. 2024 Monthly Premium Amount +[12] +[13] +[14] +[15]	Please 2) Prior Year	B. 2024 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28]	C. 2024 Monthly Advance Payment of Premium Tax Credit +[38] +[39] +[40] +[41]	Prior Year
arketplace identif arketplace-assign licy issuer's name irt III Household I January February March April May	A. 2024 Monthly Premium Amount +[12] +[13] +[15] +[16]	Please 2) Prior Year	B. 2024 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29]	C. 2024 Monthly Advance Payment of Premium Tax Credit +[38] +[40] +[41] +[42]	Prior Year
arketplace identif arketplace-assign olicy issuer's name ort III Household I January February March April May June	,(S) ier (Box 1) ed policy number (Box 2) e (Box 3) nformation - A. 2024 Monthly Premium Amount +[12] +[13] +[14] +[15] +[16] +[17]	Please 2) Prior Year	B. 2024 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30]	C. 2024 Monthly Advance Payment of Premium Tax Credit +[38] +[39] +[40] +[41] +[42] +[43]	Prior Year
arketplace identif arketplace-assign olicy issuer's name ort III Household I January February March April May June July	,S) ier (Box 1) ed policy number (Box 2) e (Box 3) nformation - A. 2024 Monthly Premium Amount +[12] +[13] +[14] +[15] +[16] +[17] +[18]	Please 2) Prior Year	B. 2024 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30] +[31]	C. 2024 Monthly Advance Payment of Premium Tax Credit +[38] +[39] +[40] +[41] +[42] +[43] +[44]	Prior Year
arketplace identif arketplace-assign olicy issuer's name ort III Household I January February March April May June July August	,(S) ier (Box 1) ed policy number (Box 2) e (Box 3) information - A. 2024 Monthly Premium Amount +[12] +[13] +[14] +[15] +[16] +[17] +[18] +[19]	Please 2) Prior Year	B. 2024 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32]	C. 2024 Monthly Advance Payment of Premium Tax Credit +[38] +[39] +[40] +[41] +[42] +[43] +[44] +[45]	Prior Year
arketplace identif arketplace-assign olicy issuer's name art III Household I January February March April May June July August September	(S) ier (Box 1) ed policy number (Box 2) e (Box 3) information - A. 2024 Monthly Premium Amount +[12] +[13] +[14] +[15] +[16] +[17] +[18] +[19] +[19]	Please 2) Prior Year	B. 2024 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32] +[33]	C. 2024 Monthly Advance Payment of Premium Tax Credit +[38] +[40] +[41] +[42] +[43] +[44] +[45] +[46]	Prior Year
arketplace identif arketplace-assign olicy issuer's name art III Household I January February March April May June July August September October	(S) ier (Box 1) ed policy number (Box 2) e (Box 3) information - A. 2024 Monthly Premium Amount +[12] +[13] +[14] +[15] +[16] +[17] +[18] +[19] +[20] +[21]	Please 2) Prior Year	B. 2024 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[31] +[32] +[33] +[34]	C. 2024 Monthly Advance Payment of Premium Tax Credit +[38] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47]	Prior Year
arketplace identification arketplace assignment of the control of	(S) ier (Box 1) ed policy number (Box 2) ed policy number (Box 2) ed (Box 3) information - A. 2024 Monthly Premium Amount +[12] +[13] +[14] +[15] +[16] +[17] +[18] +[19] +[20] +[21] +[22]	Please 2) Prior Year	B. 2024 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[31] +[32] +[32] +[33] +[34] +[35]	C. 2024 Monthly Advance Payment of Premium Tax Credit +[38] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47] +[48]	Prior Year
January February March April May June July August September October November December	(S) ier (Box 1) ed policy number (Box 2) el (Box 3) information - A. 2024 Monthly Premium Amount +[12] +[13] +[14] +[15] +[16] +[17] +[18] +[19] +[20] +[21] +[22] +[23]	Please 2) Prior Year	B. 2024 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[31] +[32] +[33] +[34] +[35] +[36]	C. 2024 Monthly Advance Payment of Premium Tax Credit +[38] +[39] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47] +[48] +[49]	Prior Year

	Form ID: 1095A

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

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

Health, Medical Savings Account Distributions

Please provide all Forms		
	2024 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_[1]	
Name of Trustee	[4]	
State postal code	[2]	
Gross distributions received (Box 1)	+[7]	
Earnings on excess contributions (Box 2)	+[9]	
Distribution code (Box 3)	[11]	
Fair Market Value on date of death (Box 4)	+[12]	
Box 5 -		
HSA	[13]	
Archer MSA	[14]	
MA MSA	[15]	
All distributions were used to pay unreimbursed qualified medical expenses		
If some distributions were used to pay for other than qualified medical expens		_
enter the unreimbursed qualified medical expenses for 2024	+[19]	
Withdrawal of excess contributions by the due date of the return	+[21]	
Amount of distribution rolled over for 2024	+ [23]	
If the distribution is due to the death of the account holder,		
enter the qualified decedent medical expenses paid by the taxpayer	+ [26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/23	+[26] +[27]	
For HSA accounts:		
Was the high deductible health plan coverage started in 2023 and		
in effect for the month of December 2023? (Y, N)	[29]	
Was the high deductible health plan coverage ended before 12/31/24? (Y, N		
Long Term Care (LTC) Serv	ice and Contracts	
Please provide all Forms	1099-LTC.	
Name of the increased absorption Health (A. 1)	2024 Information	Prior Year Information
Name of the insured chronically ill individual	[39]	
Social security number of insured	[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+[42]	
Accelerated death benefits paid (Box 2)	+[44]	
Check one (Box 3)		
Per diem	_[46]	
Reimbursed amount	_[47]	
Qualified contract (Box 4)	[48]	
Check, if applicable (Box 5)		
Chronically ill	[49]	
Terminally ill	[50]	

NOTES/QUESTIONS:

long-term care period

Are there other individuals who received LTC payments during 2024? (Y, N)

Number of days during the long-term care period

Cost incurred for qualified long-term care services during the

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

Control Totals +	Form ID: 1099SA	
Control totals+	I FORM ID: 10995AT	

__[52]

_[53]

[54]

[55]

ABLE Account Information #1

Please provide	all Forms 1099-QA	and 5498-QA	
		2024 Information	Prior Year Information
Taxpayer/Spouse (T, s)		_[1]	
Payer name		[3]	
State postal code		[4]	
Recipient's Social Security Number		[7]	
Recipient's Name	[8]	[9]	
Gross distribution (Form 1099-QA Box 1)	+_	[10]	
Earnings (Form 1099-QA Box 2)		[12]	
Basis (Form 1099-QA Box 3)		[14]	
Program-to-program transfer (Form 1099-QA Box 4)		[16]	
Check if ABLE account terminated in 2024 (Form 1099-QA Box	(5)	[17]	
Check if the recipient is not the designated beneficiary (Form	1099-QA Box 6)	[18]	
Qualified disability expenses	+	[19]	
Amount of rollover	+	[21]	
Amount contributed in 2024 (Form 5498-QA Box 1)		[23]	
Value of account on 12/31/24 (Form 5498-QA Box 4)		[25]	
	Control Totals +		
ADLE /			
ABLE A	Account Informa	tion #2	
	all Forms 1099-QA		
			Prior Year Information
		and 5498-QA	Prior Year Information
Please provide		and 5498-QA 2024 Information	Prior Year Information
Please provide Taxpayer/Spouse (T, S)		and 5498-QA 2024 Information[1][3]	Prior Year Information
Please provide Taxpayer/Spouse (τ, s) Payer name		and 5498-QA 2024 Information _[1]	Prior Year Information
Taxpayer/Spouse (T, S) Payer name State postal code		and 5498-QA 2024 Information [1][3][4]	Prior Year Information
Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number	all Forms 1099-QA a	and 5498-QA 2024 Information[1][3][4][7][9]	Prior Year Information
Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name	all Forms 1099-QA a	and 5498-QA 2024 Information [1][3][4][7][9][10]	Prior Year Information
Please provide Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1)	all Forms 1099-QA a	and 5498-QA 2024 Information [1][3][4][7][9][10]	Prior Year Information
Please provide Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2)	all Forms 1099-QA a	and 5498-QA 2024 Information [1][3][4][7][9][10]	Prior Year Information
Please provide Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3)	all Forms 1099-QA a	and 5498-QA 2024 Information [1][3][4][7][9][10][12][14][16]	Prior Year Information
Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3) Program-to-program transfer (Form 1099-QA Box 4)	all Forms 1099-QA a [8] + _ + _ + _ 4 5)	and 5498-QA 2024 Information [1][3][4][7][9][10][12][14][16][17]	Prior Year Information
Please provide Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3) Program-to-program transfer (Form 1099-QA Box 4) Check if ABLE account terminated in 2024 (Form 1099-QA Box 2)	all Forms 1099-QA a [8] + _ + _ + _ 2 (5) 1099-QA Box 6)	and 5498-QA 2024 Information [1][3][4][7][9][10][12][14][16][17][18]	Prior Year Information
Please provide Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3) Program-to-program transfer (Form 1099-QA Box 4) Check if ABLE account terminated in 2024 (Form 1099-QA Box Check if the recipient is not the designated beneficiary (Form	all Forms 1099-QA a [8] + _ + _ + _ 2 (5) 1099-QA Box 6) + _	and 5498-QA 2024 Information [1][3][4][7][9][10][12][14][16][17][18][19]	Prior Year Information
Please provide Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3) Program-to-program transfer (Form 1099-QA Box 4) Check if ABLE account terminated in 2024 (Form 1099-QA Box Check if the recipient is not the designated beneficiary (Form Qualified disability expenses	all Forms 1099-QA a [8] + _ +	and 5498-QA 2024 Information [1][3][4][7][9][10][12][14][16][17][18][19][21]	Prior Year Information
Please provide Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3) Program-to-program transfer (Form 1099-QA Box 4) Check if ABLE account terminated in 2024 (Form 1099-QA Box Check if the recipient is not the designated beneficiary (Form Qualified disability expenses Amount of rollover	all Forms 1099-QA a [8] + _ +	and 5498-QA 2024 Information [1][3][4][7][9][10][12][14][16][17][18][19][21]	Prior Year Information
Please provide Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3) Program-to-program transfer (Form 1099-QA Box 4) Check if ABLE account terminated in 2024 (Form 1099-QA Box Check if the recipient is not the designated beneficiary (Form Qualified disability expenses Amount of rollover Amount contributed in 2024 (Form 5498-QA Box 1)	all Forms 1099-QA a [8] + _ +	and 5498-QA 2024 Information [1][3][4][7][9][10][12][14][16][17][18][19][21]	Prior Year Information

Social Security Tax on Unreported Tips

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

Total cash and charge tips under \$20 per month and not reported to employer +		nation	Prior `	Year Information
	payer	Spouse		
not reported to employer	[2] +		[4]	
	[5] T		[4] [
Complete if you received cash/charge tips of \$20 or mo	ore in a month and	d did not report all	of those tips t	o your employer.
	Em	nployer	Total tips	Total tips
Employer name Taxpayer informatio[1]	identifi	cation number rec	ceived in 2024	reported in 2024
Taxpayer informatio(t)				
Spouse information [2]				
·				
			_	
Social Security Tax	•			
Complete if you received pay from a firm for serv social security and Medicare ta	vices performed no	ot as an independed	nt contractor a	and
(**Please refer to Reason		• •		
·		·		
		Date of IRS determination o	Mark if r 1099-MISC	Total wages received
Firm's federa Firm name identification nu		correspondence received	or 1099-NEC	with no social security r Medicare tax withhel
Taxpayer information	amber code	received	received of	Wicalcare tax Withine
	<u> </u>			
	_ _			
Spouse information [7]				
·				
	_			
** Re	eason Codes			
** Re A = I filed Form SS-8 and received a determin		g that I am an emp	loyee of this fi	rm.
A = I filed Form SS-8 and received a determin C = I received other correspondence from the	nation letter stating e IRS that states I a	am an employee.	loyee of this fi	rm.
A = I filed Form SS-8 and received a determin C = I received other correspondence from the G = I filed Form SS-8 with the IRS and have no	nation letter stating e IRS that states I a ot received a reply	am an employee.	•	irm.
A = I filed Form SS-8 and received a determin C = I received other correspondence from the	nation letter stating e IRS that states I a ot received a reply VISC from this firm	am an employee. n for 2024. The am	•	rm.

Form	ID:	Clergy
------	-----	--------

Minister, Clergy, Religious Workers

,,,	•

Taxpayer	Spouse	
[1]	[2]	
Taxpayer	Spouse	Prior Year Information
se complete the following ir	nformation:	
[5] +	. [6]	
]
		ation:
[17] +	. [18	
]
[29]	[30]
ble	_	
[33] +	[34]
ter 50% Meals & Entertainr	ment reduction:	
[36] +	[37]
+		
+		
+		
+		
+		
+		
+		
+	·	
	Taxpayer se complete the following ir [5] + [11] + by the church, please comp [17] + [20] + [23] + [26] + nt tax [29] sible [33] + fter 50% Meals & Entertains [36] +	Taxpayer Spouse se complete the following information: [5] +[6][11] +[12] by the church, please complete the following inform [17] +[18]

Form ID: 8615 T	ith Unearned Income	76	
Enter parent's information for children under	age 19 on 1/1/25 or a	full-time student under age 24 with unearned in	ncome of more than
Parent's social security number (Enter the name and s	social security number of the	parent listed first on the return)	[1]
Parent's first name			[2]
Parent's last name			[3]
Parent's filing status (1 = Single, 2 = Married/filing jointly,	3 = Married separately, 4 = H	lead of household, 5 = Qualifying widow(er))	_[4]
	All Other Child	ren's Information	
Enter informati		n unearned income of more than \$2600. on Screen 8615Sib	
Child #1 social security number	[1]	Child #2 social security number	[1]
Child #1 first name	[2]	Child #2 first name	[2]
Child #1 last name	[3]	Child #2 last name	[3]
Child Handara a Children and a control of	[4]		[4]
Child #3 social security number	[1]	Child #4 social security number	[1]
Child #3 first name	[2]	Child #4 first name	[2]
Child #3 last name	[3]	Child #4 last name	[3]
	[4]	Child #4 date of birth (mm/dd/yyyy)	[4]
Child #5 social security number	[1]	Child #6 social security number	[1]
Child #5 first name	[2]	Child #6 first name	[2]
Child #5 last name	[3]	Child #6 last name	[3]
Child #5 date of birth (mm/dd/yyyy)	[4]	Child #6 date of birth (mm/dd/yyyy)	[4]
Child #7 social security number	[1]	Child #8 social security number	[1]
Child #7 first name	[2]	Child #8 first name	[2]
Child #7 last name	[3]	Child #8 last name	[3]

[2]

[3]

[4]

[1]

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

Child #10 social security number

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

Child #12 social security number

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

Child #10 first name

Child #10 last name

Child #12 first name

Child #12 last name

NOTES/QUESTIONS:

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

Child #9 social security number

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

Child #11 social security number

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

Child #9 first name

Child #9 last name

Child #11 first name

Child #11 last name

\$2600

[1]

[2]

[3]

[4]

[1]

[2]

[3]

[4]

Please provide copies of all Form 1099-INT or other statements reporting child's interest income.
*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

						Con	nplete a separate	e Organizer Fo	rm ID: 8814 for e	each child.			
	social sec	-	nber										,
	date of bi	rth											
	name	. / - : - + /-											
	er/Spouse	e/Joint (T,	S, J)						Interest (c)	Tay Evament	II C Obligat	ions*Tax Exempt*	Prior Year
ype ode (*	*See codes b	elow)		Payer					Interest [6] Income	Income	\$ or %	\$ or %	Information
								+					
- —								+			_		
- —													
_								+			_		
								**Interest	Codes				
			Bla	nk = Regular In	terest	3 = Nom	ninee Distributio		ed Interest 5 =	OID Adjustmer	nt 6 = ABP A	djustment	
							Childr	en's Divide	nd Income				
				Pleas	e provi	de copies	of all Form 1099	9-DIV or other	statements repo	rting child's div	idend income	1.	
e e		Ore	dinary[8]	Qualified	Total (Capital Ga	ain		28%	Tax Exem	t U.S. Obligat	tions* Tax Exempt*	Prior Year
le (**	See codes be	low) Div	idends	Dividends	Dist	ributions	Section 1250	Section 199	A Capital Gai	n Dividend	\$ 9 or %		Information
1	Payer						T	Π		<u> </u>			
	Amount	:\$ +											
2	Payer		Т					<u> </u>	1				
	Amount Payer	.5 +											
- 3	Amount	·\$ +											
4					<u> </u>			L	L		L	I	
4	Amount	:s +											
5	Payer												_
	Amount	:\$ +											
— 6	Payer						ı	1					
	Amount	:\$ +											
						Γ		**Dividend	Codes				
							Blank =	- Other	3 = Nomine	ee			
												2024 Information ^[10]	Prior Year Information
laska	Permaner	nt Fund d	ividends:									iiiiOi iiiatiOii±0]	miorination
Jaska	. cimanei	.c.r ana u	aciias.								+	Г	
											+		
										_	· -		
								Control Totals	s +				Form ID: 881

Form ID: H Household Er	nployment Tax	78
Complete if you paid cash wages of \$1	,000 or more to any household employee.	
Taxpayer/Spouse (τ, s)		[1]
Employer identification number		[2]
Total cash wages subject to social security taxes	+	[4]
Total cash wages subject to Medicare taxes	+	[5]
Total cash wages subject to Additional Medicare Tax withholding	_	[6]
Federal income tax withheld	· · · · · · · · · · · · · · · · · · ·	 [7]
State disability plan social security & Medicare withheld	+	[8]
Did you:		
(A) pay any household employee cash wages of \$2,700 or more in 2026	4? (Y, N)	[9]
(B) withhold Federal income tax for any household employee? (Y, N)		[10]
(C) pay household employees cash wages equal to or greater than \$1,0	000 in any quarter of 2023 or 2024? (Y, N)	_[11]
Federal Unemplo	oyment (FUTA) Tax	
Complete only items marked with an asterisk (*) if to as defined by your State act and unemploy Total cash wages subject to FUTA tax	ment contributions are paid to only one State.	(12)
Total cash wages subject to FOTA tax		[12]
State #1 information		
State postal code where you have to pay unemployment contribut	ions *	[14]
State reporting number as shown on state unemployment tax retu	rn	[15]
Taxable wages (as defined in state act)	+	[16]
State experience rate period:		
From	-	[17]
To	_	[18]
State experience rate (xxx.xx)		[19]
Contributions paid to state unemployment fund *	_ +-	[20]
Contributions for 2024 paid after 04/15/25	+	[21]
State #2 information		
State postal code where you have to pay unemployment contribut	ions	[22]
State reporting number as shown on state unemployment tax retu	rn	[23]
Taxable wages (as defined in state act)	+	[24]
State experience rate period:		
From	_	[25]
То	_	[26]
State experience rate (xxx.xx)		[27]
Contributions paid to state unemployment fund	+_	[28]
Contributions for 2024 paid after 04/15/25	+	[29]
NOTES/OUESTIONS:		

S/QUESTIONS:

l l		1
l l	Control Totals +	Form ID: H

First-Time Homebuyer Credit Repayment

79

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

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

Child and Dependent Care Expenses

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

		Taxpayer	Spouse
2023 employer-provided dependent care benefits us	sed during 2024 grace period	+[3]	+[4]
Employer-provided dependent care benefits that we	ere forfeited in 2024	+[5]	+[6]
Total qualified expenses incurred in 2024			[9]
Were you or your spouse a full time student or disab	bled? (Yes or No)	[10]	[11]
Did you provide care expenses for any person(s) who	o is not listed as a dependent?	(Y, N)	[12]
D. dans and a state of the state of			-
Business name of provider			
First and last name of provider			
Street address of provider City, State and Zip code			
Social security number OR Employer identification n			
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 =		Provider moved and unable to get TIN	I. 4 = Dravidar rafusas ta giva TIN)
Amount paid to care provider in 2024	Living Abroau Foreign Care Frovider, 3 –	riovidei illoved alla dilable to get illo	+ [7]
Foreign province or state of provider			
Foreign country and Foreign postal code of provider			
Business name of provider			
First and last name of provider			
Street address of provider			
City, State and Zip code			_
Social security number OR Employer identification n			
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 =	Living Abroad Foreign Care Provider, 3 =	Provider moved and unable to get TIN	, $4 = \text{Provider refuses to give } \underline{\text{TIN}}$
Amount paid to care provider in 2024			+
Foreign province or state of provider			
Foreign country and Foreign postal code of provider	<u> </u>		
Business name of provider			
First and last name of provider			
Street address of provider			
City, State and Zip code			
Social security number OR Employer identification n	number		
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 =	Living Abroad Foreign Care Provider, 3 =	Provider moved and unable to get TIN	, 4 = Provider refuses to give <u>TIN</u>)
Amount paid to care provider in 2024			+
Foreign province or state of provider			
Foreign country and Foreign postal code of provider			
Business name of provider			
First and last name of provider	-		
Street address of provider			
City, State and Zip code	_		
Social security number OR Employer identification n	number		_
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 =		Provider moved and unable to get TIN	I, 4 = Provider refuses to give TIN)
Amount paid to care provider in 2024	,	J	+
Foreign province or state of provider			
Foreign country and Foreign postal code of provider	·		
Business name of provider			
First and last name of provider			
Street address of provider			
City, State and Zip code			
Social security number OR Employer identification n		5 H	
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 =	Living Abroad Foreign Care Provider, 3 =	Provider moved and unable to get TIN	, 4 = Provider refuses to give <u>TIN</u>)
Amount paid to care provider in 2024			⁺
Foreign province or state of provider Foreign country and Foreign postal code of provider			
Control Total			Form ID: 2441
1 55111101101			1.0

Form ID: R

Credit For The Elderly or Disabled

81

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

	Taxp	payer	Sı	oouse
Nontaxable disability/pension income received in 2024	+	[7]	+	[8]
Taxable disability income received in 2024	+	[9]	+	[10

 Control Totals +	Form ID: R

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

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

Form ID: 1116	vaion Tay Cradit		83
	reign Tax Credit		
Complete if you paid or accrued fore	ign taxes to a foreign country or U.S. pos	session	in 2024.
Preparer use only			
Description			[3]
Taxpayer/Spouse (T, S)			_[9]
Category of income*			_[11]
Description of income			[12]
**	ategory of Income	7	
A = Section 951A income	E = Section 901(j) income	_	
B = Foreign Branch income	F = Certain income re-sourced by treat		
C = Passive income	G = Lump-sum distributions	1	
D = General income			
Forei	ign Income or Loss		
Country code			[20]
Country name			[21]
	Regular		AMT, if different
Foreign gross income	+	_[24] +	[25]
Definitely related expenses:			
	<u>+</u>	_[32] +	[33]
	†	- :	·
	+	_	·
	·	_	·
Foreign source losses	+		- [47]
Foreign	Taxes Paid or Accrued		
Foreign taxes paid or accrued:			
Date paid or accrued			[48]
In foreign currency - taxes withheld on:			
Dividends			+[49]
Rents & royalties			+[50]
Interest			+[51]
Other foreign taxes			+[52]
In US dollars - taxes withheld on: Dividends			1
Rents & Royalties			+[54]
Interest			+[55] + [56]
Other foreign taxes			+[56] +[57]
outer to eight taxes			[37]
NOTES/QUESTIONS:			

Control Totals + Form ID: 111

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

Please provide copies of legal documents approving the adoption.

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

*Select the Type of Use codes from the chart below

	e of Use*	Rate	Gallons
Nontaxable use of gasoline -		40.00	
Off-highway business use		\$0.183	+[1]
Use on a farm		0.183	+[2]
Other nontaxable use	[3]	0.183	+[4]
Exported		0.184	+[5]
Nontaxable use of aviation gasoline -		0.45	
Commercial aviation		0.15	+[6]
Other nontaxable use	[7]	0.193	+[8]
Exported		0.194	+[9]
Leaking underground storage tank (LUST) tax		0.001	+[10]
Nontaxable use of undyed diesel fuel - Explanation of evidence of dyes:			
			[11]
Other nontaxable use	[12]	0.243	+[13]
Use on a farm		0.243	+ [14]
Trains		0.243	+[15]
Intercity / local bus		0.17	+[16]
Exported		0.244	+ [17]
Other nontaxable use	[19]	0.243	+[20]
Use on a farm	[19]	0.243	+[21]
Use on a farm Intercity / local buses	[19]	0.243 0.17	+ [21] + [22]
Use on a farm Intercity / local buses Exported	[19]	0.243 0.17 0.244	+ [21] + [22] + [23]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044	[19] [24]	0.243 0.17 0.244 0.043	+ [21] + [22] + [23] + [25]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219		0.243 0.17 0.244	+ [21] + [22] + [23]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation -	[24]	0.243 0.17 0.244 0.043 0.218	+ [21] + [22] + [23] + [25] + [27]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244	[24]	0.243 0.17 0.244 0.043 0.218	+ [21] + [22] + [23] + [25] + [27] + [28]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219	[24] [26]	0.243 0.17 0.244 0.043 0.218 0.200 0.175	+ [21] + [22] + [23] + [25] + [27] + [28] + [29]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244	[24] [26] [30]	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243	+ [21] + [22] + [23] + [25] + [27] + [28] + [29] + [31]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244 Other nontaxable use taxed at \$.244	[24] [26]	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243 0.218	+ [21] + [22] + [23] + [25] + [27] + [28] + [29] + [31] + [33]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244	[24] [26] [30]	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243	+ [21] + [22] + [23] + [25] + [27] + [28] + [29] + [31]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244 Other nontaxable use taxed at \$.219/.044 Leaking underground storage tank (LUST) tax	[24] [26] [30] [32] *Type of Use	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243 0.218 0.001	+ [21] + [22] + [23] + [25] + [27] + [28] + [29] + [31] + [33] + [34]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244 Other nontaxable use taxed at \$.244 Leaking underground storage tank (LUST) tax	[24] [26] [30] [32] *Type of Use 8 = Diesel & Kero	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243 0.218	+ [21] + [22] + [23] + [25] + [27] + [28] + [29] + [31] + [33] + [34]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244 Other nontaxable use taxed at \$.244 Leaking underground storage tank (LUST) tax 1 = Farming purposes 2 = Off highway business use	[24] [26] [30] [32] *Type of Use 8 = Diesel & Kero 9 = Foreign trade	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243 0.218 0.001	+ [21] + [22] + [23] + [25] + [27] + [28] + [29] + [31] + [33] + [34]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244 Other nontaxable use taxed at \$.244 Other nontaxable use taxed at \$.219/.044 Leaking underground storage tank (LUST) tax 1 = Farming purposes 2 = Off highway business use 3 = Export	[24] [26] [30] [32] *Type of Use 8 = Diesel & Kero 9 = Foreign trade 10 = Certain helic	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243 0.218 0.001 sene fuel other than train or hig	+ [21] + [22] + [23] + [25] + [27] + [28] + [29] + [31] + [33] + [34]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244 Other nontaxable use taxed at \$.244 Other nontaxable use taxed at \$.219/.044 Leaking underground storage tank (LUST) tax 1 = Farming purposes 2 = Off highway business use 3 = Export 4 = Commercial fishing	*Type of Use 8 = Diesel & Kero 9 = Foreign trade 10 = Certain helic 11 = Aviation fuel	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243 0.218 0.001 sene fuel other than train or hig	+ [21] + [22] + [23] + [25] + [27] + [28] + [29] + [31] + [33] + [34]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244 Other nontaxable use taxed at \$.219/.044 Leaking underground storage tank (LUST) tax 1 = Farming purposes 2 = Off highway business use 3 = Export 4 = Commercial fishing 5 = Intercity/local bus	*Type of Use 8 = Diesel & Kero 9 = Foreign trade 10 = Certain helicu 11 = Aviation fuel 13 = Exclusive use	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243 0.218 0.001 sene fuel other than train or higher than propulsion engines by a nonprofit educational orge.	+
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244 Other nontaxable use taxed at \$.244 Other nontaxable use taxed at \$.219/.044 Leaking underground storage tank (LUST) tax 1 = Farming purposes 2 = Off highway business use 3 = Export 4 = Commercial fishing	*Type of Use 8 = Diesel & Kero 9 = Foreign trade 10 = Certain helica 11 = Aviation fuel 13 = Exclusive use 14 = Exclusive use	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243 0.218 0.001 sene fuel other than train or hig	+ [21] + [22] + [23] + [25] + [27] + [28] + [29] + [31] + [33] + [34] chway vehicle nce uses anization or DC

Control Totals +	Form ID: 4136

*Select the Type of Use codes from the chart below

Type of Use [*]	•	Rate	Gallons
Sales by registered ultimate vendors of undyed diesel fue	I -		
Registration Number		_	
Explanation of evidence of dyes:			
State / local government		0.243	+
Intercity / local buses		0.17	+
sales by registered ultimate vendors of undyed kerosene	-		
Registration Number		_	
Explanation of evidence of dyes:			
Use by state/local government		0.243	+
Sales from a blocked pump		0.243	+
Intercity / local buses		0.17	+
ales by registered ultimate vendors of kerosene in aviat	ion -		
Registration Number			
Commercial aviation taxed at \$.219 (Other than foreign t		0.175	+
Commercial aviation taxed at \$.244 (Other than foreign t	rade)	0.200	+
Nonexempt use in noncommercial aviation		0.025	+
Other nontaxable uses taxed at \$.244[14]		0.243	+
Other nontaxable uses taxed at \$.219/.044[16]		0.218 0.001	+
Leaking underground storage tank (LUST) tax		0.001	+
	*Type of Use		
1 = Farming purposes	8 = Diesel & Kerosene fuel othe	er than train o	r highway vehicle
2 = Off highway business use	9 = Foreign trade		
3 = Export	10 = Certain helicopter and fixe	_	
4 = Commercial fishing	11 = Aviation fuel other than p		
5 = Intercity/local bus	13 = Exclusive use by a nonprof		_
6 = In a qualified local bus	14 = Exclusive use by a state, po		
7 = School bus	15 = In an aircraft or vehicle ow	ned by an air	craft museum

Control Totals +	Form ID: 4136-2

*Select the Type of Use codes from the chart below

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

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

ontrol Totals +	Form ID: 4136-3

Qualified Business Income Deduction Carr	24 Amounts	Indefinite Carryovers	20	023 to 2024 Amounts	
Qualified business loss (QBID)	+	[1]	Minimum tax credit	+	[4]
Qualified REIT dividends and PTP loss	+	[2]	Investment interest	+	[5]
Excess business loss deduction portion of N	IOL+	[3]	Investment interest - AMT	+	[6]
			Short-term capital loss	+	[7]
			Short-term capital loss - AMT	+	[8]
Instructions			Long-term capital loss	+	[9]
Enter carryovers from prior year(s) as posit	ive numbers.		Long-term capital loss - AMT	+	[10]
Enter utilizations from prior year(s) as nega	tive numbers.		Residential energy credit	+	[11]
			D.C. first-time homebuyer credit	+	[12]
			Tax credit bonds	+	[13]

Section 1231 Nonrecaptured Losses

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

Charitable Contribution Carryover Items

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

AMT Charitable Contribution Carryover Items

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

Control Totals +	Form ID: CO

Qualified Conservation Contribution Carryover Items

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

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

Control Totals +	Form ID: CO-2
Control rotals i	1 01111 1D. CO-2

FOITH ID. CO	OGBCI		Busine	ess Creai	t Carryover inforr	nation -	Preparer (Jse Only	<u>′ </u>		89
Α	Description	on									[2]
В -											[2]
c											[2]
D											[2]
_											
Prior		Α			В		С			D	
C/O Year			[1]		[1]			[1]			[1]
2004	+		[3]	+	[3]	+		[3]	+		[3]
2005	+		[4]	+	[4]	+		[4]	+		[4]
2006	+		[5]	+	[5]	+		[5]	+		[5]
2007	+		[6]	+	[6]	+		[6]	+		[6]
2008	+		[7]	+	[7]	+		[7]	+		[7]
2009	+		[8]	+	[8]	+		[8]	+		[8]
2010	+		[9]	+	[9]	+		[9]	+		[9]
2011	+		[10]	+	[10]	+		[10]	+		[10]
2012	+		[11]	+	[11]	+		[11]	+		[11]
2013	+		[12]	+	[12]	+		[12]	+		[12]
2014	+		[13]	+	[13]	+		[13]	+		[13]
2015	+		[14]	+	[14]	+		[14]	+		[14]
2016	+		[15]	+	[15]	+		[15]	+		[15]
2017	+		[16]	+	[16]	+		[16]	+		[16]
2018	+		[17]	+	[17]	+		 [17]	+		 [17]
2019	+		[18]	+	[18]	+		[18]	+		 [18]

[20]

[21]

[22]

[19]

[20]

[21]

[22]

[19]

[20]

[21]

[22]

NOTES/QUESTIONS:

[19]

[20]

_[21]

[22]

2020

2021

2022

2023

Form	ID.	NO	\cap

Net Operating Loss Carryover Information - Preparer Use Only

_

20 Year Carryovers - Pre-TCJA

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

Indefinite Carryovers - Starting in 2018

	Net Operatin		AMT Net Operating Loss
Post-TCJA	+	[20] +	[40]

This page has been prepared to present the details of prior year income tax returns and is provided for informational purposes only.

	2020 Amounts	2021 Amounts	2022 Amounts	2023 Amounts
Filing Status				
(1 = Single, 2 = MFJ, 3 = MFS, 4 = HOH, 5 = QW)				
Salaries and wages				
Interest income				
Tax-exempt interest				
Dividend income				
Qualified dividends				
Business income/loss				
Capital gains and losses				
Other gains and losses				
IRA distributions, pensions, annuities				
Rent, royalty, farm rental income				
Partnership/S corp income				
Estate or trust income				
Farm income/loss				
Other income/loss				
Total income -				
Total adjustments to income				
Adjusted gross income -				
Medical expenses				
State and local taxes				
Interest expenses				
Charitable contributions				
Other itemized deductions				
Allowable itemized deductions				
Standard deduction				
Standard or itemized deduction taken -				
Exemptions				
Qualified Business Income Deduction				
Taxable income -				
Tax on taxable income				
Alternative minimum tax				
Total credits				
Net tax liability -				
Self-employment taxes				
Other taxes				
Total tax -				
Income tax withheld				
Estimated tax payments				
Other payments				
Total payments -				
Tax due/-refund -				
Penalties and interest				
Net tax due/-refund -				
Refund applied to estimated tax payments				
Refund received				
Marginal tax rate -	 %			
Effective tax rate -	% %	% %	% %	% %
Lifective tax rate -				

	F 1D - 11'-1
	Form ID: History I

General: 1040		Personal	Information		
Filing (Marital) status coo Mark if you were married			parate, 4 = Head of household, 5 ark if your nonresident a Taxpayer		
Social security number			· unpuyer		Spouse
First name					
Last name					
Occupation					
Designate \$3.00 to the p	residential election can	npaign fund? (1 = Yes, 2	= No, 3=Blank)		
Mark if legally blind					<u>—</u>
Mark if dependent of and					
Taxpayer between 19 an	d 23, full-time student,	with income less tha	n 1/2 suppor <u>t? (Y</u> , N)		
Date of birth					
Date of death					
Work/daytime telephone Do you authorize us to di		+ho IDC (v. m)			
General: 1040, Contact	iscuss your return with				
		Present M	ailing Address		
Address		_			
Apartment number		_			
City/State postal code/Zi	p code	_			_
Foreign country name					
Foreign phone number					
Home/evening telephone	e number			-	
Taxpayer email address					
Spouse email address					
General: 1040		Dependen	t Information		
		-			Care
					Months expenses in paid for
First Name	Last Name	Date of Birth	Social Security No.	Relationship	home dependent
		_			
		_			
		_			
Credits: 2441					
		Child and Depei	ndent Care Expense	2 S	
Provider information:					
Business name First and Last name					
Street address		-			
City, state, and zip code	ρ				
Social security number		ation number			
Tax Exempt or Living Al	• •				
Amount paid to care pr	_	, , ,			_
				Taxpayer	Spouse
Employer-provided depe	ndent care benefits the	at were forfeited			
NOTES/QUESTIONS	S :				

ncome: W2			-R/K-1/W-2G/1099-Q
icome. wz	Salary and Wa	ages	
Below is a list of the Fo	Please provide all copies of Form orm(s) W-2 as reported in last year's tax return.	n W-2 that you receive. If a particular W-2 no longer app	lies, mark the not applicable
т/ѕ	Description	Prior Year Information	Mark if no longer applicable
etirement: 1099R	Pension, IRA, and Annu	ity Distributions	_
Below is a list of the Forr	Please provide all copies of Form 1 m(s) 1099-R as reported in last year's tax return.	1099-R that you receive. If a particular 1099-R no longer a	upplies, mark the not applica
T/S	Description	Prior Year Information	Mark if no longer applicable
			_
come: K1, K1T	Schedules K		
	Schedules K Please provide all copies of Schedule(s) K-1 as reported in last year's tax return	ule K-1 that you receive.	olies, mark the not applicable
Below is a list of the Scl	Please provide all copies of Schedu	ule K-1 that you receive.	olies, mark the not applicable Mark if no longer applicable
Below is a list of the Scl	Please provide all copies of Schedu hedule(s) K-1 as reported in last year's tax return	ule K-1 that you receive. n. If a particular K-1 no longer app	Mark if no longer
Below is a list of the Scl T/S/J — — — — — —	Please provide all copies of Schedu hedule(s) K-1 as reported in last year's tax return	ule K-1 that you receive. n. If a particular K-1 no longer app Form ———————————————————————————————————	Mark if no longer
Below is a list of the Sci	Please provide all copies of Schedu hedule(s) K-1 as reported in last year's tax return Description	ule K-1 that you receive. If a particular K-1 no longer app Form ome W-2G that you receive.	Mark if no longer applicable —— —— —— ——
Below is a list of the Sci	Please provide all copies of Schedu hedule(s) K-1 as reported in last year's tax return Description Gambling Inco	ule K-1 that you receive. If a particular K-1 no longer app Form ome W-2G that you receive.	Mark if no longer applicable —— —— —— ——

NOTES/QUESTIONS:

Description

T/S

Prior Year Information Mark if no longer applicable

Income Summary

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

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

INTEREST/DIVIDENDS/CAPITAL GAINS/OTHER INCOME

Income: B1		terest Income				
T/S/J Payer — — — — — — — — — — — — — — — — — — —	Name	099-INT or other sta	tements reporting	interest i Intere Incon	est	Prior Year Information
T.S.I. Pavar's name		anced Mortgage	Interest Payer's social secu	rity numb	er	
Amount received in 2024	_		Amount received in	n 2023		
Income: B2		vidend Income				
Please provide copies of all T/S/J Payer Name		099-DIV or other sta	Ordinary Dividends	dividend Quali Divide	fied	Prior Year Information
		pies of all Forms 109 Date Acquired	9-B and 1099-S.	Gross Sale Less expense		Cost or Other Basis
Income: Income Please prov		Other Income ies of all supporting	documentation.			
State and local income tax refunds	·	•	2024 Infor	mation	Prior \	ear Information
Alimony received	T/S	Agreement Date	2024 Infor	mation	Prior \	ear Information
Unemployment compensation Unemployment compensation repaid Social security benefits Medicare premiums to be reported on Schedule A Railroad retirement benefits		Тахрауег	Spouse		Prior	ear Information
T/S/J Other Income: ————————————————————————————————————			2024 Inform	mation	Prior	ear Information
		Lite-3 II	NTEREST/DIVIDENE	S/CAPITA	AL GAINS	S/OTHER INCOM

1040 Adj: IRA

Adjustments to Income - IRA Contributions

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

					Taxpayer	Spouse
		A Contributions for				
-			imum allowable traditional IRA co			
		• •	Deductible only, 2 = Both deductible and none	deductible)		
			tributions made for use in 2024			
		tributions for 2024				
	•		e maximum Roth IRA contribution			
Enter t	he tota	l Roth IRA contribut	ions made for use in 2024			
Educat	te: Educat	e2	Higher Education	Deductions and/	or Credits	
	Co	mnlete this section	if you paid interest on a qualified	student loan in 2024	for qualified higher ed	fucation expenses for you
	CO	y	our spouse, or a person who was	your dependent when	n you took out the loa	n.
T/S		Qı	ualified student loan interest paid	I	2024 Information	Prior Year Information
_						
	Qual		e this section if you paid qualified enses include tuition and fees rec Please provide a		or attendance at an el	igible educational institution
	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last N	lame Qualified	Prior Year Expenses Information
_						
_	 			alla a diferima la co		and for a deduction
The recog	student	t qualifies for the A	ode: 1 = American opportunity cr merican opportunity credit when ompleted the first 4 years of post	enrolled at least half-	time in a program lead	ding to a degree, certificate,
1040 A	\dj: 3903		Job Relate	d Moving Expense	es	
		Comp	lete this section if you moved to	new home due to se	rvice in the armed for	ces.
Descri	otion of		,			
-		use/Joint (T, S, J)				
	-		ice in the armed forces			
Numbe	er of mi	les from old home t	o new workplace			_
		les from old home t	-			
			ates or its possessions			
		n and storage exper				_
		ging (not including				
		reimbursed for mov	•			
1040 A	Adj: Other	Adj	Other Adju	stments to Incom	ne	
Alim	ony Pai	d:				
T/S	S Da	te*	Recipient name	Recipient SSN	2024 Informatio	n Prior Year Information
Stro	et addr					
		ind Zip code	-			
•		•				
Enter	the divor	ce/separation agreement	date	Taypayor	Spouse	Prior Year Information
Educ	ator ex	penses:		Taxpayer	Spouse	Filor fear information
	r adius	tmonts				_
—	aujusi	tments:				
					Lite-4	ADJUSTMENTS/EDUCATE

			TIENIZED DEDUCTIONS
Itemized	Medical and Denta	l Expenses	
T/S/J		2024 Information	Prior Year Information
_	Medical and dental expenses		
_	Medical insurance premiums you paid***		
_	Long-term care premiums you paid***		
_	Prescription medicines and drugs		
_	Miles driven for medical items (21 cents) ***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid	for your self-employed business or Medica	re premiums entered on Form Lite-3
	bo not include pre-tax amounts paid by an employer sponsored plan, amounts paid	Tor your sen employed business, or incured	re premiums entered on rorm lite 5
Itemized	Tax Expense	es	
T/S/J	State /local income tayer paid	2024 Information	Prior Year Information
_	State/local income taxes paid 2023 state and local income taxes paid in 2024		
	Sales tax paid on actual expenses		
_	Real estate taxes paid		
_	Personal property taxes		
_	Other taxes		
Itemized	Interest Expe	nses	
T/S/J	Home mortgage interest From Form 1098	2024 Information	Prior Year Information
T/S/J	Other home mortgage interest paid to individuals: Payee's Name SSN or	EIN 2024 Information	Prior Year Information
_	Address	City	State Zip Code
_			
T/S/J		2024 Information	Prior Year Information
_ Pofina	Investment interest expense, other than on Sch K-1s: ncing Information: Refinance #1	Refinan	
T/S/.	=	Keililali	Le #Z
	pient/Lender name	_	_
	I points paid at time of refinance		
Date	of refinance	<u> </u>	
Tern	n of new loan (in months)	_	
Repo	orted on Form 1098 in 2024		
Itemized	Charitable Contr	butions	
T/S/J		2024 Information	Prior Year Information
	Contributions made by cash or check		
_	Volunteer miles driven		
	Noncash items, such as: Goodwill, Salvation Army		
Itemized	: A3, A-St Miscellaneous De	ductions	
T/S/J		2024 Information	Prior Year Information
_	Other expenses		
_	Gambling losses (enter only if you have gambling income)		
	***STATE USE ONLY - Complete the following fields only if y	ou file a state return in AL, AR, (CA, HI, MN, NY or PA
T/S/J		2024 Information	Prior Year Information
_	Unreimbursed expenses*** Union dues, other than amounts reported on Form W-2***		
_	Tax preparation fees***		
_	Other expenses, subject to 2% AGI limitation***:		
	p =,,		
_			
_			
_ _ _	Safe deposit box rental***		
_ _ _		DIV/INT***	

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

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

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

Form ID	OrgDp	Depreciation - Asset List
		Depieciation - Asset List

	Preparer use only
Activity name	

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

92

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

Form	ID:	OrgDp2

Depreciation - Asset Acquisitions

	Preparer	use

only

Activity name

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

Description of Asset Acquired		Date Acquired	Cost or Basis		
EXAMPLE			2024 Model T - (EXAMPLE ASSET)	03/09/24	25,750
		Comments:	22,500 job-related miles, 25,000 total miles		T
1					
		Comments:			1
2		<u> </u>			
		Comments:			
3		Comments:			
		comments.			
4		Comments:			
_					
5		Comments:		<u> </u>	
6					
		Comments:			
7					
		Comments:			
8		Commence			L
		Comments:			
9		Comments:			
		comments.			
10		Comments:			
44					
11		Comments:			
12					
12		Comments:			
13					
		Comments:			T
14					
		Comments:			1
15		Comments:			
		Comments.			
16		Comments:			
4-		comments.			
17		Comments:			
18					
10		Comments:			
19					
		Comments:			ı
20		•			
		Comments:			
21		Comments:			
		Comments.			
22		Comments:			
22		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
23		Comments:			
24					
		Comments:			
25					
		Comments:			T
					Form ID: OrgDp2