

January 1, 2025

Dear Client,

TAX ENGAGEMENT LETTER

We appreciate the opportunity to prepare your personal income tax returns. To minimize the possibility of a misunderstanding between us, we are setting forth pertinent information about the services we will perform for you.

We will prepare your 2024 federal and state individual income tax returns from information you furnish us. **It is your responsibility to give us complete and accurate information required for the preparation of your tax returns.** We will not audit or otherwise verify the data you submit, although we may ask you to clarify some of the information. You are certifying that the information you provide to us can be substantiated by appropriate documentation, and that it is true, correct and complete to the best of your knowledge.

We will prepare the tax returns specified above for the 2024 tax year only. We are not responsible for the preparation of any other tax returns other than what is specified above that may be due to any taxing authority.

The 2024 tax organizer will assist you in collecting and reporting information necessary for us to properly prepare your 2024 income tax return. This organizer is designed as a tool to assist you in providing supporting documentation. Prior year data is included in the organizer sections for your reference in determining what information we require. You may find some information, such as addresses, email addresses, phone numbers, etc. needs updating. **It is also important that you verify your bank account information if you would like direct deposit of a tax refund.** Please feel free to jot down notes, questions and comments on the organizer. **Please do not wait to return the organizer and supporting information when you are missing only a couple of items.** We will be able to complete the majority of the tax return with the initial items you provide us.

We must receive all of your tax information no later than Friday, March 14, 2025, to ensure that your return will be completed by April 15, 2025. If we have not received all of your information by Friday, March 14, 2025, we cannot guarantee your return will be completed by April 15, 2025, and you may be subject to late filing or late payment penalties.

Here is a list of the items we really need you to send us:

- A copy of your 2023 tax return, if not prepared by this office.
- IP PIN number (if you were the victim of identity theft and the IRS issued one to you).
- Amounts and dates of estimated tax payments made for 2024 for both Federal and State.
- Form(s) W-2 (for wages, etc.).
- Form(s) 1099 (interest, dividends, etc.).
- Year-end brokerage statements (for stock sales: remember we need to know what you paid for the stocks and when you bought them).
- Schedule(s) K-1 (income/loss from partnerships, S-corporations and trusts).
- Form(s) 1099-SSA (for social security benefits).
- IRA, SEP & 401(k) deposits.
- Form(s) 1098 (mortgage interest).
- Copy of property tax bills paid during the year and the date they were actually paid.
- Closing statements (real estate purchases or sales).
- Charitable donations (see note below).
- IRS Form(s) 1095 or other forms received relating to health insurance coverage.
- Form(s) 1099-SA for health savings accounts deposits and withdrawals (were withdrawals used for qualified medical expenses?). Please include a year-end summary of your account from your bank.
- Paperwork for new vehicle purchases.
- 529 Plan deposits and withdrawals (college savings plans).
- Kid's tax material, including college tuition, Form(s) 1098-T, Form(s) 1099-Q, and other education expense **invoices paid**.
- Statement of Tuition paid to K-12 private school.
- Anything else that looks, feels or smells like tax material.

Please indicate the amount of any Internet or out-of-state purchases in which you did not pay sales tax: \$ _____.

Charitable Donations

By law all charitable contributions claimed as a deduction on your tax return must be substantiated by keeping a written record of the contribution. Acceptable written records used to substantiate each contribution include a cancelled check or bank record that supports the donation, or a written receipt or similar statement that includes (1) the name of the donee organization, (2) the date and amount of the contribution, and (3) if any goods or services were received in exchange for the contribution. Contributions of \$250 or more require a letter of acknowledgment from the charitable organization. If the resulting returns are examined by the IRS, requests may be made for the written record of the contribution. It is recommended that for any charitable contribution claimed, you retain the written records for at least seven years.

You are responsible for the accuracy of your financial records and the full and accurate disclosure to us of all relevant facts affecting the returns. It is your responsibility to maintain, in your records, the documentation necessary to support the data used in preparing your returns, including but not limited to the auto, travel, entertainment, and related expenses and the required documents to support your charitable contributions. If you have any questions as to the type of records required, ask us for advice in that regard. It is also your responsibility to carefully examine and approve your completed tax returns before signing, mailing or authorizing e-filing of the returns. We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties and interest.

We will use our judgement to resolve questions in your favor where a tax law is unclear if there is a reasonable justification for doing so. Whenever we are aware that a possibly applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (e.g. tax agencies and courts), we will explain the possible positions that may be taken on your return. We will follow whatever position you request, so long as it is consistent with the codes and regulations and interpretations that have been promulgated. If the IRS should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for any such additional penalties or assessments.

It is our firm's policy to retain electronic copies of your tax returns for seven years, after which they will be destroyed. We are responsible for preparing only the returns listed above. Our fee does not include responding to inquiries or examination by taxing authorities. However, we are available to represent you.

Fees for our services will be at our standard rates plus out-of-pocket expenses. Payment for service is due when rendered and interim billings may be submitted as work progresses and expenses are incurred.

We thank you for the opportunity to work with you and want you to know how much we appreciate your business.

If the above fairly sets forth your understanding, please sign and return this letter with your tax organizer.

Sincerely,

PPG Partners, LLC

X _____
Taxpayer Signature Date

X _____
Spouse Signature Date

2024	1040	US	Miscellaneous Questions
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If any of the following items pertain to you or your spouse for 2024, please check the appropriate box and provide additional information if necessary.

PERSONAL INFORMATION

Yes	No	
☐	☐	Did your marital status change during the year?
☐	☐	Did your address change during the year?
☐	☐	Could you be claimed as a dependent on another person's tax return for 2024?

DEPENDENTS

☐	☐	Were there any changes in dependents?
☐	☐	Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2024?
☐	☐	Did you have any children under age 19 or full-time students under age 24 at the end of 2024, with interest and dividend income in excess of \$1,300, or total investment income in excess of \$2,600?

HEALTH CARE COVERAGE

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

☐	☐	Did you receive unreported tip income of \$20 or more in any month?
☐	☐	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
☐	☐	Did you receive any disability income?
☐	☐	Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

☐	☐	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
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2024	1040	US	Miscellaneous Questions
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Yes

No

☐

☐

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

☐

☐

Did you buy or sell any stocks, bonds or other investment property in 2024?

☐

☐

Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2025?

☐

☐

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

☐

☐

Did you purchase a home in 2024 and you were overseas on official extended duty?

☐

☐

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

☐

☐

Did you have any debts cancelled or forgiven?

☐

☐

Does anyone owe you money which has become uncollectible?

RETIREMENT PLANS

☐

☐

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

☐

☐

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

☐

☐

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

☐

☐

Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2024?

EDUCATION

☐

☐

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

☐

☐

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

2024**1040****US****Miscellaneous Questions**

Yes No

ITEMIZED DEDUCTIONS

- ☐ ☐ Did you incur a loss because of damaged or stolen property?
- ☐ ☐ Did you work out of town for part of the year?
- ☐ ☐ Did you use your car on the job (other than to and from work)?

ESTIMATED TAXES

- ☐ ☐ Did you make any estimated income payments for 2024 to IRS or the state? If so, please fill in the amounts and dates on page 3,6.
- ☐ ☐ Did you apply an overpayment of 2023 taxes to your 2024 estimated tax (instead of being refunded)?
- ☐ ☐ If you have an overpayment of 2024 taxes, do you want the excess applied to your 2025 estimated tax (instead of being refunded)?
- ☐ ☐ Do you expect your 2025 taxable income and withholdings to be different from 2024?

MISCELLANEOUS

- ☐ ☐ If you are receiving a paper copy of a tax organizer: Going forward, would you like a digital copy of your tax organizer instead? If yes, please sure your email(s) you would like your organizer emailed to is entered on the Client Information page.
- ☐ ☐ Do you want to electronically file your tax return?
- ☐ ☐ Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- ☐ ☐ Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- ☐ ☐ May the IRS discuss your tax return with your preparer?
- ☐ ☐ Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?
- ☐ ☐ Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts?
- ☐ ☐ Was your home rented out or used for business?

2024	1040	US	Miscellaneous Questions
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Yes	No	
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☐	☐	Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
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☐	☐	Did you have a health savings account (HSA) in 2024? If so, how much did you contribute to your HSA for 2024?
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☐	☐	Did you receive a distribution from your health savings account (HSA)?
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☐	☐	Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
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☐	☐	Did you engage the services of any household employees? If so, you may have employment taxes to pay. Please call us to discuss.
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☐	☐	Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?
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☐	☐	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
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☐	☐	Did you or your spouse make any gifts to an individual that total more than \$18,000, or any gifts to a trust?
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☐	☐	Did your bank account information change within the last twelve months? If so, please make the necessary changes on page 3,6
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☐	☐	Did you receive an IP PIN from the IRS or state because you were the victim of identity theft in a prior year? If so, please send us a copy of the letter you received.
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☐	☐	Did you receive, sell, send, exchange or otherwise acquire any financial interest in virtual currency?
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☐	☐	Did you pay rent in 2024? If yes, list the total paid: _____
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☐	☐	If you answered yes above, was heat included in your rent?
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☐	☐	If you own a business registered with the State, have you filed your Beneficial Ownership Information (BOI) report?
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☐	☐	If you answered yes above, have you had any changes that would require an updated BOI filing, such as a change of ownership or a change of address for either the business or its owners?
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2024

1040

US

Client Information

1

PPG Partners, L.L.C.

5525 Green Bay Road

Kenosha WI 53144

Telephone number: (262) 657-2060

Fax number: (262) 657-2069

E-mail address: rich@ppgpartners.net

Tax Return Appointment

Date:

Time:

Location:

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

CLIENT INFORMATION

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

Filing Status

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

1

2024	1040	US	Client Information (continued)	1 p2
Please add, change or delete information for 2024.				
CLIENT INFORMATION				
Taxpayer Contact Information	Home phone.....		Daytime Phone 1 = Work 2 = Home 3 = Mobile	
	Work phone.....			
	Work extension.....			
	Daytime phone (table).....			
	Mobile phone.....			
	Fax number.....			
	E-mail address.....			
Spouse Contact Information	Home phone.....			
	Work phone.....			
	Work extension.....			
	Daytime phone (table).....			
	Mobile phone.....			
	Fax number.....			
	E-mail address.....			
Taxpayer Authentication	Driver's license no.....			
	Driver's license state.....			
	Issue date (m/d/y).....			
	Expiration date (m/d/y).....			
	Theft protection PIN.....			
Spouse Authentication	Driver's license no.....			
	Driver's license state.....			
	Issue date (m/d/y).....			
	Expiration date (m/d/y).....			
	Theft protection PIN.....			

2024	1040	US	Dependents	2
Please add, change or delete information for 2024.				
DEPENDENTS				
		Dependent	Dependent	Type of Dependent 1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household or qualifying surviving spouse (QSS) only, not a dependent 5 = Earned income credit only, not a dependent Earned Income Credit 1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of: 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement NOTE: If your child is disabled, please provide one of the following forms of proof of disability: 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement
First name.....				
Last name.....				
Title/suffix.....				
Date of birth (m/d/y).....				
Date of death.....				
Date of adoption.....				
Social security number.....				
Relationship.....				
Months lived at home.....				
Type of dependent (see table).....				
Earned income credit (see table).....				
Claimed by: 1=taxpayer, 2=spouse.....				
IRS theft protection PIN.....				
		Dependent	Dependent	
First name.....				
Last name.....				
Title/suffix.....				
Date of birth (m/d/y).....				
Date of death.....				
Date of adoption.....				
Social security number.....				
Relationship.....				
Months lived at home.....				
Type of dependent (see table).....				
Earned income credit (see table).....				
Claimed by: 1=taxpayer, 2=spouse.....				
IRS theft protection PIN.....				
		Dependent	Dependent	
First name.....				
Last name.....				
Title/suffix.....				
Date of birth (m/d/y).....				
Date of death.....				
Date of adoption.....				
Social security number.....				
Relationship.....				
Months lived at home.....				
Type of dependent (see table).....				
Earned income credit (see table).....				
Claimed by: 1=taxpayer, 2=spouse.....				
IRS theft protection PIN.....				

Please enter all pertinent 2024 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account

1=electronic payment of balance due

1=electronic payment of estimated tax

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2024 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2024 Voucher Amount
Overpayment applied from 2023				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				
Former spouse SSN if joint estimates				

State

	Amount Paid	Date Paid	TS	2024 Voucher Amount
Overpayment applied from 2023				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				

1Type of Account

1 = Savings

2 = Checking

2Type of Investment

1 = Checking or savings (default)

2 = Taxpayer's IRA (next year limits)

3 = Spouse's IRA (next year limits)

4 = Health savings account (HSA)

5 = Archer MSA

6 = Coverdell savings account (ESA)

7 = Other

8 = Taxpayer's IRA (current year limits)

9 = Spouse's IRA (current year limits)

2024	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1
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Please enter all pertinent 2024 information.

APPLICATION OF 2024 OVERPAYMENT (7.1)

If you have an overpayment of 2024 taxes, do you want the excess refunded? ☐ or applied to 2025 estimate? ☐
Other (please explain):

2025 ESTIMATED TAX INFORMATION

Do you expect your 2025 taxable income to be different from 2024? Yes ☐ No ☐
If "yes" explain any differences in income, deductions, dependents, etc.:

Do you expect your 2025 withholding to be different from 2024? Yes ☐ No ☐
If "yes" explain any differences:

2024	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2024 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2023 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

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

GAMBLING WINNINGS (W-2G) (13.2)

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

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

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

2024	1040	US	Interest & Dividend Income	11, 12
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Please enter all pertinent 2024 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

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

DIVIDEND INCOME (12)

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

2024	1040	US	Miscellaneous Income	14.1
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Please enter all pertinent 2024 amounts and attach all 1099-MISC, 1099-NEC, 1099-K, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

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

Form 1099-K

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

TAX WITHHELD (not entered elsewhere)

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

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

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

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

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

2024	1040	US	Education Distributions (ESA's and QTP's)	14.3
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**Please enter all pertinent 2024 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.**

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

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

2024	1040	US	ABLE Distributions	14.4
------	------	----	--------------------	------

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

ABLE DISTRIBUTIONS / CONTRIBUTIONS

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

2024	1040	US	Business Income (Schedule C)	No.	16
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Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

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

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

INCOME

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

COST OF GOODS SOLD

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

Inventory at end of the year		

2024	1040	US	Business Income (Schedule C) (cont.)	No.	16 p2
------	------	----	--------------------------------------	-----------------	-------

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

EXPENSES

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

Other expenses:

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

Series: 52

Capital Gains & Losses (Schedule D)

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

PRIOR YEAR INSTALLMENT SALE

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

2024

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US

Sale of Home & Moving Expenses

17, 27

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

SALE OF HOME (17)

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

Adjusted Basis

Original cost	
Improvements:	
.....	
.....	
.....	
Adjusted basis	

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

.....	
.....	
.....	
Total expenses of sale	

Reduced Exclusion

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

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

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

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

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

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2024

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US

Rental & Royalty Income (Schedule E)

No.

18

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

GENERAL INFORMATION

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

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

INCOME

	2024 Amount	2023 Amount
Rents or royalties received		

DIRECT EXPENSES

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

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

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

18

18 p2

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

GENERAL INFORMATION

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

FARM INCOME

Cash method:	2024 Amount	2023 Amount
Sales of livestock and other resale items		
Cost or basis of livestock or other resale items		
Sales of products raised		
Accrual method:		
Sales of livestock, produce, etc.		
Beginning inventory of livestock, etc.		
Cost of livestock, etc. purchased		
Ending inventory of livestock, etc.		
Other farm income:		
Total cooperative distributions		
Taxable cooperative distributions		
Total agricultural program payments (other than CRP)		
Taxable agricultural program payments (other than CRP)		
Total conservation reserve program payments		
Taxable conservation reserve program payments		
Commodity credit loans reported under election		
Total commodity credit loans forfeited or repaid		
Taxable commodity credit loans forfeited or repaid		
Total crop insurance proceeds received in 2024		
Taxable crop insurance proceeds received in 2024		
Taxable crop insurance proceeds deferred from 2023		
Custom hire (machine work) income not included above		

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

FARM INCOME (continued)

Other income:	2024 Amount	2023 Amount

FARM EXPENSES

Car and truck expenses (not entered elsewhere)		
Chemicals		
Conservation expenses		
Custom hire (machine work)		
Employee benefit programs		
Feed purchased		
Fertilizers and lime		
Freight and trucking		
Gasoline, fuel, and oil		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Labor hired		
Pension and profit sharing - contributions		
Pension and profit sharing plans - admin. and education costs		
Rent - vehicles, machinery, and equipment (not entered elsewhere)		
Rent - other (land, animals, etc.)		
Repairs and maintenance		
Seeds and plants purchased		
Storage and warehousing		
Supplies purchased		
Taxes (not entered elsewhere)		
Utilities		
Veterinary, breeding, and medicine		
Capitalized preproductive period expenses (also enter below)		
Other expenses:		

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

2024	1040	US	Partnership and S corporation Information	20.1,20.2
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Please add, change or delete 2024 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

S CORPORATION INFORMATION (20.2)

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

				20.1,20.2
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2024	1040	US	Estate or Trust and REMIC Information	20.3,20.4
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Please add, change or delete 2024 information as appropriate.
Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

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

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

	20.3,20.4
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Series: 61 Asset Disposition List

Series: 61 Asset Acquisition List

2024	1040	US	Vehicle Expenses	No.	22 p3
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Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

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

AUTOMOBILE MILEAGE

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

ACTUAL EXPENSES

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

2024

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US

Adjustments to Income

24

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

TRADITIONAL IRA CONTRIBUTIONS

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

ROTH IRA CONTRIBUTIONS

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

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)				
Defined benefit contributions you expect to make ..				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
Individual 401k: SE elective deferrals (except Roth) (1=max.)				
Individual 401k: SE designated Roth contributions (1=max.)				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)				
Contributions made to date				

ADJUSTMENTS TO INCOME

Self-employed health insurance:				
Total premiums (excluding long-term care)				
Long-term care premiums				
Student loan interest paid (1098-E, box 1)				
Educator expenses (kindergarten thru grade 12)				
Jury duty pay given to employer				
Attorney fees and court costs for unlawful discrimination claims				
Attorney fees and court costs paid in connection with an IRS award for information on tax law violations				
Contributions by certain chaplains to section 403(b) plans				
Reforestation amortization and expenses				
Repayment of supplemental unemployment benefits				
Expenses from rental of personal property				
Other adjustments to income:				

24

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

ADJUSTMENTS TO INCOME

Alimony paid:	Taxpayer	Spouse
Date of divorce or sep. agreement		
Recipient's first name		
Recipient's last name		
Recipient's SSN		
Amount paid	2023 amt:	2023 amt:

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

MEDICAL AND DENTAL EXPENSES

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

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

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

State income taxes - 1/24 payment on 2023 state estimate			
State income taxes - paid with 2023 state return extension			
State income taxes - paid with 2023 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/24 payment on 2023 city/local estimate			
City/local income taxes - paid with 2023 city/local extension			
City/local income taxes - paid with 2023 city/local return			

SALES AND USE TAXES PAID

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

OTHER TAXES PAID

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

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

INTEREST PAID

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

	2024 Amount	TS	2023 Amount

Home mortgage interest not reported on Form 1098:

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

Points not reported on Form 1098:

Investment interest (interest on margin accounts):

Passive interest.....

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

CASH CONTRIBUTIONS

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

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

Contributions by cash or check:

Volunteer expenses (out-of-pocket)		
Number of charitable miles.....		

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

Contributions by cash or check:

Volunteer expenses (out-of-pocket)		
Number of charitable miles.....		

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

NONCASH CONTRIBUTIONS

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

50% limitation (see above):

	2024 Amount	TS	2023 Amount

30% limitation (see above):

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

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

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

Union and professional dues

--	--	--

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

Investment expense:

Tax return preparation fee

--	--	--

Safe deposit box rental

--	--	--

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

Series: 400 (T=taxpayer, S=spouse, Blank=joint) Itemized Deductions (continued)

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

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

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

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

LOAN INFORMATION

Lender's name.....

Form (see table).....

Number of form.....

1=taxpayer, 2=spouse, blank=joint.....

Interest paid.....

Points paid.....

Total principal paid.....

Lump sum principal payment (if paid off).....

Months outstanding (if not 12).....

1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17).....

Home acquisition debt balance - beginning of year.....

Home acquisition debt borrowed in 2024.....

Home equity debt balance - beginning of year.....

Home equity debt borrowed in 2024.....

Grandfather debt balance - beginning of year.....

[illegible]

Lender's name.....

Form (see table).....

Number of form.....

1=taxpayer, 2=spouse, blank=joint.....

Interest paid.....

Points paid.....

Total principal paid.....

Lump sum principal payment (if paid off).....

Months outstanding (if not 12).....

1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17).....

Home acquisition debt balance - beginning of year.....

Home acquisition debt borrowed in 2024.....

Home equity debt balance - beginning of year.....

Home equity debt borrowed in 2024.....

Grandfather debt balance - beginning of year.....

[illegible]

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

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

LOAN INFORMATION (continued)

Loan #3

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

Loan #4

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

Form

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

2024

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US

Noncash Contributions (Form 8283)

26.1,26.2

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

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

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

DONATED PROPERTY INFORMATION

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

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

1

How Property was Acquired

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

2

Method Used to Determine FMV

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

For other methods, see IRS Pub. 561.

26.1,26.2

2024

1040

US

Business Use of Home (Form 8829)

No.

29

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

BUSINESS USE OF HOME

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

2024 Amount

2023 Amount

INDIRECT EXPENSES

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

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

DIRECT EXPENSES

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

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

29

2024	1040	US	Employee/Vehicle Bus. Exp. (Form 2106)	No.	30
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Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040	
Form.....	
Number of form (1=first Schedule C, 2=second, etc.)	
1=spouse.....	
1=performance artist, 2=handicapped, 3=fee-basis government official	
1=minister's expenses	

EMPLOYEE BUSINESS EXPENSES

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

2024

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

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

VEHICLE INFORMATION

1=vehicle used primarily by more than 5% owner
1=vehicle is available for off-duty personal use
1=no other vehicle is available for personal use
1=no evidence to support your deduction
1=no written evidence to support your deduction

2024 Amount

2023 Amount

VEHICLE 1

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

Actual expenses:

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

VEHICLE 2

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

Actual expenses:

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

30 p2

Please enter all pertinent 2024 information.

GENERAL INFORMATION

1=spouse.....		
Foreign address of taxpayer, if different from Form 1040:		
Street address.....		
City.....		
Region.....		
Postal code.....		
Country.....		
Employer:		
Name.....		
U.S. street address.....		
U.S. city.....		
U.S. state.....		
U.S. ZIP code.....		
Foreign street address.....		
Foreign city.....		
Foreign region.....		
Foreign postal code.....		
Foreign country.....		
Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other.....		
Employer type, if other.....		

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

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

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

Please enter all pertinent 2024 information.

TRAVEL INFORMATION

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

Travel Type (table)	Name of country (if not United States)	Date arrived	Date left	Days in U.S. on business

BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST

Beginning date for bona fide residence (m/d/y)

Ending date for bona fide residence (m/d/y)

Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer

Names of family living abroad with taxpayer (if applicable):	Relationship	Period family lived abroad

1=submitted statement to country of bona fide residence

1=required to pay income tax to country of bona fide residence

Contractual terms relating to length of employment abroad

Type of visa you entered foreign country under

Explanation why visa limited stay or employment in country (if applicable)

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

ZIP Code

1=U.S. home rented (if applicable)

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

Principal country of employment

FOREIGN HOUSING EXPENSES

2024 Amount

2023 Amount

Qualified housing expenses

Location of housing expenses:

Qualifying days in location (multiple locations only)

Travel Type

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

2024	1040	US	Foreign Income Exclusion (Form 2555)	No.	31.2
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Please enter all pertinent 2024 amounts and attach all W-2 forms, or other wage statements.
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

FOREIGN WAGES, SALARIES, TIPS

	2024 Amount	2023 Amount
Name or number.....		
1=spouse.....		
1=retirement plan (Box 13).....		
Name of employer (Box c).....		
Wages, tips, other compensation (Box 1).....		
Federal income tax withheld (Box 2).....		
Social security tax withheld (Box 4).....		
Medicare tax withheld (Box 6).....		
State income tax withheld (Box 17).....		
Local income tax withheld (Box 19).....		

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

Home (lodging).....		
Meals.....		
Car.....		
Other properties or facilities:		

Allowances and Reimbursements

Cost of living and overseas differential.....		
Family.....		
Education.....		
Home leave.....		
Quarters.....		
Other purposes:		

Meals and lodging provided for the convenience of the Employer (excludable under section 119).....		
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Other Foreign Earned Income

2024 Days Worked Allocation Information

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

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

HSA CONTRIBUTIONS

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

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

HSA DISTRIBUTIONS

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

				32.1
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2024	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
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Please enter all pertinent 2024 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)	2024 Amount		2023 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2024				
Employer-provided benefits forfeited in 2024				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

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

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

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

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

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

ELIGIBLE CHILDREN

		2024 Amount	2023 Amount	
No.	First name			
	Last name			
	Identification number			
	Date of birth (m/d/y)			
	1=born before 2007 and was disabled			
	1=special needs child			
	1=foreign child			
	1=adoption was not final in 2024			
	Qualified Adoption Expenses Paid in	2023 for adoption not finalized by end of 2024		
		Prior years for adoption of foreign child finalized in 2024		
		2023 and 2024 for adoption finalized in 2024		
		2024 for adoption finalized before 2024		
1=spouse, 2=joint				
No.	First name			
	Last name			
	Identification number			
	Date of birth (m/d/y)			
	1=born before 2007 and was disabled			
	1=special needs child			
	1=foreign child			
	1=adoption was not final in 2024			
	Qualified Adoption Expenses Paid in	2023 for adoption not finalized by end of 2024		
		Prior years for adoption of foreign child finalized in 2024		
		2023 and 2024 for adoption finalized in 2024		
		2024 for adoption finalized before 2024		
1=spouse, 2=joint				
No.	First name			
	Last name			
	Identification number			
	Date of birth (m/d/y)			
	1=born before 2007 and was disabled			
	1=special needs child			
	1=foreign child			
	1=adoption was not final in 2024			
	Qualified Adoption Expenses Paid in	2023 for adoption not finalized by end of 2024		
		Prior years for adoption of foreign child finalized in 2024		
		2023 and 2024 for adoption finalized in 2024		
		2024 for adoption finalized before 2024		
1=spouse, 2=joint				

2024	1040	US	Education Credits	No.	38
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Please complete the information below if you paid qualified education expenses in 2024 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution.
Last year's amounts are provided for your reference.

STUDENT INFORMATION

1=taxpayer, 2=spouse
First name
Last name
Social security number
Number of prior years AOC claimed
1=student was NOT enrolled at least half-time for at least one academic period that began in 2024 (or the first 3 months of 2025 if the qualified expenses were made in 2024) at an eligible institution in a qualified program
1=student completed first four years of post-secondary education before 2024
1=student was convicted, before the end of 2024, of a felony for possession or distribution of a controlled substance

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name
Street address
City
State
ZIP code
1=2024 Form 1098-T was NOT received
1=2024 Form 1098-T received with Box 7 completed
1=2023 Form 1098-T received with Box 7 completed
Federal ID number from Form 1098-T

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name
Street address
City
State
ZIP code
1=2024 Form 1098-T was NOT received
1=2024 Form 1098-T received with Box 7 completed
1=2023 Form 1098-T received with Box 7 completed
Federal ID number from Form 1098-T

QUALIFIED EDUCATION EXPENSES

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

2024 Amount	2023 Amount

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

2024	1040	US	Household Employment Taxes (Schedule H)	42
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Please enter all pertinent 2024 information. Last year's amounts are provided for your reference.

HOUSEHOLD EMPLOYMENT TAXES

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

Employer identification number	
1=spouse, 2=joint	

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

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

2024	1040	US	Parent's Election to Report Child's Inc.	No.	44
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Please enter all pertinent 2024 amounts & attach all 1099-INT and 1099-DIV forms.
Last year's amounts are provided for your reference.

CHILD'S INFORMATION

First name.....	
Last name.....	
Social security number.....	
Date of birth (m/d/y).....	
1=nontaxable to federal.....	
1=nontaxable to state.....	

INTEREST INCOME (Form 1099-INT)

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

DIVIDEND INCOME (Form 1099-DIV)

Total ordinary dividends (Box 1a):		
Qualified dividends (Box 1b).....		
Total capital gain distributions (Box 2a):		
Unrecaptured section 1250 gain (Box 2b).....		
Section 1202 gain (Box 2c).....		
Collectibles (28%) gain (Box 2d).....		
Nontaxable distributions (Box 3).....		
Tax-exempt interest:		
Total municipal bonds.....		
In-state municipal bonds.....		
Nominee distributions:		
Ordinary dividends.....		
Qualified dividends.....		
Capital gain distributions.....		
Alaska permanent fund dividends included above.....		

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

GENERAL INFORMATION

	2024 Amount	2023 Amount
Canadian province or Mexican state		
Other type of filer		
Foreign identification:		
Taxpayer:		
1=passport, 2=foreign TIN		
Other type of identification		
Number		
Country of issue		
Spouse:		
1=passport, 2=foreign TIN		
Other type of identification		
Number		
Country of issue		
Taxpayer:		
Title		
Spouse:		
Title		

2024	1040	US	Report of Foreign Bank & Fin. Accts.	No.	82.1 p2
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Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

INFORMATION ON FINANCIAL ACCOUNTS

	2024 Amount	2023 Amount
1=spouse.....		
Type of account: 1=bank account, 2=securities account, or specify		
Maximum value of account (-1 if unknown)		
Financial institution:		
Name of institution (Line 1) (mandatory)		
Name of institution (Line 2)		
Mailing address.....		
Account number		
City.....		
State.....		
ZIP/postal code.....		
Country (if not US).....		
Accounts owned jointly:		
Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer)		
Principal joint owner:		
Taxpayer identification number, if not joint filer		
TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign , 4=unknown.....		
Last name		
First name.....		
Middle initial.....		
Address.....		
City.....		
State.....		
ZIP/postal code.....		
Country (if not US).....		
Accounts where filer has no financial interest:		
Last name or org. name (mandatory)		
First name.....		
Middle initial.....		
Taxpayer identification number		
TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign , 4=unknown.....		
Address.....		
City.....		
State.....		
ZIP/postal code.....		
Country (if not US).....		
Filer's title.....		

2024	1040	US	Foreign Reporting (8938)	No.	82.2 p2
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Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

FOREIGN DEPOSIT AND CUSTODIAL ACCOUNTS (Part I)

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

OTHER FOREIGN ASSETS (Part II)

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

1

Type of Entity

1 = Partnership

2 = Corporation

3 = Trust

4 = Estate

2024	1040	US	Foreign Reporting (8938) (continued)	No.	82.2 p2
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Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

OTHER FOREIGN ASSETS (Part II) (continued)

Issuer or counterparty (#1):

Name

1=issuer, 2=counterparty

Type of issuer or counterparty (see table 2)

Issuer or counterparty: 1=US person, 2=foreign person

Mailing address

City.....

State/province

Postal code

Country

Issuer or counterparty (#2):

Name

1=issuer, 2=counterparty

Type of issuer or counterparty (see table 2)

Issuer or counterparty: 1=US person, 2=foreign person

Mailing address

City.....

State/province

Postal code

Country

Issuer or counterparty (#3):

Name

1=issuer, 2=counterparty

Type of issuer or counterparty (see table 2)

Issuer or counterparty: 1=US person, 2=foreign person

Mailing address

City.....

State/province

Postal code

Country

Issuer or counterparty (#4):

Name

1=issuer, 2=counterparty

Type of issuer or counterparty (see table 2)

Issuer or counterparty: 1=US person, 2=foreign person

Mailing address

City.....

State/province

Postal code

Country

2

Type of Issuer or Counterparty

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

Series:	Additional Information
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