

- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual, nonresident alien, or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

The IRS doesn't *initiate* contact with taxpayers by email, phone, text messages or social media channels to request personal or financial information. This includes requests for PIN numbers, passwords or similar access information for credit cards, banks or other financial accounts. Phishing is a scam typically carried out through unsolicited email and/or websites that pose as legitimate sites and lure unsuspecting victims to provide personal and financial information. If you receive such an email from the IRS, forward the email as-is to phishing@irs.gov. Please do not respond to the email unless the email request you send to the IRS has been verified as legitimate. You may also contact our office regarding any correspondence, written or electronic, that you receive from the IRS. Additional information can be found at: <https://www.irs.gov/privacy-disclosure/report-phishing>.

Thank you for the opportunity to serve you.

Sincerely,

Leon T Konecny, Jr., CPA

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you live separately from your spouse during the last six months of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS notice for filing returns in 2025.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires and other disaster situations.	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,600?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other person(s) who lived with you more than half the year but not claimed by you last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS notice for use during the 2025 filing season.	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have ownership interest in any type of business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>

Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new or previously owned clean vehicle this year that is eligible for the new clean vehicle credit? If yes, attach the vehicle statement from the dealer even if you received the credit when purchased at the dealer.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Form 1099-K for the sale of personal property for a gain or loss?	<input type="checkbox"/>	<input type="checkbox"/>

Income Information

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Medicaid waiver payments as difficulty of care during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income considered to be nonemployee compensation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for work done in what is commonly referred to as the "gig" economy?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Form 1099-K for a distribution payment from an online crowdfunding solicitation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Form 1099-K that you believe is in error?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any sales or other exchanges of digital assets (including from an airdrop or a hard fork, or used digital assets to pay for goods or services?	<input type="checkbox"/>	<input type="checkbox"/>

Retirement Information

Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any withdrawals due to a Federally declared disaster?	<input type="checkbox"/>	<input type="checkbox"/>
If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2024?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any qualified birth or adoption distributions, emergency personal expense distributions, domestic abuse distributions, or terminal illness distributions in 2024?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you repay any of the distributions in 2024?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any qualified charitable distributions (QCD) during the year?	<input type="checkbox"/>	<input type="checkbox"/>

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family receive a scholarship of any kind during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any of the scholarship funds used for expenses other than tuition,		

such as room and board?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?	<input type="checkbox"/>	<input type="checkbox"/>

Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an ABLE (Achieving a Better Life Experience) account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account?	<input type="checkbox"/>	<input type="checkbox"/>
If you are a business owner, did you pay health insurance premiums for your employees this year?	<input type="checkbox"/>	<input type="checkbox"/>

Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did the loss occur in a Federally declared disaster area?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any cash or other monetary charitable contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any noncash charitable contributions (clothes, furniture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes to either of the above charitable contribution questions, please provide evidence such as a receipt from the donee organization, canceled check, or record of payment, to substantiate all contributions made.		
Did you donate a vehicle or boat during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay real estate taxes for your primary home and/or second home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any mortgage interest on an existing home loan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur interest expenses associated with any investment accounts you held?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous Information

Did you make gifts of more than \$18,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>

Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
Are you an owner or do you control 25% of a company's ownership interest for a company registered with a secretary of state or similar office before January 1, 2025?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you file its initial Beneficial Ownership Information Report (BOIR)?	<input type="checkbox"/>	<input type="checkbox"/>
If you were required to file a Beneficial Ownership Information Report (BOIR) with the Financial Crimes Enforcement Network (FinCEN), has any of the previously reported information changed (for either the reporting company or any of the beneficial owners)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets.

Topic	Page	Topic	Page
Alaska Permanent Fund dividends	18	Gambling winnings	18
Alimony received	18	Gambling losses	59
Annuity payments received	24		58, 13, 17b
Business income and expenses	28, 29	Investment expenses	57
Business use of home	67	Investment interest expenses	58
Charitable contributions	59	IRA distributions	24
Dependent information	1	Medical and dental expenses	57
Depreciable asset acquisitions and dispositions -		Minister earnings and expenses	28
Business or profession	92, 93	Miscellaneous itemized deductions	59
Employee business expense	92, 93	Mortgage interest expense	58
Farm, Farm Rental	92, 93	Pension distributions	24
Rent and royalty	92, 93	Railroad retirement benefits	25
Disability income	24, 83	Real estate taxes, personal property and other taxes paid	57
Early withdrawal penalty	13		28, 17a, 17b
Electronic filing	6	Social security benefits received	25
Email address	2	State and local income tax refunds	18
Federal estimate payments	8	State & local estimate payments and withholding	9, 24
Federal withholding	24, 25	Statutory employee	28
Foreign taxes paid	83	Unemployment compensation	18

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

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. 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)

____ [2]

If 1 or 2, please provide email address on Organizer Form ID: Info

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. This is not the same as an IRS assigned six-digit Identity Protection PIN (IP PIN).

Taxpayer self-selected Personal Identification Number (PIN) (Not an IRS assigned six-digit IP PIN)

____ [7]

Spouse self-selected Personal Identification Number (PIN) (Not an IRS assigned six-digit IP PIN)

____ [8]

NOTES/QUESTIONS:

If you have an overpayment of 2024 taxes, do you want the excess:

Refunded _____ [52]

Applied to 2025 estimated tax liability _____ [53]

Do you expect a considerable change in your 2025 income? (Y, N) _____ [54]

If yes, please explain any differences:

_____ [55]

_____ [56]

_____ [57]

_____ [58]

Do you expect a considerable change in your deductions for 2025? (Y, N) _____ [59]

If yes, please explain any differences:

_____ [60]

_____ [61]

_____ [62]

_____ [63]

Do you expect a considerable change in the amount of your 2025 withholding? (Y, N) _____ [64]

If yes, please explain any differences:

_____ [65]

_____ [66]

_____ [67]

_____ [68]

Do you expect a change in the number of dependents claimed for 2025? (Y, N) _____ [69]

If yes, please explain any differences:

_____ [70]

_____ [71]

_____ [72]

_____ [73]

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) _____ [74]

2024 Federal Estimated Tax Payments

2023 overpayment applied to 2024 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	04/15/24	_____ [6]	+ _____ [7]	2,830	Voucher
2nd quarter payment	06/17/24	_____ [8]	+ _____ [9]	2,830	Voucher
3rd quarter payment	09/16/24	_____ [10]	+ _____ [11]	2,830	Voucher
4th quarter payment	01/15/25	_____ [12]	+ _____ [13]	2,829	Voucher
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/QUESTIONS:

Control Totals +

Payments

Form ID: Est

Taxpayer/Spouse/Joint (T, S, J)

____[1]

State postal code

____[2]

Amount paid with 2023 return

+ _____[3]

2023 overpayment applied to '24 estimates

+ _____[4]

Treat calculated amounts as paid

____[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	+	_____[31]	Amount paid with 2023 return	+	_____[53]
2023 overpayment applied to '24 estimates	+	_____[32]	2023 overpayment applied to '24 estimates	+	_____[54]
Treat calculated amounts as paid		____[36]	Treat calculated amounts as paid		____[58]

	Date Paid		Amount Paid		Date Paid		Amount Paid
1st quarter payment	_____ [37]	+	_____ [38]	1st quarter payment	_____ [59]	+	_____ [60]
2nd quarter payment	_____ [39]	+	_____ [40]	2nd quarter payment	_____ [61]	+	_____ [62]
3rd quarter payment	_____ [41]	+	_____ [42]	3rd quarter payment	_____ [63]	+	_____ [64]
4th quarter payment	_____ [43]	+	_____ [44]	4th quarter payment	_____ [65]	+	_____ [66]

Calculated Amount

1st quarter payment _____
2nd quarter payment _____
3rd quarter payment _____
4th quarter payment _____

Calculated Amount

1st quarter payment _____
2nd quarter payment _____
3rd 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	+	_____[76]	2023 overpayment applied to '24 estimates	+	_____[98]
Treat calculated amounts as paid		____[80]	Treat calculated amounts as paid		____[102]

	Date Paid		Amount Paid		Date Paid		Amount Paid
1st quarter payment	_____ [81]	+	_____ [82]	1st quarter payment	_____ [103]	+	_____ [104]
2nd quarter payment	_____ [83]	+	_____ [84]	2nd quarter payment	_____ [105]	+	_____ [106]
3rd quarter payment	_____ [85]	+	_____ [86]	3rd quarter payment	_____ [107]	+	_____ [108]
4th quarter payment	_____ [87]	+	_____ [88]	4th quarter payment	_____ [109]	+	_____ [110]

Calculated Amount

1st quarter payment _____
2nd quarter payment _____
3rd quarter payment _____
4th quarter payment _____

Calculated Amount

1st quarter payment _____
2nd quarter payment _____
3rd quarter payment _____
4th quarter payment _____

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

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

T/S/J	Type Code (**See codes below)	Interest Income	[1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer							
		Amounts	+						114
	2	Payer							
		Amounts	+						488
	3	Payer							
		Amounts	+						
	4	Payer							
		Amounts	+						
	5	Payer							
		Amounts	+						
	6	Payer							
		Amounts	+						
	7	Payer							
		Amounts	+						
	8	Payer							
		Amounts	+						
	9	Payer							
		Amounts	+						
	10	Payer							
		Amounts	+						

**Interest Codes

Blank = Regular Interest

4 = Accrued Interest

6 = ABP Adjustment

3 = Nominee Distribution

5 = OID Adjustment

7 = Series EE & I Bond

Control Totals

+

Income

Form ID: B-1

Dividend Income

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

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

T S J	Type Code	Ordinary Dividends	[2] Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer										
		Amounts	+									
	2	Payer										
		Amounts	+									118,332
	3	Payer										
		Amounts	+									1,534
	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 +

Income

[4]

	Control Totals +	Income	Form ID: D
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Prior Year Information

Prior Year Information

Prior Year Information

Form ID: Income

Pension, Annuity, and IRA Distributions #1

24

Please provide 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]

69,165
69,165
13,833
7

Control Totals +

Pension, Annuity, and IRA Distributions #2

Please provide 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]

Control Totals +

Pension, Annuity, and IRA Distributions #3

Please provide 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]

Control Totals +

NOTES/QUESTIONS:

Retirement

Form ID: 1099R

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S)
State postal code

[1]

[3]

Social Security Benefits

	2024 Information	Prior Year Information
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	+ [7]	
Prescription drug (Part D) premiums	+ [9]	
Net Benefits for 2024 (Box 3 minus Box 4) (Box 5)	+ [12]	52,320
Voluntary Federal Income Tax Withheld (Box 6)	+ [14]	11,510

Tier 1 Railroad Benefits

	2024 Information	Prior Year Information
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)	+ [22]	
Federal Income Tax Withheld (Box 10)	+ [25]	
Medicare Premium Total (Box 11)	+ [27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2024 or receive any prior year benefits in 2024. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

[40]

[41]

[42]

[43]

[44]

NOTES/QUESTIONS:

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S)
State postal code

[1]

[3]

Social Security Benefits

	2024 Information	Prior Year Information
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	+ [7]	5,077
Prescription drug (Part D) premiums	+ [9]	840
Net Benefits for 2024 (Box 3 minus Box 4) (Box 5)	+ [12]	34,135
Voluntary Federal Income Tax Withheld (Box 6)	+ [14]	5,239

Tier 1 Railroad Benefits

	2024 Information	Prior Year Information
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)	+ [22]	
Federal Income Tax Withheld (Box 10)	+ [25]	
Medicare Premium Total (Box 11)	+ [27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2024 or receive any prior year benefits in 2024. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

[40]

[41]

[42]

[43]

[44]

NOTES/QUESTIONS:

Form ID: C-2

T/S/J

2024 Information

Prior Year Information

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

[1]		+	[2]
-		+	
-		+	
-		+	
-		+	
-		+	

Medical insurance premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.

[4]		+	[5]
-		+	
-		+	
-		+	

Long-term care premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)

[7]		+	[8]
-		+	

Prescription medicines and drugs:

[10]		+	[11]
-		+	
-		+	

[13]	Miles driven for medical items (21 cents)		[14]
------	---	--	------

Schedule A - Tax Expenses

T/S/J

2024 Information

Prior Year Information

State/local income taxes paid:

[18]		+	[19]
-		+	
-		+	
-		+	
-		+	

2023 state and local income taxes paid in 2024:

[21]		+	[22]
-		+	
-		+	

Real estate taxes paid:

[24]		+	[25]
-		+	
-		+	

Personal property taxes:

[27]		+	[28]
-		+	

Other taxes, such as: foreign taxes and State disability taxes

[30]		+	[31]
-		+	
-		+	

Sales tax paid on major purchases:

[36]		+	[37]
-		+	

Sales tax paid on actual expenses:

[39]		+	[40]
-		+	
-		+	

14,294
5,699
2,963

Control Totals +

Itemized Deductions

Form ID: A-1

T/S/J

2024
Interest Paid [2]2024
Points Paid

Type* Prior Year Information

Home mortgage interest: From Form 1098

[1]	
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	

+		+		-
+		+		-
+		+		-
+		+		-
+		+		-
+		+		-
+		+		-
+		+		-
+		+		-
+		+		-

17,063
9,821

*Mortgage Types

Blank = Used to buy, build or improve main/qualified second home

1 = Not used to buy, build, improve home or investment

T/S/J

Payee's Name

SSN or EIN

2024 Information

Prior Year Information

Other, such as: Home mortgage interest paid to individuals

[4]			+	[5]
Address				
City, state and zip code				
			+	
Address				
City, state and zip code				

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

-	Payer's/Borrower's name		[7]
	Street Address		
	City/State/Zip code		

Refinancing Points paid in 2024 -

Taxpayer/Spouse/Joint (T, S, J)		[11]
Recipient/Lender name		
Total points paid at time of refinance		
Points deemed as paid in 2024 (Preparer use only)	+	[12]
Date of refinance		
Term of new loan (in months)		
Reported on Form 1098 in 2024		-

Taxpayer/Spouse/Joint (T, S, J)		-
Recipient/Lender name		
Total points paid at time of refinance		
Points deemed as paid in 2024 (Preparer use only)	+	
Date of refinance		
Term of new loan (in months)		
Reported on Form 1098 in 2024		-

T/S/J

2024 Information

Prior Year Information

Investment interest expense, other than on Schedule(s) K-1:

[15]	
-	
-	
-	
-	
-	
-	
-	
-	
-	

+		[16]
+		
+		
+		
+		
+		
+		
+		
+		
+		

Control Totals +

Itemized Deductions

Form ID: A-2

T/S/J	2024 Information	Prior Year Information
Contributions made by cash or check (including out-of-pocket expenses)		
Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.		
Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.		
[2]	+ [3]	1,500
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
[5]	[6]	
Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		
[8]	+ [9]	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	

Miscellaneous Deductions

T/S/J	2024 Information	Prior Year Information
Other expenses		
[12]	+ [13]	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
Gambling losses: (Enter only if you have gambling income)		
[15]	+ [16]	
-	+	
-	+	
-	+	
-	+	

NOTES/QUESTIONS:

C

1

Preparer use only

Principal business or profession

Taxpayer/Spouse/Joint (T, S, J)

State postal code

[3]

[4]

[5]

Business Use of Home

2024 Information

Prior Year Information

Total area of home

[14]

Area used exclusively for business

[16]

Information for day-care facilities only:

Total hours used for day-care during this year

[18]

Total hours used this year, if less than 8784

[20]

Special computation for certain day-care facilities:

Area used regularly and exclusively for day-care business

[22]

Area used partly for day-care business

[24]

1191

500

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 Information

Direct Expenses

Indirect Expenses

Mortgage interest:

+ [29] + [31]

Real estate taxes:

+ [37] + [39]

Excess mortgage interest

+ [42] + [43]

Insurance

+ [48] + [50]

Rent

+ [54] + [55]

Repairs & maintenance

+ [57] + [58]

Utilities

+ [60] + [61]

Other expenses, such as: Supplies & Security system

+ [63] + [64]

+ +

+ +

+ +

+ +

+ +

+ +

+ +

+ +

+ +

+ [66]

Excess casualty losses

Carryovers:

Operating expenses

+ [67]

Casualty losses

+ [68]

Depreciation

+ [70]

Business expenses not from business use of home, such as:

Travel, Supplies, Business telephone expenses

+ [71]

Depreciation

+ [75]

NOTES/QUESTIONS:

Control Totals +

Business

Form ID: 8829

C

1

Preparer use only

Principal business or profession

Taxpayer/Spouse/Joint (T, S, J)

State postal code

[3]

[4]

[5]

Business Use of Home

2024 Information

Prior Year Information

Total area of home

[14]

Area used exclusively for business

[16]

Information for day-care facilities only:

Total hours used for day-care during this year

[18]

Total hours used this year, if less than 8784

[20]

Special computation for certain day-care facilities:

Area used regularly and exclusively for day-care business

[22]

Area used partly for day-care business

[24]

1255

600

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 Information

Direct Expenses

Indirect Expenses

Mortgage interest:

+ [29] + [31]

Real estate taxes:

+ [37] + [39]

Excess mortgage interest

+ [42] + [43]

Insurance

+ [48] + [50]

Rent

+ [54] + [55]

Repairs & maintenance

+ [57] + [58]

Utilities

+ [60] + [61]

Other expenses, such as: Supplies & Security system

+ [63] + [64]

+ +

+ +

+ +

+ +

+ +

+ +

+ +

+ +

+ +

+ +

Excess casualty losses

+ [66]

Carryovers:

Operating expenses

+ [67]

Casualty losses

+ [68]

Depreciation

+ [70]

Business expenses not from business use of home, such as:

Travel, Supplies, Business telephone expenses

+ [71]

Depreciation

+ [75]

NOTES/QUESTIONS:

Control Totals +

Business

Form ID: 8829

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2024.

BLANK

1

Preparer use only

Description

[3]

Taxpayer/Spouse (T, S)

[9]

Category of income*

[11]

Description of income

[12]

*Category of Income	
A = Section 951A income	E = Section 901(j) income
B = Foreign Branch income	F = Certain income re-sourced by treaty
C = Passive income	G = Lump-sum distributions
D = General income	

Foreign Income or Loss

Country code

[20]

Country name

[21]

	Regular	AMT, if different
Foreign gross income	+ <div>[24]</div>	+ <div>[25]</div>
Definitely related expenses:		
<div></div>	+ <div>[32]</div>	+ <div>[33]</div>
<div></div>	+ <div></div>	+ <div></div>
<div></div>	+ <div></div>	+ <div></div>
<div></div>	+ <div></div>	+ <div></div>
<div></div>	+ <div></div>	+ <div></div>
Foreign source losses	+ <div>[46]</div>	+ <div>[47]</div>

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

[54]

Rents & Royalties

[55]

Interest

[56]

Other foreign taxes

[57]

NOTES/QUESTIONS:

C 1 Preparer use only

Activity name

CONSULANT

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		
1		Comments:		
2		Comments:		
3		Comments:		
4		Comments:		
5		Comments:		
6		Comments:		
7		Comments:		
8		Comments:		
9		Comments:		
10		Comments:		
11		Comments:		
12		Comments:		
13		Comments:		
14		Comments:		
15		Comments:		
16		Comments:		
17		Comments:		
18		Comments:		
19		Comments:		
20		Comments:		
21		Comments:		
22		Comments:		
23		Comments:		
24		Comments:		
25		Comments:		

Form ID: OrgDp2

California Residency Information**Part-year, Nonresident**

	Taxpayer	Spouse
State of domicile	_____ [1]	_____ [2]
Number of days spent in California	_____ [3]	_____ [4]
Owned California home or property	_____ [5]	_____ [6]
Part-year resident:		
Date moved into California	_____ [7]	_____ [9]
Prior state of residence	_____ [8]	_____ [10]
Date moved out of California	_____ [11]	_____ [13]
New state of residence	_____ [12]	_____ [14]
Nonresident or full-year resident for entire year:		
State of residence	_____ [15]	_____ [16]

Prior Year Residency Information

	Taxpayer	Spouse
Prior residency information:		
From	_____ [17]	_____ [19]
To	_____ [18]	_____ [20]

Military Personnel**Part-year, Nonresident**

	Taxpayer	Spouse
State in which stationed	_____ [21]	_____ [22]

Electronic Filing Information for Military

	Taxpayer	Spouse
Date deployed overseas or entered combat zone/QHDA	_____ [23]	_____ [26]
Date returned from overseas or combat zone/QHDA	_____ [24]	_____ [27]
Duty (A = Military overseas, B = Combat Zone/QHDA, C = NAT Guard)	_____ [25]	_____ [28]
Combat Zone/QHDA Operation/Area served		
Taxpayer	_____ [29]	
Spouse	_____ [30]	

NOTES/QUESTIONS: