

2024	1040	US	Client Information	1
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**WEHNER ACCOUNTING & TAX, INC.**  
 2744 DEL RIO PLACE, SUITE 200  
 DAVIS, CA 95618  
 Telephone number: 530-908-1761  
 Fax number: 530-231-0284  
 E-mail address: matthew@wehnercpa.com

**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) . . . . .	2
	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 . . . . .	DAVIS
	State . . . . .	CA
	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)

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US/CA

Client Information (continued)

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Please add, change or delete information for 2024.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone .....	
	Work phone .....	
	Work extension .....	
	Daytime phone (table) .....	3
	Mobile phone .....	
	Fax number .....	
	E-mail address .....	
Spouse Contact Information	Home phone .....	
	Work phone .....	
	Work extension .....	
	Daytime phone (table) .....	3
	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 .....	
CA State Information	Registered domestic partner filing status (see table) .....	
	1=PMB no. in address .....	
NOTE: If the taxpayer's mailing address includes a private mail box number (PMB), indicate this below and enter the PMB number in the "Apartment Number" field in the Address area of Client Information.		

Daytime Phone

- 1 = Work
- 2 = Home
- 3 = Mobile

RDP Filing Status

- 1 = Not applicable
- 2 = Joint
- 3 = Separate

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<b>2024</b>	<b>1040</b>	<b>US</b>	<b>Dependents</b>	<b>2</b>
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Please add, change or delete information for 2024.

**DEPENDENTS**

	Dependent	Dependent	
First name.....			<p><b>Type of Dependent</b></p> <p>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</p> <p><b>Earned Income Credit</b></p> <p>1 = When applicable (default)                  2 = Student age 19 to 23                  3 = Disabled                  4 = Force                  5 = Suppress</p> <p>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:</p> <ol style="list-style-type: none"> <li>1. School records or statement</li> <li>2. Landlord or property management statement</li> <li>3. Health care provider statement</li> <li>4. Medical records</li> <li>5. Child care provider records</li> <li>6. Placement agency statement</li> <li>7. Social service records or statement</li> <li>8. Place of worship statement</li> <li>9. Indian tribe office statement</li> <li>10. Employer statement</li> </ol> <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> <li>1. Doctor statement</li> <li>2. Other health care provider statement</li> <li>3. Social services agency or program statement</li> </ol>
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.....			

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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 & documentation if necessary.

If unsure about any question please note with a "?"

If you answer yes to any question(s) and the question(s) references a section of the organizer not included in your organizer, please see our website for the blank section - <https://www.wehnercpa.com/organizer>

### COPY OF TAX RETURNS

We provide an electronic copy of your returns in our SmartVault client portal (see [www.wehnercpa.com/portal](http://www.wehnercpa.com/portal) for information on our SmartVault portal) when your returns are completed (***we do not require that you use our portal or that you access your returns this way.***)

Yes \_\_\_ No \_\_\_



**In addition to an electronic (PDF) copy of your tax returns**, would you like to receive either a paper/hard copy, or a DocuSign copy of your tax returns?

Please check one: \_\_\_ DocuSign copy \_\_\_ Paper/hard copy.

**We request that you pick up the paper/hard copy (if selected) within 30 days of the returns completion.**



Would you like to receive tax tips through our weekly and/or monthly newsletters (if not signed up already)?

### PERSONAL INFORMATION

Yes \_\_\_ No \_\_\_



Did your marital status change during the year?



Did you either make or receive any alimony payments in 2024? If yes, please provide the amount: \$ \_\_\_\_\_ and check one: \_\_\_ Paid or \_\_\_ Received

Date your divorce was finalized: \_\_\_\_\_ First and last name of former

spouse: \_\_\_\_\_ Former spouse's Social Security Number: \_\_\_\_\_



Did your address or contact information change during the year? If so, please update it in the client information section of the organizer.



Have you been issued a 6-digit Identity Protection Pin (IP PIN) by the IRS (IRS Notice CP01A)?

If Yes, please furnish the PIN issued to you (it can be retrieved from the IRS's site - <https://www.irs.gov/identity-theft-fraud-scams/retrieve-your-ip-pin>):

Taxpayer IP PIN (if applicable) \_\_\_\_\_ Spouse IP PIN (if applicable) \_\_\_\_\_

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Miscellaneous Questions

**DEPENDENTS (Skip to the INCOME section if N/A)**

Yes No



Were there any changes in dependents? Note: Include non-child dependents for whom you provided more than half their support. If adding a dependent, please provide their first & last name **as it appears on their Social Security Card**, date of birth & Social Security Number on the line below:

\_\_\_\_\_



Are you no longer claiming a dependent this year? If so, list who you are no longer claiming & list why you are no longer claiming them on the line below:

\_\_\_\_\_



Did you have any children under age 19 or full-time students under age 24 at the end of 2024, with interest and dividend (or other unearned income) income in excess of \$1,300, or total investment income in excess of \$2,600?



Did any of your dependents earn more than \$5,050?



Has a dependent of yours filed a 2024 tax return? If so, please provide the return(s) filed.



Did you adopt a child or begin adoption proceedings?



Did you pay for childcare in 2024 so that you could work or go to school? **If so, please let me know 1. Childcare Provider(s) Name(s) \_\_\_\_\_, 2. Tax ID (SSN or EIN) of Provider(s) \_\_\_\_\_, 3. Total amount paid to each provider in 2024 \_\_\_\_\_.**

**INCOME**

Yes No



Did you receive any disability income? If so, who paid you: \_\_\_\_\_



Did you have any foreign income or pay any foreign taxes (NOT including from a mutual fund)?



Did you receive unemployment income in 2024? If so, please attach the Form 1099-G (please note this is taxable for Federal purposes).



Did you have any gambling winnings that were reported on Form W-2G or Form 1099-MISC? If so, please provide the form(s).



Did you receive a Form 1099-MISC or 1099-NEC that you have not received in prior years?

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Yes      No

Did you incur any expenses against your 1099 income? If yes, please see <https://www.wehnercpa.com/deductions> for worksheets to complete with common business deductions

**PURCHASES, SALES AND DEBT**

Yes      No

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC in 2024 or 2025 ? If so, please provide information on the new venture (e.g. name, entity type & date of formation, etc.).

\*\*\*Please note that most business returns are due by March 15th (sole proprietorships are part of your individual return and are generally due by April 15th). If you need us to prepare an extension for your business return (generally extended until September 15th), please let us know as soon as possible. See [www.wehnercpa.com/business-tax-returns](http://www.wehnercpa.com/business-tax-returns) for a list of items typically needed for business tax returns\*\*\*

Yes      No

Did you sell an existing business, rental property, farm, or any existing interest in a partnership or S Corporation? If so, please provide details.

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? If so, please provide invoices for items purchased with a cost > \$2,500.

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

Did you purchase, sell, or refinance (**circle one**) your principal home or second home in 2024? **If so, please be sure to include a copy of the settlement statement (HUD-1.)** See <https://www.wehnercpa.com/settlement> for examples.

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources in 2024? (Examples include exterior windows and doors; energy-efficient air conditioners, water heaters, heat pumps, and water boilers) **If so, please go to [www.wehnercpa.com/energy](http://www.wehnercpa.com/energy) and include the completed chart with your organizer, along with the invoice(s) for the purchase(s).**

Did you have any debts canceled or forgiven? If so, please provide Form(s) 1099-C & provide details.

Does anyone owe you money which has become uncollectible in 2024? If so, please provide details (name, relationship, type of debt & amount of debt not paid).

Did you have any investments become worthless or were you a victim of investment theft in 2024? Please provide details (e.g. what was the investment? When did you purchase it? How much money did you lose? \$ \_\_\_\_\_)

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**RETIREMENT PLANS**

Yes      No

      Did you receive a distribution from a retirement plan (401(k), IRA, Roth IRA, SEP, SIMPLE, Qualified Plan, etc.)? If so, please provide Form(s) 1099-R and/or SSA-1099.

      Did you, or do you plan to, make a contribution to an IRA for 2024 (must be made by **April 15, 2025** for 2024). Please note that this **does not** include retirement contributions made through payroll (e.g. 401K, 403b, 457, Simple IRA, etc.)?

: Traditional IRA \$ \_\_\_\_\_ Roth IRA \$ \_\_\_\_\_

**(Spouse if applicable)** : Traditional IRA \$ \_\_\_\_\_ Roth IRA \$ \_\_\_\_\_

      Did you transfer or rollover any amount from one retirement plan to another retirement plan? If so, please provide Form(s) 1099-R.

      Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2024? If so, please provide Form(s) 1099-R. **How much did you convert?** \$ \_\_\_\_\_

      Did you inherit a retirement plan in 2024?

      If over 70 1/2, did you transfer funds from an IRA directly to a charity in 2024 (Qualified Charitable Distribution/QCD)? If so, how much did you donate directly from your IRA \$ \_\_\_\_\_?

      Did you retire or change jobs in 2024? \_\_\_\_\_

**EDUCATION**

Yes      No

      Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program (529 Plan)? If so, please provide Form(s) 1099-Q.

      Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? **Please provide Form(s) 1098-T.** Please also let me know how many years the student(s) have been in college as of December 31, 2024 \_\_\_\_\_.

      Did you or your spouse pay student loan interest? If so, please provide Form(s) 1098-E or let me know the amount paid \$ \_\_\_\_\_ in 2024 (**If > \$2,500 that is all I need to know. Also, if your income >~\$165K you can ignore this**).

**ITEMIZED DEDUCTIONS**

Yes      No

      Did you incur a loss because of damaged or stolen property for which insurance did not reimburse you (total must be greater than 10% of your adjusted gross income for deduction)? If so, please describe.

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Yes      No

- Did you incur expenses that you were not reimbursed by your employer (generally must exceed 2% of Adjusted Gross Income)? While not deductible on your Federal return, they may be deductible on your state return
- Did you pay significant out-of-pocket medical expenses? (Must be more than 7.5% of your Adjusted Gross Income)
- Did you pay sales taxes on a major purchase in 2024, such as a vehicle, boat, or home improvements? *Please note that this rarely has an impact so rough estimates on purchase price(s) is fine here.*
- Do you have receipts or proper documentation for all cash donations provided to me (I do ***not*** need copies of these but you should retain them for your records)? Please let me know the total amount of your 2024 donation(s) \$ \_\_\_\_\_.
- Did you donate items (e.g. household items & clothing) with a fair market value over \$500? **If so, please let me know your estimate of the total fair market value of your 2024 noncash donations \$ \_\_\_\_\_ & who you donated the items to \_\_\_\_\_.**

Please also see our website [www.wehnercpa.com/non-cash-contributions](http://www.wehnercpa.com/non-cash-contributions) if you need resources for estimating the fair market value of noncash items (e.g. household items & clothing).

**ESTIMATED TAXES**

Yes      No

- 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)?
- Did you pay estimated taxes for 2024? ***If so, please list the amounts & dates paid in the organizer Direct Deposit & Estimates section of the organizer.***
- Do you expect your 2025 taxable income and withholdings to be *significantly* different from 2024 (e.g. retirement)? If so, please provide details on the line below:

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**FOREIGN ASSETS - FinCEN Form 114 ("FBAR") & Form 8938 (Skip to the MISCELLANEOUS section if N/A)**

Yes      No

- Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?



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Yes      No

Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Be sure to include the amount(s) of foreign investment income (dividends, interest, capital gains, etc.) & foreign tax paid in 2024.

Do you have foreign retirement account(s) & if so, was (were) the maximum account balance(s) for the aggregate of ALL foreign retirement accounts greater than \$50,000 (single taxpayers) or \$100,000 (married taxpayers) USD at ANY POINT in 2024?

**Complete the next three questions only if answered "Yes" to the either of the two immediate questions above:**

Yes      No

Did you have an interest in ANY foreign financial accounts? (e.g. you have a checking account in Italy) This does not include domestic brokerage accounts with foreign holdings.

Did you have signature authority for ANY foreign financial accounts that are not your own (e.g. authority to sign for your father's checking account in Italy)?

Was the maximum account balance for the aggregate of ALL foreign non-retirement accounts greater than \$10,000 USD at ANY POINT in 2024?

**MISCELLANEOUS**

Yes      No

Do you want to allocate \$3 to the Presidential Election Campaign Fund?

Does your spouse (if applicable) want to allocate \$3 to the Presidential Election Campaign Fund?

May the IRS discuss your tax return with your preparer?

Do you own, directly or indirectly, more than 10% of a foreign corporation?

Are you an officer or director of a foreign corporation?

Was your home rented out or used for business?

Did you engage the services of any household employees (does not include your gardener or cleaner) and pay them more than either \$1,000 in one quarter or \$2,700 in one year?

Were you notified or audited by either the Internal Revenue Service or a State taxing agency? If so, please provide notices received.

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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Yes      No

- If you are receiving a refund and will be requesting direct deposit, **has your bank account changed** from the account that was used for direct deposit of prior year's refunds? **If so what is the bank routing # \_\_\_\_\_ & account # \_\_\_\_\_ to use?** Feel free to include a voided check.
- Did you or your spouse purchase an alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? If so, please provide the purchase documents that include the VIN. See <https://afdc.energy.gov/laws/electric-vehicles-for-tax-credit> & <https://fueleconomy.gov/feg/taxevb.shtml> for information & lists of qualifying vehicles.
- Were you a resident of, or did you have income from, more than one state during the year? If yes, provide details (e.g. date of move).
- Did you, or do you plan to contribute before **April 15, 2025**, to a health savings account (HSA) for last calendar year (**Note: This is not for a Flexible Spending Account (FSA) with your employer or HSA contributions made through payroll**)? If yes, provide details (see HSA section of organizer). Amount contributed, or to be contributed *outside of payroll* by **April 15, 2025**, to your HSA: \$ \_\_\_\_\_
- Did you distribute money from an HSA account in 2024 to pay for medical expenses (**Note: This is not for an FSA with your employer**)? If so, please include Form(s) 1099-SA
- If you, or your spouse, have self-employment income or are shareholders in an S Corporation, did you pay any health/dental/vision insurance premiums or long-term care premiums **outside of payroll deductions**?
- At any time during 2024, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency (e.g. Bitcoin)?
- 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?
- Did you have health insurance through the exchange (Covered California)? **If so, please provide Form 1095-A** (if applicable, Form 1095-A can be accessed on the Covered CA website).
- Did you have health insurance for all of 2024? If not, please let me know what months there was not health insurance coverage & who was not covered (if not everyone)?

\*\*\* If you have a business, please see our webpage [www.wehnercpa.com/business-tax-returns](http://www.wehnercpa.com/business-tax-returns) for information needed for those returns.

\*\*\* If you have a business or rental property, please see our webpage about Form 1099 filing requirements - <https://www.wehnercpa.com/forms-1099>

\*\*\* Please see our webpage [www.wehnercpa.com/deductions](http://www.wehnercpa.com/deductions) for common occupational deductions.

**2024****1040****US****Miscellaneous Questions****PRIVACY POLICY**

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission. Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

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Direct Deposit & Estimates (Form 1040 ES)

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Please enter all pertinent 2024 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account .....	1	
1=electronic payment of balance due .....		
1=electronic payment of estimated tax .....		
1=direct deposit CA refund to one account, 2=split deposit between two accounts .....	1	
1=electronic payment of CA state tax balance due .....		
1=electronic payment of CA 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)
					1

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 .....				
<div style="border: 1px solid black; padding: 5px; width: fit-content;">Additional Estimated Tax Payments</div>				
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 .....				
<div style="border: 1px solid black; padding: 5px; width: fit-content;">Additional Estimated Tax Payments</div>				
Paid with extension .....				

**1**      **Type of Account**

1 = Savings  
2 = Checking

**2**      **Type 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)
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3, 6

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>2024</b>	<b>1040</b>	<b>US/CA</b>	<b>Wages, Pensions, Gambling Winnings</b>	<b>10, 13.1, 13.2</b>
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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)	SDI (Box 14)	

**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)**

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

**10, 13.1, 13.2**



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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				



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

<b>No.</b> <input style="width:40px; height:15px;" type="text"/>	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) .....			

<b>No.</b> <input style="width:40px; height:15px;" type="text"/>	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) .....			

<b>2024</b>	<b>1040</b>	<b>US</b>	<b>Education Distributions (ESA's and QTP's)</b>	<b>14.3</b>
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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. <input style="width:40px;" type="text"/>	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. <input style="width:40px;" type="text"/>	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. <input style="width:40px;" type="text"/>	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 .....			

<b>2024</b>	<b>1040</b>	<b>US</b>	<b>ABLE Distributions</b>	<b>14.4</b>
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Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

**ABLE DISTRIBUTIONS / CONTRIBUTIONS**

2024 Amount

2023 Amount

No. <input style="width:40px;" type="text"/>	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. <input style="width:40px;" type="text"/>	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. <input style="width:40px;" type="text"/>	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/CA

Business Income (Schedule C)

No.

16

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 .....		
CA FTB Form 3805V:		
1=eligible small business .....		
Qualified new business year: 1=1st, 2=2nd, 3=3rd .....		
Principle business code (SIC 1987) .....		

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/CA

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.

16 p2

2024	1040	US	Capital Gains & Losses (Schedule D)	17
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If you sold any stocks, bonds, or other investment property in 2024, please list the pertinent information for each sale below or provide a spreadsheet file with this information.  
 Be sure to attach all 1099-B forms and brokerage statements.

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

2024

1040

US

Installment Sales (Form 6252)

17 p2

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

PRIOR YEAR INSTALLMENT SALE

		2024 Amount	2023 Amount
No. <input type="text"/>	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. <input type="text"/>	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. <input type="text"/>	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. <input type="text"/>	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. <input type="text"/>	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. <input type="text"/>	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. <input type="text"/>	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

1040

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)

17, 27



2024

1040

US/CA

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

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			

CA FTB Form 3805V:		
1=eligible small business		
Qualified new business year: 1, 2 or 3		
Principle business code (SIC 1987)		

	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

2024

1040

US

Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region .....	
Foreign postal code .....	
Foreign country .....	

OIL AND GAS

	2024 Amount	2023 Amount
Production type (preparer use only) .....		
Cost depletion .....		
Percentage depletion rate or amount .....		
State cost depletion, if different (-1 if none) .....		
State % depletion rate or amount, if different (-1 if none) .....		

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

Number of days personal use .....	
Number of days owned (if optional method elected) .....	

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

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:

_____		
_____		
_____		
_____		
_____		

2024

1040

US/CA

Farm Income (Schedule F/Form 4835)

No.

19

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

GENERAL INFORMATION

Principal product .....	<input type="text"/>
Employer ID number .....	<input type="text"/>

Agricultural activity code .....	<input type="text"/>	
Accounting method: 1=cash, 2=accrual .....	<input type="text"/>	
1=spouse, 2=joint .....	<input type="text"/>	
1=farm rental (Form 4835) .....	<input type="text"/>	
Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other .....	<input type="text"/>	
1=crop insurance proceeds election .....	<input type="text"/>	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no .....	<input type="text"/>	
1=did not "materially participate" (Schedule F only) .....	<input type="text"/>	
1=did not actively participate (Farm rental only) .....	<input type="text"/>	
1=real estate professional (farm rental only) .....	<input type="text"/>	
1=single member limited liability company .....	<input type="text"/>	
% of ownership if not 100% (.xxxx) (Farm rental only) .....	<input type="text"/>	
CA FTB Form 3805V:		
1=eligible small business .....	<input type="text"/>	
Qualified new business year: 1=1st, 2=2nd, 3=3rd .....	<input type="text"/>	
Principle business code (SIC 1987) .....	<input type="text"/>	

FARM INCOME

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



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

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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2024	1040	US	Asset Acquisition List	22 p2
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If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2024, please enter all pertinent information below.

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



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

1040

US

Adjustments to Income

24

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

TRADITIONAL IRA CONTRIBUTIONS

Table with 4 columns: 2024 Amount (Taxpayer, Spouse), 2023 Amount (Taxpayer, Spouse). Rows include IRA contributions you made or expect to make, Contributions made to date, 1=covered by plan, 2=not covered, and 2024 payments from 1/1/23 to 4/15/23.

ROTH IRA CONTRIBUTIONS

Table with 4 columns: 2024 Amount (Taxpayer, Spouse), 2023 Amount (Taxpayer, Spouse). Rows include Roth IRA contributions you made or expect to make and Contributions made to date.

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Table with 4 columns: 2024 Amount (Taxpayer, Spouse), 2023 Amount (Taxpayer, Spouse). Rows include Profit-sharing (25%/1.25) contributions, Money purchase (25%/1.25) contributions, Defined benefit contributions, Self-employed SEP (25%/1.25) contributions, Plan contribution rate, Individual 401k: SE elective deferrals, Individual 401k: SE designated Roth contributions, SIMPLE contributions, Self-employed SIMPLE contributions, Employer matching rate, 1=nonelective contributions (2%), and Contributions made to date.

ADJUSTMENTS TO INCOME

Table with 4 columns: 2024 Amount (Taxpayer, Spouse), 2023 Amount (Taxpayer, Spouse). Rows include Self-employed health insurance (Total premiums, Long-term care premiums), Student loan interest paid, Educator expenses, Jury duty pay, Attorney fees and court costs, Contributions by certain chaplains, Reforestation amortization, Repayment of supplemental unemployment benefits, Expenses from rental of personal property, and Other adjustments to income.

24

2024

1040

US

Itemized Deductions

25

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

MEDICAL AND DENTAL EXPENSES

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

Table with 3 columns: 2024 Amount, TS, 2023 Amount. Rows include Prescription medicines and drugs, Doctors, dentists and nurses, Hospitals and nursing homes, Insurance premiums not entered elsewhere, Long-term care premiums, Insurance reimbursement, Lodging and transportation, Out-of-pocket expenses, Medical miles driven, and Other medical and dental expenses.

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

Table with 3 columns: 2024 Amount, TS, 2023 Amount. Rows include State income taxes (1/24 payment, 2023 return extension, 2023 state return, prior years), and City/local income taxes (1/24 payment, 2023 city/local extension, 2023 city/local return).

SALES AND USE TAXES PAID

Table with 3 columns: 2024 Amount, TS, 2023 Amount. Rows include State and local sales taxes, Use taxes paid on 2024 purchases, Use taxes paid with 2023 state return, Sales tax on autos, and Sales tax on boats, aircraft, other special items.

OTHER TAXES PAID

Table with 3 columns: 2024 Amount, TS, 2023 Amount. Rows include Real estate taxes (principal residence, held for investment), Personal property taxes, Foreign income taxes, and Other taxes.

25

2024

1040

US

Itemized Deductions (continued)

25 p2

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

Table with 3 columns: 2024 Amount, TS, 2023 Amount. Includes input lines for mortgage interest and points.

Home mortgage interest not reported on Form 1098:

Form for payee information: Payee's name, SSN or FEIN, street address, city, state, ZIP code, region, postal code, country.

Table with 3 columns: 2024 Amount, TS, 2023 Amount. Row for Amount paid.

Points not reported on Form 1098:

Table with 3 columns: 2024 Amount, TS, 2023 Amount. Rows for points not reported.

Investment interest (interest on margin accounts):

Table with 3 columns: 2024 Amount, TS, 2023 Amount. Rows for investment interest.

Passive interest:

Table with 3 columns: 2024 Amount, TS, 2023 Amount. Row for passive interest.

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:

Table with 3 columns: 2024 Amount, TS, 2023 Amount. Rows for cash or check contributions.

Volunteer expenses (out-of-pocket)

Number of charitable miles

Table with 3 columns: 2024 Amount, TS, 2023 Amount. Rows for volunteer expenses and miles.

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

Contributions by cash or check:

Table with 3 columns: 2024 Amount, TS, 2023 Amount. Rows for cash or check contributions.

Volunteer expenses (out-of-pocket)

Number of charitable miles

Table with 3 columns: 2024 Amount, TS, 2023 Amount. Rows for volunteer expenses and miles.

25 p2

2024

1040

US/CA

Itemized Deductions (continued)

25 p3

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

Table with 3 columns: 2024 Amount, TS, 2023 Amount. 4 rows for 50% limitation.

30% limitation (see above):

Table with 3 columns: 2024 Amount, TS, 2023 Amount. 4 rows for 30% limitation.

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

Table with 3 columns: 2024 Amount, TS, 2023 Amount. 4 rows for 30% capital gain property.

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

Table with 3 columns: 2024 Amount, TS, 2023 Amount. 4 rows for 20% capital gain property.

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):

Table with 3 columns: 2024 Amount, TS, 2023 Amount. 4 rows for other unreimbursed employee expenses.

Investment expense:

Table with 3 columns: 2024 Amount, TS, 2023 Amount. 4 rows for investment expense.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: 2024 Amount, TS, 2023 Amount. 2 rows for tax return preparation fee and safe deposit box rental.

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

Table with 3 columns: 2024 Amount, TS, 2023 Amount. 4 rows for miscellaneous deductions.

Federal only:

Table with 3 columns: 2024 Amount, TS, 2023 Amount. 2 rows for federal only.

State only:

Table with 3 columns: 2024 Amount, TS, 2023 Amount. 2 rows for state only.

25 p3

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

### OTHER MISCELLANEOUS DEDUCTIONS

	2024 Amount	TS	2023 Amount
Estate tax, section 691(c) .....			
Other miscellaneous deductions:			
_____			
_____			
_____			
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Federal only:			
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_____			
State only:			
_____			
_____			

<b>2024</b>	<b>1040</b>	<b>US</b>	<b>Itemized Deductions (continued)</b>	<b>25 p5</b>
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If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- 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.
- 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

Loan #1

- 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 .....



Loan #2

- Lender's name .....
- Form (see table) .....
- Number of form .....
- 1=taxpayer, 2=spouse, blank=joint .....
- Interest paid .....
- Points paid .....
- Total principal paid .....
- Lump sum principal payment (if paid off) .....
- Months outstanding (if not 12) .....
- 1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17) .....
- Home acquisition debt balance - beginning of year .....
- Home acquisition debt borrowed in 2024 .....
- Home equity debt balance - beginning of year .....
- Home equity debt borrowed in 2024 .....
- Grandfather debt balance - beginning of year .....



<b>Form</b>
1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

<b>2024</b>	<b>1040</b>	<b>US</b>	<b>Noncash Contributions (Form 8283)</b>	<b>26.1,26.2</b>
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**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. <input style="width:40px;" type="text"/>	Vehicle	Name of charitable organization (donee) .....		
		Street address .....		
		City .....		
		State .....		
		ZIP code .....		
		1=spouse, 2=joint .....		
		Property description (other than 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. <input style="width:40px;" type="text"/>	Vehicle	Name of charitable organization (donee) .....		
		Street address .....		
		City .....		
		State .....		
		ZIP code .....		
		1=spouse, 2=joint .....		
		Property description (other than 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) .....				

<p><b>1 How Property was Acquired</b></p> <p>1 = Purchase                      3 = Inheritance                  2 = Gift                              4 = Exchange</p>	<p><b>2 Method Used to Determine FMV</b></p> <p>1 = Appraisal                      3 = Catalog                  2 = Thrift shop value              4 = Comparable sales</p> <p style="text-align:center;">For other methods, see IRS Pub. 561.</p>
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2024

1040

US

Business Use of Home (Form 8829)

No.

29

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

**BUSINESS USE OF HOME**

	2024 Amount	2023 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
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).....		

**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:		
_____		
_____		
_____		

2024

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

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	<input type="text"/>	<input type="text"/>
Reimbursements for meals not on W-2, box 1	<input type="text"/>	<input type="text"/>
1=Department of Transportation (80% meal allowance)	<input type="text"/>	<input type="text"/>
Local transportation (bus, taxi, train, etc.)	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1	<input type="text"/>	<input type="text"/>
Other business expenses:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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)


2024

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.1

Please enter all pertinent 2024 information.

GENERAL INFORMATION

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

Type of exclusion revoked if revoked in earlier year (if applicable):	Tax year revocation was effective	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country of citizenship.....	<input type="text"/>
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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)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tax homes(s) during tax year:	Dates tax home(s) were established (m/d/y)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

31.1

2024

1040

US

Foreign Income Exclusion (2555)

No.

31.1 p2

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) .....	<input type="text"/>	
Ending date for bona fide residence (m/d/y) .....	<input type="text"/>	
Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer .....	<input type="text"/>	
Names of family living abroad with taxpayer (if applicable):	<input type="text"/>	

Relationship	Period family lived abroad

1=submitted statement to country of bona fide residence .....	<input type="text"/>	
1=required to pay income tax to country of bona fide residence .....	<input type="text"/>	
Contractual terms relating to length of employment abroad .....	<input type="text"/>	
Type of visa you entered foreign country under .....	<input type="text"/>	
Explanation why visa limited stay or employment in country (if applicable) .....	<input type="text"/>	

Address of home in U.S. maintained while living abroad (if applicable):	ZIP Code	1=U.S. home rented (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 .....	<input type="text"/>	<input type="text"/>

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

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 .....		

<b>2024</b>	<b>1040</b>	<b>US</b>	<b>Health Savings Accounts (8889)</b>	<b>32.1</b>
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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 .....				

	<b>32.1</b>
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2024

1040

US/CA

Child and Dependent Care Expenses (Form 2441)

33.1,33.2

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. <input type="text"/>	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. <input type="text"/>	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. <input type="text"/>	Name of provider .....	
	Street address .....	
	City .....	
	State .....	
	ZIP code .....	
	Address where care provided (if different):	
	Street address .....	
	City, state, ZIP code .....	
	Telephone number .....	
	Identification number (SSN or EIN) .....	
	1=organization is tax-exempt .....	
	1=care provider is a person .....	
	Foreign region .....	
	Foreign postal code .....	
	Foreign country .....	
Amount paid to care provider in 2024 .....	2023 amt:	
1=spouse, 2=joint		

33.1,33.2



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

**ELIGIBLE CHILDREN**

2024 Amount

2023 Amount

No. <input style="width:40px;" type="text"/>	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. <input style="width:40px;" type="text"/>	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. <input style="width:40px;" type="text"/>	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

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

Form grid for student information with shaded areas.

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

Form grid for educational institution #1 with shaded areas.

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

Form grid for educational institution #2 with shaded areas.

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 \*

Table with columns for 2024 Amount and 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

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:	2024 Amount	2023 Amount
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 .....		

42

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)**

	2024 Amount	2023 Amount
Banks, credit unions, etc. (Box 1): _____		
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 .....		

2024

1040

CA

Other Credits

53.013

Please enter all pertinent 2024 information.

**RENTER'S CREDIT**

NOTE: To qualify for the credit you must have paid rent, for at least half of the year, on property in California which was your principal residence.

1=qualified renter .....	1
1=filing separate, claiming spouse's credit .....	
1=filing jointly and one spouse claimed homeowner's property tax exemption .....	
Number of months in California, if part-year resident .....	

53.013

<b>2024</b>	<b>1040</b>	<b>CA</b>	<b>California Use Tax</b>	<b>54.012</b>
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Please enter all pertinent 2024 information.

No. <input style="width:40px;" type="text"/>	1=taxpayer, 2=spouse, blank=joint .....			
	Use county (see table) .....			
	Total purchases subject to use tax .....			
	Sales or use tax already paid .....			
No. <input style="width:40px;" type="text"/>	1=taxpayer, 2=spouse, blank=joint .....			
	Use county (see table) .....			
	Total purchases subject to use tax .....			
	Sales or use tax already paid .....			
No. <input style="width:40px;" type="text"/>	1=taxpayer, 2=spouse, blank=joint .....			
	Use county (see table) .....			
	Total purchases subject to use tax .....			
	Sales or use tax already paid .....			
No. <input style="width:40px;" type="text"/>	1=taxpayer, 2=spouse, blank=joint .....			
	Use county (see table) .....			
	Total purchases subject to use tax .....			
	Sales or use tax already paid .....			
No. <input style="width:40px;" type="text"/>	1=taxpayer, 2=spouse, blank=joint .....			
	Use county (see table) .....			
	Total purchases subject to use tax .....			
	Sales or use tax already paid .....			

County			
1 = Alameda	33 = Lassen	65 = Placer	97 = Santa Cruz (Scotts Valley)
2 = Alpine	34 = Los Angeles	66 = Plumas	98 = Santa Cruz (Watsonville)
3 = Amador	35 = Los Angeles (Avalon)	67 = Riverside	99 = Shasta
4 = Butte	36 = Los Angeles (Inglewood)	68 = Riverside (Cathedral City)	100 = Sierra
5 = Calaveras	37 = Los Angeles (South Gate)	69 = Sacramento	101 = Siskiyou
6 = Colusa	38 = Madera	70 = San Benito	102 = Solano
7 = Colusa (Williams)	39 = Marin	71 = San Benito (Hollister)	103 = Sonoma
8 = Contra Costa	40 = Marin (San Rafael)	72 = San Benito (San Juan Bautista)	104 = Sonoma (Cotati)
9 = Contra Costa (El Cerrito)	41 = Mariposa	73 = San Bernardino	105 = Sonoma (Rohnert Park)
10 = Contra Costa (Pinole)	42 = Mendocino	74 = San Bernardino (Montclair)	106 = Sonoma (Santa Rosa)
11 = Contra Costa (Richmond)	43 = Mendocino (Fort Bragg)	75 = San Bernardino (San Bernardino)	107 = Sonoma (Sebastopol)
12 = Del Norte	44 = Mendocino (Ukiah)	76 = San Diego	108 = Stanislaus
13 = El Dorado	45 = Mendocino (Point Arena)	77 = San Diego (El Cajon)	109 = Stanislaus (Ceres)
14 = El Dorado (So. Lake Tahoe)	46 = Mendocino (Willits)	78 = San Diego (National City)	110 = Sutter
15 = El Dorado (Placerville)	47 = Merced	79 = San Diego (Vista)	111 = Tehama
16 = Fresno	48 = Merced (Los Banos)	80 = San Francisco	112 = Trinity
17 = Fresno (Clovis)	49 = Merced (Merced)	81 = San Joaquin	113 = Tulare
18 = Fresno (Reedley)	50 = Modoc	82 = San Joaquin (Manteca)	114 = Tulare (Dinuba)
19 = Fresno (Sanger)	51 = Mono	83 = San Joaquin (Stockton)	115 = Tulare (Farmersville)
20 = Fresno (Selma)	52 = Mono (Mammoth Lakes)	84 = San Luis Obispo	116 = Tulare (Porterville)
21 = Glenn	53 = Monterey	85 = San Luis Obispo (Arroyo Grande)	117 = Tulare (Tulare)
22 = Humboldt	54 = Monterey (Del Ray Oaks)	86 = San Luis Obispo (Grover Beach)	118 = Tulare (Visalia)
23 = Humboldt (Trinidad)	55 = Monterey (Pacific Grove)	87 = San Luis Obispo (Morro Bay)	119 = Tuolumne
24 = Imperial	56 = Monterey (Seaside)	88 = San Luis Obispo (Pismo Beach)	120 = Tuolumne (Sonora)
25 = Imperial (Calexico)	57 = Monterey (Salinas)	89 = San Luis Obispo (San Luis Obispo)	121 = Ventura
26 = Inyo	58 = Monterey (Sand City)	90 = San Mateo	122 = Yolo
27 = Kern	59 = Napa	91 = San Mateo (San Mateo)	123 = Yolo (Davis)
28 = Kern (Delano)	60 = Nevada	92 = Santa Barbara	124 = Yolo (West Sacramento)
29 = Kings	61 = Nevada (Nevada City)	93 = Santa Clara	125 = Yolo (Woodland)
30 = Lake	62 = Nevada (Truckee)	94 = Santa Cruz	126 = Yuba
31 = Lake (Lakeport)	63 = Orange	95 = Santa Cruz (Capitola)	
32 = Lake (Clearlake)	64 = Orange (Laguna Beach)	96 = Santa Cruz (Santa Cruz)	

2024

1040

US

Report of Foreign Bank and Financial Accounts

82.1

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 .....

Input fields for Canadian province or Mexican state and Other type of filer.

Other type of filer .....

Foreign identification:

Taxpayer:

1=passport, 2=foreign TIN .....

Input field for Taxpayer identification type.

Other type of identification .....

Input field for Other type of identification.

Number .....

Input field for Number.

Country of issue .....

Input field for Country of issue.

Spouse:

1=passport, 2=foreign TIN .....

Input field for Spouse identification type.

Other type of identification .....

Input field for Spouse other type of identification.

Number .....

Input field for Spouse number.

Country of issue .....

Input field for Spouse country of issue.

Taxpayer:

Title .....

Input field for Taxpayer title.

Spouse:

Title .....

Input field for Spouse title.

82.1

2024

1040

US

Report of Foreign Bank & Fin. Accts.

No.

82.1 p2

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

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

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 .....


<b>2</b>
<b>Type of Issuer or Counterparty</b>
1 = Individual 2 = Partnership 3 = Corporation 4 = Trust 5 = Estate

82.2 p2

