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2024 TAX ORGANIZER

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This tax organizer has been prepared for your use in gathering the information needed for your 2024 tax return.

To save you time, selected information from your 2023 tax return has been entered in this organizer. Please line through any information that does not apply to your 2024 tax return.

In some cases, 2023 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

2024 Questionnaire (Page 1 of 4)

To prepare your return in the most efficient and cost-effective manner, please answer **all** the questions in this questionnaire. We provide our clients with an organizer each year to help them gather information so that all income and expenses can be reviewed and included on their tax return. Don't hesitate to contact our office should you need assistance while completing the organizer. **For any question answered "Yes", please provide additional information on the last page of the questionnaire and include supporting detail or documents.**

DEADLINE: If we do not receive your information prior to March 7, 2025, we cannot assure that your individual tax return will be completed prior to April 15th and may be extended. If your return is extended, and we do not receive your information prior to September 1, 2025, we cannot assure that your return will be completed in time for you to file by the extended deadline of October 15th. In that event, penalties and interest may apply for which we will not assume responsibility.

IMPORTANT Questions: Please provide details for any "YES" Answers

Yes No

- Did you or your spouse mine, buy, sell or exchange Bitcoin or other cryptocurrencies; use Bitcoin or other cryptocurrency to pay for goods or services or receive Bitcoin or other cryptocurrency as payment for goods or services? **If so, please provide detail of each transaction.** _____ _____

- Were you or your spouse 1) a grantor or transferor for a foreign trust, 2) have any interest in or signature authority over a foreign bank or securities account, a foreign retirement account, or other financial account in a foreign country? _____ _____

- Do you own an interest in an LLC, a corporation, or other entity registered with the Secretary of State?
 If so, are you aware of the new FinCen Beneficial Ownership Information (BOI) reporting requirements in 2024?
 Please note: As of 12/3/24, a federal district court's ruling created a nationwide injunction to halt BOI reporting. This is an evolving situation, and we recommend you consult legal counsel to assist you with compliance in this matter and to stay abreast of future rulings and guidance. See our website to learn more. _____ _____

- Did you or your spouse receive any IRS notices or any notices from state taxing authorities? If so, provide copies. _____ _____

- Did you make any federal estimated tax payments for 2024? If yes, complete the Federal Taxes organizer section. _____ _____

Personal Information: Please provide details for any "YES" Answers

- Did your marital status change? If so, please provide the effective date and if applicable, include a copy of the divorce decree. *Effective date:* _____ _____ _____

- If you are married, is there a desire to file separate returns? _____ _____

- Can you or your spouse be claimed as a dependent by another taxpayer? _____ _____

- Did you or your spouse serve in the military or were you or your spouse on active duty? _____ _____

- If so, do you have any unreimbursed moving expenses? _____ _____

- Have you or your spouse been a victim of identity theft and you contacted the IRS?
 If yes, furnish the 6-digit identity protection PIN issued to you by the IRS and if possible, provide the IRS letter providing such. _____ Taxpayer _____ Spouse _____ _____

- Do you expect a large fluctuation in your income, deductions or withholdings in 2025? _____ _____

Dependents: Please provide details for any "YES" Answers

- Were there any changes in dependents from the prior year? If so, please provide details and if needed, SSN(s).
 Note: Please include non-child dependents for whom you provided more than half the support. _____ _____

- Did you or your spouse pay for childcare while you or your spouse worked or looked for work? _____ _____

- For dependent children:
 Did they have **unearned** income (interest, dividends, capital gains) more than \$1,300? _____ _____
 Did they have **earned** income (W2s or self-employed earnings)? _____ _____
 If yes to either of the above, do you need assistance preparing their returns? Please provide tax forms. _____ _____

- Did you adopt a child or begin adoption proceedings? _____ _____

Healthcare: Please provide details for any "YES" Answers

Marketplace

- Did you, your spouse, or a dependent that you are claiming, have healthcare coverage purchased through the Marketplace and for whom you did not receive Form 1095-A? _____ _____

2024 Questionnaire (Page 2 of 4)

Healthcare (Continued): Please provide details for any "YES" Answers

Yes No

Marketplace (continued)

Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return? _____

If you received the advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment? _____

Other (Health Savings Accounts / Long Term Contracts / Etc.)

Did you have health insurance (including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year? _____

Was anyone who was covered on your health insurance policy also covered on another health insurance policy for any part of the year? _____

Were you eligible for employer-sponsored healthcare coverage? _____

Did you or your spouse have any transactions pertaining to a health savings account (HSA)? _____

If you received a distribution from an HSA, include all Forms 1099-SA and indicate if all distributions were for qualified medical expenses. _____

Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? _____

If you received a distribution from an MSA, include all Forms 1099-SA and indicate if all distributions were for qualified medical expenses. _____

Did you or your spouse receive any distributions from long-term care insurance contracts? _____

If yes, include Form 1099-LTC. _____

If you or your spouse are self-employed, are you eligible to be covered under an employer's health plan or long-term care plan at another job? _____

If yes, how many months were you covered? Health Plan: _____ Long-term Care Plan: _____

Education: Please provide details for any "YES" Answers

Did you or your spouse pay any student loan interest? If yes, include Forms 1098-E. _____

Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? _____

Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529) plan? If yes, include all Forms 1099-Q. _____

Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? _____

If yes, provide all Forms 1098-T (required) as well as any other out of pocket qualified educational expenses. _____

Deductions and Credits: Please provide details for any "YES" Answers

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? _____

If yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less. _____

Did you or your spouse incur any casualty or theft losses in a **Federally Declared Disaster Area**? _____

If yes, provide cost to replace and the amount of any insurance reimbursements received. _____

\$ _____ Cost to Replace \$ _____ Insurance Proceeds Received

Did you or your spouse make any large purchases, such as motor vehicles and boats? _____

If yes, provide the amount of sales tax paid on the purchase. \$ _____

Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? If yes, provide the number of gallons or special fuels used for off-highway business purposes. _____

_____ Gallons _____ Type of fuel

Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? _____

Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters? _____

Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? If yes, please provide details of the purchase and vehicle. _____

2024 Questionnaire (Page 3 of 4)

Investments: *Please provide details for any "YES" Answers*

Yes No

- Did you or your spouse have any debts canceled, forgiven, or refinanced? Please describe and provide information. _____
- Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? If yes, please provide details and closing statements, if applicable. _____
- Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? If yes, please provide details and closing statements, if applicable. _____
- Did you or your spouse sell, exchange, or purchase any real estate not previously addressed in the questions above? If yes, include closing statements. _____
- Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? If yes, please provide details. _____
- Related to the grant of employer stock options referenced above, did you or your spouse make an 83(b) election? If so, please provide a copy of the election. _____
- Did you or your spouse engage in any put or call or close any open short sales transactions? If yes, provide the transaction details. _____
- Did you or your spouse sell any securities not reported on Form 1099-B? If yes, please provide details. _____
- Did you surrender any U.S. Savings Bonds, or did they mature during 2024? _____

Retirement or Severance: *Please provide details for any "YES" Answers*

- Did you or your spouse contribute any monies to a traditional IRA? If yes, please provide documentation. _____
- Did you or your spouse contribute to a Roth IRA or convert an existing traditional IRA into a Roth IRA? If yes, please provide documentation. _____
- Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? If yes, please provide documentation. _____
- Did you or your spouse turn age 73 and have money in a traditional IRA or other retirement account without taking any distribution? _____
- Did you or your spouse retire or change jobs? If yes, please expound. _____
- Did you or your spouse receive deferred, retirement, or severance compensation?
If yes, enter the source and date received (Mo/Da/Yr). _____
- Did you or your spouse contribute directly to a qualified charity from your IRA or other retirement account (Qualified Charitable Distribution)? If so, please include documentation from the charity and (or) your retirement account to support the charitable distribution. _____

Personal Residence: *Please provide details for any "YES" Answers*

- Did your address change? If yes, provide the new address. _____
- Did you or your spouse claim a homebuyer credit for a home purchased in 2008? _____
- Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? _____
- Are your **total** mortgages on your first and/or second residence greater than \$750,000? If yes, provide the origination date of each mortgage and the principal balances at the beginning and end of the year.
Mortgage #1 _____ Origination Date _____ Beginning Balance _____ Ending Balance
Mortgage #2 _____ Origination Date _____ Beginning Balance _____ Ending Balance
- Did you or your spouse refinance your home loan? If yes, include the closing statement. _____
- Did you or your spouse have an outstanding home equity or take out a new home equity loan during the year that was used for purposes other than the improvement of your home? If so, please provide details. _____
- Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? _____
- Was your home rented out or was a portion of it used for business as a home office during the year? If so, please identify the business. _____

2024 Questionnaire (Page 4 of 4)

Sale of Your Home: *Please provide details for any "YES" Answers*

Yes No

Did you sell your home? If yes, see additional questions below and provide closing statements for both the purchase and the sale of your home.

Did you receive Form 1099-S? If yes, include Form 1099-S.

Did you or your spouse own and occupy the home as your principal residence for at least two years of the five years period prior to the sale?

Did you or your spouse ever rent out the property?

Did you or your spouse ever use any portion of the home as an office for business purposes?

Have you or your spouse sold a principal residence within the last two years?

At the time of the sale, the residence was owned by the: _____ Taxpayer _____ Spouse _____ Both

Gifts: *Please provide details for any "YES" Answers*

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$18,000 to any individual?

Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value?

Did you or your spouse make any gifts to a trust for any amount?

Did you or your spouse have a life insurance trust?

Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?

Did you or your spouse forgive any indebtedness to any individual, trust or entity?

Foreign Matters: *Please provide details for any "YES" Answers*

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?

Did you or your spouse create or transfer money or property to a foreign trust?

Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments?

Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax?

If yes, did the corporation cease to be an S corporation?

If yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business?

If yes, did you or your spouse transfer any share of stock in the corporation?

Miscellaneous: *Please provide details for any "YES" Answers*

Did you or your spouse pay in excess of \$1,000 in any quarter or \$2,700 during the year for domestic services performed in or around your home to individuals who could be considered household employees?

Did you or your spouse receive damages or easements for which you have not received any tax forms?

Have you or your spouse received a punitive damage award for other than physical injuries or illness?

Did you or your spouse receive any unemployment benefits?

Did you or your spouse receive any awards, prizes, hobby income, gambling, or lottery winnings?
If yes, please describe and attach any W2G(s) or 1099(s) received.

2024 Questionnaire Additional Information

Please make any additional notations that are relevant to your 2024 tax preparation or to clarify questions answered above.



Personal Information

Taxpayer:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____ Does not expire

Driver's License State-Issued ID No Identification

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____ Does not expire

Driver's License State-Issued ID No Identification

Contact Information:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP or Postal Code _____

Foreign Province or County _____

Foreign Country _____

Taxpayer Daytime/Work Phone _____ Taxpayer Evening/Home Phone _____ Taxpayer Foreign Phone _____

Taxpayer Cell Phone _____ Taxpayer Fax Number _____

Spouse Daytime/Work Phone _____ Spouse Evening/Home Phone _____ Spouse Foreign Phone _____

Spouse Cell Phone _____ Spouse Fax Number _____

Taxpayer Email Address _____

Spouse Email Address _____

Preferred Method of Contact _____

May the IRS or other taxing authority discuss the return with the preparer?

Is the taxpayer claimed as a dependent on someone else's tax return?

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>		
		Taxpayer	Spouse
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you considered legally blind per IRS regulations?

Do you want to contribute to the Presidential Election Campaign Fund?

Are you a U.S. citizen or Green Card holder?

Personal Identification Numbers: Code - 1 - Issued by IRS 2 - Issued by State or City

The IRS has recommended that taxpayers have an Identity Protection (IP) PIN to increase filing security. If you would like an IP PIN for yourself, your spouse, or your dependents or have one but do not know the IP PIN assigned, visit IRS.gov to retrieve it or apply.

TS	State	City	Code	PIN

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



2024

Dependents and Wages

3A

Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$5,050?



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local



Direct Deposit and Withdrawal

Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. Additional space has been provided for the use of multiple accounts. If you selected direct deposit or electronic withdrawal in 2023, your account information is already included below.

Would you like any refunds owed to you directly deposited?	Yes No
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal?	<input type="checkbox"/> <input type="checkbox"/>

If Yes, what amount would you like withdrawn, if not the entire balance due? _____

If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal?	<input type="checkbox"/> <input type="checkbox"/>
--------------------------------------------------------------------------------------------------------	---------------------------------------------------

If Yes, what amount would you like withdrawn, if not the entire balance due? _____

If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal?	<input type="checkbox"/> <input type="checkbox"/>
--------------------------------------------------------------------------------------------------------------------	---------------------------------------------------

Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available?	<input type="checkbox"/> <input type="checkbox"/>
---------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings	<input type="checkbox"/> IRA Savings
	<input type="checkbox"/> Archer MSA Savings	<input type="checkbox"/> Coverdell Ed. Savings	<input type="checkbox"/> HSA Savings

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

Would you like any refunds owed to you directly deposited?	Yes No
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal?	<input type="checkbox"/> <input type="checkbox"/>

If Yes, what amount would you like withdrawn, if not the entire balance due? _____

If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal?	<input type="checkbox"/> <input type="checkbox"/>
--------------------------------------------------------------------------------------------------------	---------------------------------------------------

If Yes, what amount would you like withdrawn, if not the entire balance due? _____

If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal?	<input type="checkbox"/> <input type="checkbox"/>
--------------------------------------------------------------------------------------------------------------------	---------------------------------------------------

Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available?	<input type="checkbox"/> <input type="checkbox"/>
---------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings	<input type="checkbox"/> IRA Savings
	<input type="checkbox"/> Archer MSA Savings	<input type="checkbox"/> Coverdell Ed. Savings	<input type="checkbox"/> HSA Savings

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.



2024

Interest Income and Foreign Information

5A

Include all Forms 1099-INT or other documents for interest received

Interest Income:

(List all items sold during the year on Form 7.)

Special Interest Code: 1 - Qualified Educational Series EE Bonds 2 - Seller Financed Mortgage Interest 3 - Early Withdrawal Penalty 4 - Nominee Interest 5 - Accrued Interest 6 - Original Issue Discount Adjustment 7 - Amortizable Bond Premium Adjustment

TSJ	Source	Interest Income	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

Social Security No. of Home Buyer	Address of Individual from Whom Mortgage Interest Was Received	Code	Tax-Exempt Interest
A			
B			
C			
D			
E			

Federal Withholding	State Withholding	Investment Expenses	Tax Exempt Paid CUSIP No.	2023 Interest Amount
A				
B				
C				
D				
E				

Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

Additional State Information:

Payer ID	New Hampshire or Illinois Reason Interest is Nontaxable
A	
B	
C	
D	
E	

Foreign Bank Accounts and Trusts:

At any time during 2024, did you have an interest in or a signature authority over a financial account in a foreign country, such as a bank account, securities account or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2024, whether or not you had any beneficial interest in it?



Dividend Income and Foreign Information

Dividend Income: Include all Forms 1099-DIV or other documents for dividends received
(List all items sold during the year on Form 7.)

	TSJ	Source	Form 1099-DIV				
			Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a	Code	Tax-Exempt Interest
A							
B							
C							
D							
E							

Form 1099-DIV					
Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nondividend Distributions	2023 Gross Dividends Amount
A					
B					
C					
D					
E					

Tax-Exempt Interest Code:
 1 - 1099-DIV
 2 - Private Activity Bonds
 3 - Both

Form 1099-DIV			
Box 4 Federal Withholding	Box 5 Section 199A Dividends	Box 6 Investment Expenses	State Withholding
A			
B			
C			
D			
E			

Foreign Taxes Paid or Accrued:

	Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A						
B						
C						
D						
E						

Additional State Information:

Payer ID	New Hampshire Reason Dividend is Nontaxable
A	
B	
C	
D	
E	

Foreign Bank Accounts and Trusts:

At any time during 2024, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2024, whether or not you had any beneficial interest in it? Yes No



2024

Foreign Assets

5C

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

General Information:

TSJ _____
 Title of filer _____
 Enter all countries where you have foreign bank accounts _____

Foreign Identification:

Passport	Yes	No
Foreign TIN		

If not passport or TIN, enter description

Number

Country of issue

Information on Foreign Financial Accounts:

1 - Bank Account 2 - Securities Account 3 - Other

Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name
A				
B				

Street Address	City
A	
B	

State	ZIP/Postal Code	Country	GIIN
A			
B			

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Type of TIN Code: A - Employer Identification No. (EIN) B - SSN or ITIN C - Foreign

Last Name or Organization Name	First Name	Middle Initial	Suffix	Taxpayer ID Number
A				
B				

# of Joint Owners	Street Address	City
A		
B		

1 - No financial interest 1B - No financial interest - US person, officer or employee, residing outside US 2A - Joint - spouse is joint owner 2B - Joint - other joint owner 3 - Consolidated

State	ZIP/Postal Code	Country	Ownership Code	Filer's Title
A				
B				

1 - Deposit 2 - Custodial

Type	Foreign Currency	Exchange Rate	Source of Exchange	Acct Open	Acct Closed	Joint	No Tax Items Reported
A							
B							



2024

Foreign Assets

5D

Asset Information:

Description	Identifying Number	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Jointly Owned	No Tax Items Reported

Value	Foreign Currency	Exchange Rate	Source of Exchange Rate

If Asset is Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Partnership 2 - Corporation 3 - Trust 4 - Estate

Name of Foreign Entity	Type of Foreign Entity	Mailing Address of Foreign Entity		

City or Town of Foreign Entity	Province, County or State of Foreign Entity	Country of Foreign Entity	Postal Code of Foreign Entity	GIIN

If Asset is NOT Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Issuer 2 - Counterparty

1 - U.S. person
2 - Foreign person

Name of Issuer	Issuer Code	Type of Issuer	Residence of Issuer

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

Mailing Address of Issuer	City or Town of Issuer

Province, County or State of Issuer	Country of Issuer	Postal Code of Issuer

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Foreign assets were acquired or sold during the tax year

Foreign Bank Accounts and Trusts:

At any time during 2024, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?

If Yes, enter name of foreign country

Were you the grantor of, or transferor to, a foreign trust that existed during 2024, whether or not you had any beneficial interest in it?



2024

Business Income and Cost of Goods Sold

Name of Business: _____

Principal Business or Profession: _____

TSJ _____
 Employer ID number _____
 Street address _____
 City, state, ZIP or postal code, and country _____
 Method of inventory _____
 Method of accounting _____

Business Questions for 2024:

	Yes	No
Did you dispose of this business? _____	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the disposition date? _____ (Mo/Da/Yr)		
Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in the operations of this business on a regular, continuous and substantial basis? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you prepared or will you prepare all required Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>

	2024 Amount	2023 Amount
Health insurance premiums paid for yourself and your dependents _____		

Income:

Include all Forms 1099-K

Payment card and third party transactions:

Description	2024 Amount	2023 Amount

Miscellaneous income:

Include all Forms 1099-MISC and 1099-NEC

Description	2024 Amount	2023 Amount

Other Income:

Description	2024 Amount	2023 Amount

Other gross receipts or sales _____
 Less returns and allowances _____

Cost of Goods Sold:

	2024 Amount	2023 Amount
Beginning inventory _____		
Purchases less cost of items withdrawn for personal use _____		
Cost of labor (do not include amounts paid to yourself) _____		
Materials and supplies _____		

Other costs of goods sold:

Description	2024 Amount	2023 Amount

Ending inventory _____



Business Expenses - Vehicle and Other Listed Property

Name of Business: _____

Principal Business or Profession: _____

Listed Property Questions for 2024:

Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use? Yes No

Was your vehicle available for use during off-duty hours?

Vehicle 1	
Description of vehicle	
Date placed in service (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours?	
2024 Miles	2023 Miles
2024 Amount	2023 Amount

Vehicle 2	
Description of vehicle	
Date placed in service (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours?	
2024 Miles	2023 Miles
2024 Amount	2023 Amount

Mileage:

Total miles

Total business miles

Total commuting miles for the year ..

Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest

Taxes

Fair market value of leased vehicle ..

Vehicle rentals/leases



2024

Business Expenses

6C

Name of Business: _____
 Principal Business or Profession: _____

Business Expenses: Enter all expenses at 100 percent

If not 100%, please enter the percentage to apply to this business _____ %

	2024 Amount	2023 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals		
Entertainment (deductible only on some state returns)		

Other Business Expenses:

Description	2024 Amount	2023 Amount

Reimbursements: List only reimbursements NOT reported in Box 1 of your Form W-2

Amount received for other expenses

Amount received for meals

Amount received for entertainment

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?

2024 Amount	2023 Amount

Yes No

Vehicle:

If not 100%, please enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

_____ %

Do you (or your spouse) have another vehicle available for personal purposes?

Was your vehicle available for personal use during off-duty hours?

Yes No

Yes No

Total miles

Total business miles

Average daily commuting miles

Total commuting miles for the year

Gasoline and oil

Repairs

Insurance

Interest

Taxes

Value of employer provided vehicle

Temporary vehicle rentals

Fair market value of leased vehicle

Vehicle leases

2024	2023

Other Vehicle Expenses:

Description	2024 Amount	2023 Amount



Business Use of Home

6D

Name of Business: _____

Principal Business or Profession: _____

Partial Use of Your Home for Business:

Square footage of home used exclusively for business
Total square footage of home
Total hours home was used for day care during the year

2024	2023

Was your home used for day care purposes for the entire year?
Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
Example: Cost of painting or repairs made to the specific area or room used for business.
Indirect expenses are required for keeping up and running your entire home.
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2024 Amount	2023 Amount	2024 Amount	2023 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2024 Amount	2023 Amount	2024 Amount	2023 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Sales of Stocks, Securities, Capital Assets & Installment Sales

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

	Yes	No
Mutual fund transactions	<input type="checkbox"/>	<input type="checkbox"/>
Exchange of any securities or investments for something other than cash	<input type="checkbox"/>	<input type="checkbox"/>
Sales of inherited property	<input type="checkbox"/>	<input type="checkbox"/>
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale	<input type="checkbox"/>	<input type="checkbox"/>
Commodity sales, short sales or straddles	<input type="checkbox"/>	<input type="checkbox"/>
Reinvestment of the proceeds of gains in a qualified opportunity fund	<input type="checkbox"/>	<input type="checkbox"/>
Sale of any investments in qualified opportunity funds	<input type="checkbox"/>	<input type="checkbox"/>
Debts that became uncollectible	<input type="checkbox"/>	<input type="checkbox"/>
Securities that became worthless	<input type="checkbox"/>	<input type="checkbox"/>
Sale of any property where you will receive payments in future years	<input type="checkbox"/>	<input type="checkbox"/>

TSJ	Kind of Property and Description	Quantity	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)
A				
B				
C				
D				
E				
F				
G				
H				

	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A				
B				
C				
D				
E				
F				
G				
H				

Installment Sales: Do not include interest received in principal amount

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2024 Principal Received	2023 Principal Received



Sale of Your Home and Moving Expenses

Sale or Exchange of Your Home:

Include the closing statements from the purchase and sale of your former and new homes

Former Home Information:

TSJ _____

Date acquired _____ (Mo/Da/Yr)

Date sold _____ (Mo/Da/Yr)

Selling price _____

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? Yes No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale? Yes No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated _____

Moving Expenses:

TSJ _____

Were the moving expenses reimbursed by your employer? Yes No

Enter reimbursements not included in wages on your Form W-2 _____

Was the move due to a permanent change of station pursuant to a military order? Yes No

Mileage:

Number of miles from old home to new workplace (applicable only on some state returns) _____

Number of miles from old home to old workplace (applicable only on some state returns) _____

Number of automobile miles _____

Miles

Transportation Expenses:

Costs of transportation of household goods and personal effects _____

Costs of travel and lodging (do not include meals or automobile expenses) _____

Automobile expenses (gasoline, oil, etc.) _____

Meals (Pennsylvania only) _____

Amount



Individual Retirement Account (IRA) Information

Individual Retirement Account (IRA): Include all copies of Forms 1099-R and 5498.

TS

IRA Questions for 2024:

Are you covered by an employer's retirement plan?

If no, is your spouse covered by an employer's retirement plan?

Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?

If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?

Did you use any IRA as security for a loan this year?

Did you have any transactions with any IRA during the year?

If Yes, explain. _____

Yes	No

IRA Values, Rollovers, and Distributions:

Total value of all traditional IRAs on December 31, 2024

Note: This information or Form 5498 is required if you received a distribution during the year.

Outstanding rollovers on December 31, 2024

Total distributions converted to Roth IRAs

Total retirement plans converted to Roth IRAs

Contributions:

IRA:

Contributions in 2024 for the 2024 tax return

Contributions in 2025 for the 2024 tax return

Amount for 2024 you choose to be treated as nondeductible

Roth IRA:

Contributions made for the 2024 tax year

Distributions: Include all Forms 1099-R and any nontaxable distribution details

Name of Payer	2024 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2023 Gross Distributions



Pension, Annuity and Retirement Plan Information

Pensions and Annuities: Include all Forms 1099-R and any nontaxable distribution details

TSJ	Name of Payer	2024 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2023 Gross Distributions

Self-Employed Retirement Plan: Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?

Do you want to contribute the maximum amount allowed?

Taxpayer		Spouse	
Yes	No	Yes	No

Contributions to:

Simplified employee pension plan

Defined benefit plan

Defined contribution plan

SIMPLE plan

2024 Amount	2024 Amount



Rental and Royalty Income

Location of Property:

TSJ _____
Type of property _____

Have you prepared or will you prepare all required Forms 1099?

Yes	No

Ownership percentage if not 100%
How many days was this property rented at fair market value?
How many days was this property used personally (including use by family members)?

2024	2023
%	

Income:

Rents received
Royalties received

2024 Amount	2023 Amount

Payment card and third party transactions: Include all Forms 1099-K

Description	2024 Amount	2023 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2024 Amount	2023 Amount

Other income:

Description	2024 Amount	2023 Amount



Rental and Royalty Property and Equipment & Depletion

Location of Property: _____

Property and Equipment: Include a list if more space is needed

Acquisitions:

X if not new	Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions:

Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

Percentage Depletion Information:

Production Type	Royalty Income	
	2024 Amount	2023 Amount



Rental and Royalty Vehicle and Other Listed Property

Location of Property: _____

Listed Property Questions for 2024:

	Yes	No
Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for your personal use?

Was your vehicle available for use during off-duty hours?

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2024 Miles	2023 Miles
2024 Amount	2023 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2024 Miles	2023 Miles
2024 Amount	2023 Amount

Mileage:

Total miles

Total business miles

Total commuting miles for the year ..

Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest

Taxes

Fair market value of leased vehicle ..

Vehicle rentals/leases



Rental and Royalty Business Expenses

Location of Property: _____

Business Expenses: Enter all expenses at 100 percent

If not 100%, enter the percentage to apply to this business _____ %

	2024 Amount	2023 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals		
Entertainment (deductible only on some state returns)		
Other Business Expenses:		

Description	2024 Amount	2023 Amount

Reimbursements: List only reimbursements NOT reported in Box 1 of your Form W-2

	2024 Amount	2023 Amount
Amount received for other expenses		
Amount received for meals		
Amount received for entertainment		

Vehicle:

If not 100%, enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Was your vehicle available for personal use during off-duty hours?

	2024	2023
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2024 Amount	2023 Amount



Rental - Business Use of Home

Location of Property: _____

Partial Use of Your Home for Business:

2024

Square footage of home used exclusively for business

Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? .. Yes No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2024 Amount	2023 Amount	2024 Amount	2023 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2024 Amount	2023 Amount	2024 Amount	2023 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid

Oil & Gas Royalty Income and Expenses

(Attach all Forms 1099-Misc)

Name of Oil Company _____

Gross royalty income _____
Severance tax _____
Other Expenses _____
Net received _____
Property taxes paid _____

Name of Oil Company _____

Gross royalty income _____
Severance tax _____
Other Expenses _____
Net received _____
Property taxes paid _____

Name of Oil Company _____

Gross royalty income _____
Severance tax _____
Other Expenses _____
Net received _____
Property taxes paid _____

Name of Oil Company _____

Gross royalty income _____
Severance tax _____
Other Expenses _____
Net received _____
Property taxes paid _____

Name of Oil Company _____

Gross royalty income _____
Severance tax _____
Other Expenses _____
Net received _____
Property taxes paid _____

Attach additional pages if necessary



Partnership, S Corporation, Estate, Trust and REMIC Income

Partnership Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

S Corporation Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

Estate and Trust Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number

Real Estate Mortgage Investment Conduit (REMIC) Income: Include all Schedules Q

TSJ	Entity Name	Employer ID Number



Farm Income (Page 1 of 2)

Proprietor's Name: _____

Principal Crop or Activity: _____

TSJ _____
Employer identification number _____
Method of accounting _____

Farm Questions for 2024:

Did you dispose of this farm? Yes No
If Yes, what was the disposition date? _____ (Mo/Da/Yr)
Have you prepared or will you prepare all required Forms 1099? Yes No

2024 Amount	2023 Amount

Health insurance premiums paid for yourself and your dependents _____

Sales of Livestock and Other Items Bought for Resale (Cash Method Only):

Description	2024		2023	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

Income (Accrual Method):

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

Income:

	2024 Amount	2023 Amount
Sales of livestock, produce, grains, etc. you raised		
Total cooperative distributions (Forms 1099-PATR)		
Taxable cooperative distributions		
Total agricultural program payments		
Taxable agriculture program payments		
Total Commodity Credit Corporation (CCC) loans		
Total crop insurance proceeds and certain disaster payments received in 2024		
Taxable crop insurance proceeds received		
Crop insurance proceeds deferred from prior year		
Custom hire (machine work) income		
Federal gasoline tax or fuel tax credit or refund		
State gasoline tax or fuel tax credit or refund		



Farm Income (Page 2 of 2)

12A

Proprietor's Name: _____

Principal Crop or Activity: .. _____

Income:

Payment card and third party transactions: Include all Forms 1099-K

Description	2024 Amount	2023 Amount

Government payments: Include all Forms 1099-G

Description	2024 Amount	2023 Amount

Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC

Description	2024 Amount	2023 Amount

Other income:

Description	2024 Amount	2023 Amount



Farm Vehicle and Other Listed Property

Proprietor's Name: _____

Principal Crop or Activity: _____

Listed Property Questions for 2024:

Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service . . . (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for your personal use?

Was your vehicle available for use during off-duty hours?

Vehicle 1	
Description of vehicle	
Date placed in service . . . (Mo/Da/Yr) _____	
Do you (or your spouse) have another vehicle available for your personal use?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your vehicle available for use during off-duty hours?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
2024 Miles	2023 Miles
2024 Amount	2023 Amount

Vehicle 2	
Description of vehicle	
Date placed in service . . . (Mo/Da/Yr) _____	
Do you (or your spouse) have another vehicle available for your personal use?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your vehicle available for use during off-duty hours?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
2024 Miles	2023 Miles
2024 Amount	2023 Amount



Farm Business Expenses

12D

Proprietor's Name: _____

Principal Crop or Activity: _____

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, enter the percentage to apply to this business _____ %

	2024 Amount	2023 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals		
Entertainment (deductible only on some state returns)		

Other Business Expenses:

Description	2024 Amount	2023 Amount

Reimbursements:

List only reimbursements NOT reported in Box 1 of your Form W-2

	2024 Amount	2023 Amount
Amount received for other expenses		
Amount received for meals		
Amount received for entertainment		

Vehicle:

If not 100%, enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Was your vehicle available for personal use during off-duty hours?

	2024	2023
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2024 Amount	2023 Amount



Miscellaneous Income, Adjustments and Alimony

Include Forms: W-2G, 1099-MISC, 1099-NEC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-QA, and 1099-G

Miscellaneous Income and Adjustments:

	TSJ _____		TSJ _____	
	2024 Amount	2023 Amount	2024 Amount	2023 Amount
Unemployment compensation received				
Unemployment compensation repaid in 2024				
Social security benefits received				
Social security benefits repaid in 2024				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2024				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2024 Amount	2023 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security Number	Date of Original Divorce or Separation (Mo/Da/Yr)	Date Divorce or Separation Agreement Modified (Mo/Da/Yr)	Alimony Received?	2024 Amount	2023 Amount



Miscellaneous Adjustments

Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2024 Amount	2023 Amount

Health Savings Accounts (HSAs) Include all Forms 1099-SA

TS	Description	2024 Amount	2023 Amount
	Contributions made for 2024		
	Distributions received from all HSAs in 2024		

What type of coverage applies to your high deductible health plan? Self only Family

Were any HSA contributions listed above also shown on your Form W-2?

Yes	No

Were all distributions from your HSA for unreimbursed medical expenses?

Yes	No

Did you or your spouse enroll in Medicare?

Yes	No

If Yes, what month did you enroll?

What month did your spouse enroll?

Other Adjustments to Income: Include all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2024 Amount	2023 Amount



2024

Itemized Deductions - Mortgage Interest and Points

14A

Mortgage Questions for 2024:

	Yes	No
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.)	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? _____		
Did you purchase a new home or sell your former home during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home?	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2024 Amount	2023 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2024 Amount	2023 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2024 Amount	2023 Amount
		Yes	No		

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2024 Amount	2023 Amount



Itemized Deductions - Contributions

Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2024 Amount	2023 Amount

TSJ	Conservation Real Property	2024 Amount	2023 Amount
	100% limit		
	50% limit		

TSJ	Description	2024 Miles	2023 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

Noncash Contributions Totaling \$500 or Less: Include all documentation.

TSJ	Description of Donated Property	2024 Amount	2023 Amount

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

TSJ	Property Description	Date Acquired	Date of Donation	Cost or Basis
A				
B				
C				

	Fair Market Value (FMV)	Method Used to Determine FMV	Other Method Description	Method of Acquisition
A				
B				
C				

- 1 - Appraisal 3 - Comparable Sale 5 - Thrift Shop Value
- 2 - Catalog 4 - Other (Describe)

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

	Donee Organization Name	Donee Organization Address
A		
B		
C		



Itemized Deductions - Miscellaneous

* These expenses are not deductible on the federal return but may be deductible on some state returns.

Miscellaneous Itemized Deductions:

- Union and professional dues *
- Tax preparation fee *
- Professional subscriptions *
- Hobby expense (To extent of income) *
- Safe deposit box *
- Uniforms and protective clothing *
- Work tools *
- Gambling losses
- Estate taxes

TSJ	2024 Amount	2023 Amount

Other Itemized Deductions:

Examples:

- Certain legal and accounting fees *
- Investment expenses *
- Custodial fees *
- Employment agency fees *
- Certain educational expenses *
- Amortizable bond premium
- Impairment-related work expense of a disabled person
- Repayment of amounts under a claim of right

TSJ	Description	2024 Amount	2023 Amount

Casualty or Theft Loss:

TSJ _____
 Property description _____

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use
 Business use
 Income producing
 Employee Use
 Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Was the loss due to a federally declared disaster? Yes No

Date acquired (Mo/Da/Yr) _____
 Date damaged or lost (Mo/Da/Yr) _____

- Original cost or other basis
- Fair market value before casualty
- Fair market value after casualty
- Cost of replacement
- Insurance reimbursement



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled? Yes No
Did you pay an individual for services performed in your home? Yes No

Expenses incurred in 2023 but paid in 2024
Employer-provided dependent care benefits that were forfeited in 2024
2023 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

Name
Street address
City, state, ZIP or postal code, and country
Social security number OR
Employer identification number
Telephone number (California only)

Provider was a household employee Yes No

	2024 Amount	2023 Amount
Expenses incurred and paid in 2024		
Expenses incurred and not paid in 2024		

Provider 2:

Name
Street address
City, state, ZIP or postal code, and country
Social security number OR
Employer identification number
Telephone number (California only)

Provider was a household employee Yes No

	2024 Amount	2023 Amount
Expenses incurred and paid in 2024		
Expenses incurred and not paid in 2024		

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	Dis-abled	2024 Expenses Incurred	2023 Expenses Incurred

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

Include copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	2024 Qualified Expenses



Household Employment Taxes

General Information:

TSJ

Employer identification number

Did you pay any one household employee cash wages of \$2,400 or more in 2024? Yes No

Did you withhold any federal income tax from wages paid to any household employee? Yes No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2023 or 2024? Yes No

Social Security, Medicare and Income Taxes:

	2024 Amount	2023 Amount
Cash wages subject to social security taxes		
Cash wages subject to Medicare taxes (if different than cash wages subject to social security)		
Cash wages subject to additional Medicare tax withholding		
Federal income tax withheld		
State disability plan payments subject to social security taxes		
State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security)		

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? Yes No

State	Total Cash Wages Subject to FUTA	2023 Amount

Complete the following for all state unemployment contributions made:

X if payment to be made after April 18, 2025

Name of State	Total Taxable Wages	Contribution Paid to Unemployment Fund	X	2023 Amount



Federal Tax Payments

Refund Application:

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

Refunded Yes No
 Applied to your 2025 estimated tax liability Yes No

Federal Estimated Tax Payments:

2024 1st Quarter Estimate (Due 04-15-2024)
 2024 2nd Quarter Estimate (Due 06-17-2024)
 2024 3rd Quarter Estimate (Due 09-16-2024)
 2024 4th Quarter Estimate (Due 01-15-2025)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2023 overpayment applied to 2024 estimate

Tax Planning Information for Tax Year 2025:

Do you expect any of the following to occur in 2025?

	Yes	No
A change in your marital status	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, provide details.



2024

State and City Tax Payments

20A

State and City Estimated Tax Payments:

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2024 1st Quarter Estimate

2024 2nd Quarter Estimate

2024 3rd Quarter Estimate

2024 4th Quarter Estimate

If you have an overpayment of 2024 taxes, do you want the excess applied to your 2025 estimated tax liability? Yes No

2023 overpayment applied to 2024 estimate

Balance of prior year(s)' tax paid in 2024 plus amount paid with 2023 extensions

Estimated tax payments for 2023 paid in 2024

State and City Estimated Tax Payments:

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2024 1st Quarter Estimate

2024 2nd Quarter Estimate

2024 3rd Quarter Estimate

2024 4th Quarter Estimate

If you have an overpayment of 2024 taxes, do you want the excess applied to your 2025 estimated tax liability? Yes No

2023 overpayment applied to 2024 estimate

Balance of prior year(s)' tax paid in 2024 plus amount paid with 2023 extensions

Estimated tax payments for 2023 paid in 2024

State and City Estimated Tax Payments:

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2024 1st Quarter Estimate

2024 2nd Quarter Estimate

2024 3rd Quarter Estimate

2024 4th Quarter Estimate

If you have an overpayment of 2024 taxes, do you want the excess applied to your 2025 estimated tax liability? Yes No

2023 overpayment applied to 2024 estimate

Balance of prior year(s)' tax paid in 2024 plus amount paid with 2023 extensions

Estimated tax payments for 2023 paid in 2024



2024

Gambling Winnings

Include all of your current year Forms W-2G

TS	Name of Payer	Gross Winnings	Tax Withheld	
			Federal	State



NOTE: Only complete Forms 34 and/or 35 if in 2024:

- You made gifts of cash or marketable securities to an individual that exceeded \$18,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift tax return was not prepared by us, include a copy.

For gifts other than cash, include a copy of any appraisal(s) of assets.

If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

Gift 1:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift	_____		
Address of person	_____		
Your relationship to the person (e.g., son, granddaughter or friend)	_____		
Age of the person	_____		
Date(s) of gift(s)	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$18,000 in cash or 500 shares of ABC stock)	_____		
Cost basis of assets gifted if other than cash	<input style="width: 100%;" type="text"/>		
Value of assets gifted if other than cash	<input style="width: 100%;" type="text"/>		

Gift 2:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift	_____		
Address of person	_____		
Your relationship to the person (e.g., son, granddaughter or friend)	_____		
Age of the person	_____		
Date(s) of gift(s)	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$18,000 in cash or 500 shares of ABC stock)	_____		
Cost basis of assets gifted if other than cash	<input style="width: 100%;" type="text"/>		
Value of assets gifted if other than cash	<input style="width: 100%;" type="text"/>		



Gifts Made in Trust

NOTE: Complete this form only if you have made gifts in or to a trust during the year.

For each gift made in trust during the year, provide the following information:

Name of trust receiving the gift _____

Name of the trustee _____

Address of the trustee _____

Trust identification number _____

Name of the beneficiary of the trust _____

Your relationship to the beneficiary
(e.g., son, granddaughter or friend) _____

Age of the beneficiary _____

Date(s) of gift(s) _____ (Mo/Da/Yr)

Description and amount of assets gifted
(e.g., \$18,000 in cash or 500 shares of ABC stock) _____

Cost basis of assets gifted if other than cash

Value of assets gifted if other than cash

For gifts other than cash, include a copy of any appraisal(s) of assets. If no appraisal is available, describe how the value was determined.

Include a copy of the following:

A copy of the trust document(s) unless previously furnished to us.

A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.

