

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse)

Mark if you were married but living apart all year

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN)

Social security number	Taxpayer [4]	Spouse [5]
First name	[6]	[7]
Last name	[8]	[9]
Occupation	[10]	[11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	[12]	[14]
Mark if dependent of another taxpayer	[15]	[16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	[17]	
Mark if legally blind	[20]	[21]
Date of birth	[22]	[24]
Date of death	[26]	[27]
Work/daytime telephone number/ext number	[28] [29]	[30] [31]
Home/evening telephone number	[32]	[33]
Do you authorize us to discuss your return with the IRS? (Y, N)	[34]	

Present Mailing Address

Address _____ [40]
Apartment number _____ [41]
City, state postal code, zip code _____ [42] _____ [43] _____ [44]
Foreign country name _____ [46]
Foreign phone number _____ [49]
In care of addressee _____ [51]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

Months*Dep
in Codes** **Care
expenses
paid for**

Name of child who lived with you but is not your dependent

Social security number of qualifying person [541]

Dependent Codes

Dependent Codes	
*Basic	1 = Child who lived with you
	2 = Child who did not live with you due to divorce/separation
	3 = Other dependent
	4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)
	5 = Qualifying child for Earned Income Credit only
	6 = Children who lived with you, but do not qualify for Earned Income Credit
	7 = Children who lived with you, but do not qualify for Child Tax Credit
	8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit
**Months	77 = Reported on odd year return
	88 = Reported on even year return
	99 = Not reported on return

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 Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. [1]

Primary account:

Financial institution routing transit number _____ [5]

Name of financial institution _____ [6]

Your account number _____ [7]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [8]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) [11]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) [12]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [13] or Percent (xxx.xx) _____ [14]

Secondary account #1:

Financial institution routing transit number _____ [23]

Name of financial institution _____ [24]

Your account number _____ [25]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [26]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) [29]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) [30]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [15] or Percent (xxx.xx) _____ [16]

Secondary account #2:

Financial institution routing transit number _____ [31]

Name of financial institution _____ [32]

Your account number _____ [33]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [34]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) [37]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) [38]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [17] or Percent (xxx.xx) _____ [18]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____ [1]
Identification number _____ [3]
Issue date _____ [4]
Expiration date (mm/dd/yyyy) _____ [5]
Location of issuance (State issued only) _____ [6]
Document number (New York only) _____ [7]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____ [10]
Identification number _____ [12]
Issue date _____ [13]
Expiration date (mm/dd/yyyy) _____ [14]
Location of issuance (State issued only) _____ [15]
Document number (New York only) _____ [16]

NOTES/QUESTIONS:

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

Refunded _____ [52]

Applied to 2025 estimated tax liability _____ [53]

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

If yes, please explain any differences:

_____ [55]
_____ [56]
_____ [57]
_____ [58]

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

If yes, please explain any differences:

_____ [60]
_____ [61]
_____ [62]
_____ [63]

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

If yes, please explain any differences:

_____ [65]
_____ [66]
_____ [67]
_____ [68]

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

If yes, please explain any differences:

_____ [70]
_____ [71]
_____ [72]
_____ [73]

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

2024 Federal Estimated Tax Payments

2023 overpayment applied to 2024 estimates

+ _____ [1]

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

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

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	04/15/24	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	06/17/24	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	09/16/24	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	01/15/25	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]	_____	_____

*Method of payment indicated in prior year

EFW = Electronic funds withdrawal

EFTPS = Electronic Federal Tax Payment System

Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

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

State postal code

[1]

[2]

Amount paid with 2023 return

+ _____ [3]

2023 overpayment applied to '24 estimates

+ _____ [4]

Treat calculated amounts as paid

[8]

	Date Paid
1st quarter payment	_____ [9]
2nd quarter payment	_____ [11]
3rd quarter payment	_____ [13]
4th quarter payment	_____ [15]
Additional payment	_____ [17]

	Amount Paid
+ _____	[10]
+ _____	[12]
+ _____	[14]
+ _____	[16]
+ _____	[18]

	Calculated Amount

2024 City Estimated Tax Payments

City #1

City name	_____ [28]
Amount paid with 2023 return	+ _____ [31]
2023 overpayment applied to '24 estimates	+ _____ [32]
Treat calculated amounts as paid	_____ [36]

City #2

City name	_____ [50]
Amount paid with 2023 return	+ _____ [53]
2023 overpayment applied to '24 estimates	+ _____ [54]
Treat calculated amounts as paid	_____ [58]

Date Paid	Amount Paid
1st quarter payment	_____ [37]
2nd quarter payment	_____ [39]
3rd quarter payment	_____ [41]
4th quarter payment	_____ [43]

Date Paid	Amount Paid
1st quarter payment	_____ [59]
2nd quarter payment	_____ [61]
3rd quarter payment	_____ [63]
4th quarter payment	_____ [65]

Calculated Amount

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

Calculated Amount

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

City #3

City name	_____ [72]
Amount paid with 2023 return	+ _____ [75]
2023 overpayment applied to '24 estimates	+ _____ [76]
Treat calculated amounts as paid	_____ [80]

City #4

City name	_____ [94]
Amount paid with 2023 return	+ _____ [97]
2023 overpayment applied to '24 estimates	+ _____ [98]
Treat calculated amounts as paid	_____ [102]

Date Paid	Amount Paid
1st quarter payment	_____ [81]
2nd quarter payment	_____ [83]
3rd quarter payment	_____ [85]
4th quarter payment	_____ [87]

Date Paid	Amount Paid
1st quarter payment	_____ [103]
2nd quarter payment	_____ [105]
3rd quarter payment	_____ [107]
4th quarter payment	_____ [109]

Calculated Amount

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

Calculated Amount

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

Wages and Salaries #1

Please provide all copies of Form W-2.
2024 Information

Taxpayer/Spouse (T, s) _____ [1]
 Employer name _____ [3]
 Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard, 5 = Diff of Care) _____ [5]
 Mark if this is your current employer _____ [6]
 Mark if this is the last year for this employer _____ [9]
 Federal wages and salaries (Box 1) + _____ [10]
 Federal tax withheld (Box 2) + _____ [12]
 Social security wages (Box 3) (If different than federal wages) + _____ [14]
 Social security tax withheld (Box 4) + _____ [16]
 Medicare wages (Box 5) (If different than federal wages) + _____ [18]
 Medicare tax withheld (Box 6) + _____ [21]
 SS tips (Box 7) + _____ [23]
 Allocated tips (Box 8) + _____ [25]
 Dependent care benefits (Box 10) + _____ [27]
Box 13 -
 Statutory employee _____ [29]
 Retirement plan _____ [30]
 Third-party sick pay _____ [31]
 State postal code (Box 15) _____ [32]
 State wages (Box 16) (If different than federal wages) + _____ [34]
 State tax withheld (Box 17) + _____ [36]
 Local wages (Box 18) + _____ [38]
 Local tax withheld (Box 19) + _____ [40]
 Name of locality (Box 20) _____ [43]

Prior Year Information**Control Totals +**

Wages and Salaries #2

Please provide all copies of Form W-2.
2024 Information

Taxpayer/Spouse (T, s) _____ [1]
 Employer name _____ [3]
 Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard, 5 = Diff of Care) _____ [5]
 Mark if this is your current employer _____ [6]
 Mark if this is the last year for this employer _____ [9]
 Federal wages and salaries (Box 1) + _____ [10]
 Federal tax withheld (Box 2) + _____ [12]
 Social security wages (Box 3) (If different than federal wages) + _____ [14]
 Social security tax withheld (Box 4) + _____ [16]
 Medicare wages (Box 5) (If different than federal wages) + _____ [18]
 Medicare tax withheld (Box 6) + _____ [21]
 SS tips (Box 7) + _____ [23]
 Allocated tips (Box 8) + _____ [25]
 Dependent care benefits (Box 10) + _____ [27]
Box 13 -
 Statutory employee _____ [29]
 Retirement plan _____ [30]
 Third-party sick pay _____ [31]
 State postal code (Box 15) _____ [32]
 State wages (Box 16) (If different than federal wages) + _____ [34]
 State tax withheld (Box 17) + _____ [36]
 Local wages (Box 18) + _____ [38]
 Local tax withheld (Box 19) + _____ [40]
 Name of locality (Box 20) _____ [43]

Prior Year Information**Control Totals +**

Interest Income

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

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

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

**Interest Codes

Blank = Regular Interest

3 = Nominee Distribution

4 = Accrued Interest

5 = OID Adjustment

6 = ABP Adjustment

7 = Series EE & I Bond

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

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

T	Total						U.S.		Foreign							
S	Type	Ordinary	[2]	Qualified	Cap Gain	Distributions	Section 1250	Sec. 199A	28%	Tax Exempt	Obligations*	Tax Exempt*	Taxes	Paid	Prior Year	
J	Code (**See codes below)	Dividends		Dividends					Capital Gain	Dividends	\$ or %	\$ or %			Information	

****Dividend Codes**

Blank = Other **3 = Nominee**

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

Did you have any securities become worthless during 2024? (Y, N) _____ [9]
Did you have any debts become uncollectible during 2024? (Y, N) _____ [10]
Did you have any commodity sales, short sales, or straddles? (Y, N) _____ [11]
Did you exchange any securities or investments for something other than cash? (Y, N) _____ [13]
Did you receive, sell, exchange, or otherwise dispose of any financial interest in any digital assets? (Y, N) _____ [4]

		2024 Information	Prior Year Information
State and local income tax refunds		+ _____ [5]	_____
Alimony received	T/S	Agreement Date	2024 Information
	—	—	+ _____ [3]
	—	—	+ _____ [3]

****Unemployment benefits are taxable income and should be reported on your return. Your 1099-G should show both the amount received and any amount of tax withheld. You may need to go to your state's Department of Labor website to get your 1099-G from your account.**

	Taxpayer	Spouse	Prior Year Information
Unemployment compensation**	+ _____ [9]	+ _____ [10]	_____
Unemployment compensation federal withholding	+ _____ [9]	+ _____ [10]	_____
Unemployment compensation state withholding	+ _____ [9]	+ _____ [10]	_____
Unemployment compensation repaid	+ _____ [12]	+ _____ [13]	_____
Alaska Permanent Fund dividends	+ _____ [18]	+ _____ [19]	_____

NOTES/QUESTIONS:

Miscellaneous Income #1

Preparer use only

Please provide all Forms 1099-MISC

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

Prior Year Information

Control Totals +

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

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

Prior Year Information

Control Totals +

NOTES/QUESTIONS:

Nonemployee Compensation #1

Preparer use only

Please provide all Forms 1099-NEC

Name of payer	_____	[3]	2024 Information + _____ [13] + _____ [15] + _____ [17] + _____ [19] _____ [21] + _____ [22]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]	
State postal code	_____	[6]	
Nonemployee compensation (Box 1)	_____		
Payer made direct sales of \$5,000 or more of consumer products (Box 2)	_____	[15]	
Federal income tax withheld (Box 4)	_____		
State tax withheld (Box 5)	_____		
State/Payer's state no. (Box 6)	_____	[21]	
State income (Box 7)	_____	[22]	

Prior Year Information

Control Totals +

Nonemployee Compensation #2

Please provide all Forms 1099-NEC

Preparer use only

Name of payer	_____	[3]	2024 Information + _____ [13] + _____ [15] + _____ [17] + _____ [19] _____ [21] + _____ [22]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]	
State postal code	_____	[6]	
Nonemployee compensation (Box 1)	_____		
Payer made direct sales of \$5,000 or more of consumer products (Box 2)	_____	[15]	
Federal income tax withheld (Box 4)	_____		
State tax withheld (Box 5)	_____		
State/Payer's state no. (Box 6)	_____	[21]	
State income (Box 7)	_____	[22]	

Prior Year Information

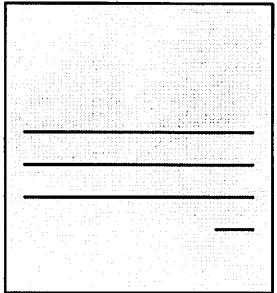
Control Totals +

NOTES/QUESTIONS:

Payment Card and Third Party Network Transactions #1

Please provide all Forms 1099-K

Preparer use only

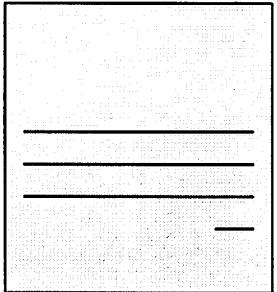
Name of payer	_____	[3]	Prior Year Information 
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]	
State postal code	_____	[6]	
Gross amount of payment card/third party network transactions (Box 1)	+ _____	[17]	
Card not present transactions (Box 1b)	_____	[19]	
Federal income tax withheld (Box 4)	+ _____	[21]	
State postal code (Box 6)	_____	[23]	
State identification number (Box 7)	_____	[25]	
State tax withheld (Box 8)	+ _____	[26]	

Control Totals +

Payment Card and Third Party Network Transactions #2

Please provide all Forms 1099-K

Preparer use only

Name of payer	_____	[3]	Prior Year Information 
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]	
State postal code	_____	[6]	
Gross amount of payment card/third party network transactions (Box 1)	+ _____	[17]	
Card not present transactions (Box 1b)	_____	[19]	
Federal income tax withheld (Box 4)	+ _____	[21]	
State postal code (Box 6)	_____	[23]	
State identification number (Box 7)	_____	[25]	
State tax withheld (Box 8)	+ _____	[26]	

Control Totals +

NOTES/QUESTIONS:

Taxable Distributions Received from Cooperatives #1

Please provide all Forms 1099-PATR

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Patron dividends (Box 1)	+ _____	[10]
Nonpatronage distributions (Box 2)	+ _____	[12]
Per-unit retain allocations (Box 3)	+ _____	[14]
Federal income tax withheld (Box 4)	+ _____	[16]
Redeemed nonqualified notices (Box 5)	+ _____	[18]
Section 199A(g) deduction (Box 6)	+ _____	[23]
Qualified payments (Section 199A(b)(7) (Box 7)	+ _____	[24]
Section 199A(a) qual items (Box 8)	+ _____	[25]
Section 199A(a) SSTB items (Box 9)	+ _____	[26]
Investment credit (Box 10)	+ _____	[27]
Work opportunity credit (Box 11)	+ _____	[29]
Patron's AMT adjustments	+ _____	[31]
Other credits and deductions #1 (Box 12)	+ _____	[33]
Other credits and deductions #2 (Box 12)	+ _____	[35]
Specified Coop (Box 13)	_____	[37]

Control Totals +

Taxable Distributions Received from Cooperatives #2

Please provide all Forms 1099-PATR

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Patron dividends (Box 1)	+ _____	[10]
Nonpatronage distributions (Box 2)	+ _____	[12]
Per-unit retain allocations (Box 3)	+ _____	[14]
Federal income tax withheld (Box 4)	+ _____	[16]
Redeemed nonqualified notices (Box 5)	+ _____	[18]
Section 199A(g) deduction (Box 6)	+ _____	[23]
Qualified payments (Section 199A(b)(7) (Box 7)	+ _____	[24]
Section 199A(a) qual items (Box 8)	+ _____	[25]
Section 199A(a) SSTB items (Box 9)	+ _____	[26]
Investment credit (Box 10)	+ _____	[27]
Work opportunity credit (Box 11)	+ _____	[29]
Patron's AMT adjustments	+ _____	[31]
Other credits and deductions #1 (Box 12)	+ _____	[33]
Other credits and deductions #2 (Box 12)	+ _____	[35]
Specified Coop (Box 13)	_____	[37]

Control Totals +

NOTES/QUESTIONS:

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

[51]

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

[5]

State postal code

[6]

Name of creditor/lender

[3]

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1)

[10]

Amount of debt discharged (Box 2)

+ [11]

Interest if included in box 2 (Box 3)

+ [12]

Personally liable for repayment of the debt (if checked) (Box 5)

[13]

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate

F = By agreement, G = Decision to discontinue collection, H = Other actual discharge)

[14]

Fair market value of property (Box 7)

+ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1)

[16]

Balance of principal outstanding (Box 2)

+ [17]

Fair market value of property (Box 4)

+ [18]

Personally liable for repayment of the debt (if checked) (Box 5)

[19]

Control Totals +

Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

[51]

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

[5]

State postal code

[6]

Name of creditor

[3]

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1)

[10]

Amount of debt discharged (Box 2)

+ [11]

Interest if included in box 2 (Box 3)

+ [12]

Personally liable for repayment of the debt (if checked) (Box 5)

[13]

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate

F = By agreement, G = Decision to discontinue collection, H = Other actual discharge)

[14]

Fair market value of property (Box 7)

+ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1)

[16]

Balance of principal outstanding (Box 2)

+ [17]

Fair market value of property (Box 4)

+ [18]

Personally liable for repayment of the debt (if checked) (Box 5)

[19]

Control Totals +

NOTES/QUESTIONS:

**Please provide all copies of Form W-2G.
2024 Information**

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

Prior Year Information

Control Totals +

Gambling Winnings #2

**Please provide all copies of Form W-2G.
2024 Information**

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

Prior Year Information

Control Totals +

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2024 Information

Taxpayer/Spouse (T, S)	[1]	Prior Year Information
Name of payer	[3]	
State postal code	[6]	
Gross distributions received (Box 1)	[8]	
Taxable amount received (Box 2a)	[10]	
Federal withholding (Box 4)	[12]	
Distribution code (Box 7)	[15]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	[17]	
State withholding (Box 14)	[18]	
Local withholding (Box 17)	[20]	
Amount of rollover	[22]	
Mark if distribution was due to a pre-retirement age disability	[24]	

Control Totals +

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2024 Information

Taxpayer/Spouse (T, S)	[1]	Prior Year Information
Name of payer	[3]	
State postal code	[6]	
Gross distributions received (Box 1)	[8]	
Taxable amount received (Box 2a)	[10]	
Federal withholding (Box 4)	[12]	
Distribution code (Box 7)	[15]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	[17]	
State withholding (Box 14)	[18]	
Local withholding (Box 17)	[20]	
Amount of rollover	[22]	
Mark if distribution was due to a pre-retirement age disability	[24]	

Control Totals +

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2024 Information

Taxpayer/Spouse (T, S)	[1]	Prior Year Information
Name of payer	[3]	
State postal code	[6]	
Gross distributions received (Box 1)	[8]	
Taxable amount received (Box 2a)	[10]	
Federal withholding (Box 4)	[12]	
Distribution code (Box 7)	[15]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	[17]	
State withholding (Box 14)	[18]	
Local withholding (Box 17)	[20]	
Amount of rollover	[22]	
Mark if distribution was due to a pre-retirement age disability	[24]	

Control Totals +

NOTES/QUESTIONS:

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

Taxpayer/Spouse (T, S)

State postal code

[1]

[3]

Social Security Benefits

2024 Information

Prior Year Information

If you received a Form SSA - 1099, please complete the following information:

From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

Medicare premiums

+ _____ [7]

Prescription drug (Part D) premiums

+ _____ [9]

Net Benefits for 2024 (Box 3 minus Box 4) (Box 5)

+ _____ [12]

Voluntary Federal Income Tax Withheld (Box 6)

+ _____ [14]

Tier 1 Railroad Benefits

2024 Information

Prior Year Information

If you received a Form RRB - 1099, please complete the following information:

Net Social Security Equivalent Benefit:

+ _____ [22]

Portion of Tier 1 Paid in 2024 (Box 5)

+ _____ [25]

Federal Income Tax Withheld (Box 10)

+ _____ [27]

Medicare Premium Total (Box 11)

Additional Information About Benefits Received

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

NOTES/QUESTIONS:

Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)

Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2024

Taxpayer

Spouse

[1]

[2]

[3]

[4]

[5]

[6]

Enter the nondeductible contribution amount made for use in 2024

Enter the nondeductible contribution amount made in 2025 for use in 2024

Traditional IRA basis

Value of all your traditional IRA's on December 31, 2024:

Taxpayer

Spouse

[5]

[6]

[7]

[8]

[17]

[18]

[19]

[20]

[+]

[+]

[+]

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Roth IRA

Please provide copies of any 1998 through 2023 Form 8606 not prepared by this office

Taxpayer

Spouse

[29]

[30]

[31]

[32]

[39]

[40]

[43]

[44]

[45]

[46]

[47]

[48]

[49]

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[+]

NOTES/QUESTIONS:

Preparer use only

Business activity or profession name _____ [3]

Taxpayer/Spouse (T, S) _____ [4]

State postal code _____ [5]

Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____ [6]

Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]

Enter the total amount of contributions made to a Keogh plan in 2024 + _____ [8]

Enter the total amount of contributions made to a Solo 401(k) plan in 2024 + _____ [9]

Enter the total amount of contributions made to a SEP plan in 2024 + _____ [10]

Enter the total amount of contributions made to a SARSEP plan in 2024 + _____ [11]

Enter the total amount of contributions made to a defined benefit plan in 2024 + _____ [12]

Enter the total amount of contributions made to a profit-sharing plan in 2024 + _____ [13]

Enter the total amount of contributions made to a money purchase plan in 2024 + _____ [14]

Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2024 + _____ [15]

Enter the total amount of contributions to a SIMPLE IRA plan in 2024 + _____ [16]

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2024 + _____ [17]

Enter the amount of catch-up contributions made to a SIMPLE Plan in 2024 + _____ [18]

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2024 + _____ [19]

Enter the amount of elective deferrals designated as Roth contributions in 2024 + _____ [20]

NOTES/QUESTIONS:

Preparer use only

	2024 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	[2]	
Employer identification number	[3]	
Business name	[5]	
Principal business/profession	[6]	
Business code	[12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	[15]	
City/State/Zip	[16] [17] [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	[19]	
If other:	[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	[22]	
If other enter explanation:	[24]	
Enter an explanation if there was a change in determining your inventory:		
	[25]	
Did you "materially participate" in this business? (Y, N)	[26]	
If not, number of hours you did significantly participate	[28]	
Mark if you began or acquired this business in 2024	[30]	
Did you make any payments in 2024 that require you to file Form(s) 1099? (Y, N)	[31]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[33]	
Mark if this business is considered related to qualified services as a minister or religious worker	[35]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	[37]	
Medical insurance premiums paid by this activity	+ [40]	
Long-term care premiums paid by this activity	+ [44]	
Amount of wages received as a statutory employee	+ [47]	

Business Income

	2024 Information	Prior Year Information
Gross receipts and sales	+ [52]	
	+ [53]	
	+ [54]	
	+ [55]	
Returns and allowances	+ [56]	
Other income:	+ [57]	
	+ [58]	
	+ [59]	
	+ [60]	

Cost of Goods Sold

	2024 Information	Prior Year Information
Beginning inventory	+ [59]	
Purchases	+ [61]	
Labor:	+ [63]	
	+ [64]	
Materials	+ [65]	
Other costs:	+ [67]	
	+ [68]	
	+ [69]	
Ending inventory	+ [69]	

Preparer use only

Principal business or profession _____

Advertising

Car and truck expenses

Commissions and fees

Contract labor

Depletion

Depreciation

Employee benefit programs (Include Small Employer Health Ins Premiums credit):

Insurance (Other than health):

Interest:

Mortgage (Paid to banks, etc.)

Other:

Legal and professional services

Office expense

Pension and profit sharing:

Rent or lease:

Vehicles, machinery, and equipment

Other business property

Repairs and maintenance

Supplies

Taxes and licenses:

Travel and meals:

Travel

Meals (Enter 100% subject to 50% limitation)

Meals (Enter 100% subject to DOT 80% limit)

Meals (Fully deductible)

Utilities

Wages (Less employment credit):

Other expenses:

2024 Information

+ _____ [6]

+ _____ [8]

+ _____ [10]

+ _____ [12]

+ _____ [14]

+ _____ [16]

+ _____ [18]

+ _____

+ _____ [20]

+ _____

+ _____ [22]

+ _____

+ _____

+ _____ [24]

+ _____

+ _____ [26]

+ _____ [29]

+ _____ [31]

+ _____

+ _____ [33]

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+ _____ [39]

+ _____ [41]

+ _____

+ _____

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+ _____ [43]

+ _____ [45]

+ _____ [47]

+ _____ [49]

+ _____ [51]

+ _____ [53]

+ _____

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Prior Year Information

Preparer use only

2024 Information		Prior Year Information	
Description			
Taxpayer/Spouse/Joint (T, S, J)	[3]	State postal code	[5]
Physical address: Street			[6]
City, state, zip code	[7]	[8]	[9]
Foreign country			[11]
Foreign province/county			[12]
Foreign postal code			[13]
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty)			[14]
Description of other type (Type code #8)			[15]
Did you make any payments in 2024 that require you to file Form(s) 1099? (Y, N)			[16]
If "Yes", did you or will you file all required Forms 1099? (Y, N)			[18]
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)			[20]
Percentage of ownership if not 100%			[22]
Business use percentage, if not 100% (Not vacation home percentage)			[24]

Rent and Royalty Income

Rents and royalties	2024 Information	Prior Year Information
	+ _____ [33]	

Rent and Royalty Expenses

Advertising	2024 Information	Percent if not 100%	Prior Year Information
Auto	+ _____ [35]	[36]	
Travel	+ _____ [38]	[39]	
Cleaning and maintenance	+ _____ [41]	[42]	
Commissions:	+ _____ [44]	[45]	
Insurance:	+ _____ [47]	[49]	
Legal and professional fees	+ _____ [50]	[52]	
Management fees:	+ _____ [54]	[55]	
Mortgage interest paid to banks, etc (Form 1098)	+ _____ [57]	[59]	
Other mortgage interest	+ _____ [60]	[62]	
Qualified mortgage insurance premiums	+ _____ [63]	[65]	
Other interest:	+ _____ [66]	[67]	
Repairs	+ _____ [69]	[71]	
Supplies	+ _____ [72]	[73]	
Taxes:	+ _____ [75]	[76]	
Utilities	+ _____ [78]	[80]	
Depreciation	+ _____ [81]	[82]	
Depletion	+ _____ [84]	[85]	
Other expenses:	+ _____ [87]	[88]	
	+ _____ [90]		
	+ _____		
	+ _____		
	+ _____		

Please provide all Forms 1099-K

Preparer use only

	2024 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	[2]	
Employer identification number	[3]	
Description	[4]	
Principal Product	[5]	
State postal code	[6]	
Accounting method (1 = Cash, 2 = Accrual)	[7]	
Agricultural activity code	[9]	
Did you "materially participate" in this business? (Y, N)	[12]	
Did you make any payments in 2024 that require you to file Form(s) 1099? (Y, N)	[14]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[16]	
Mark if Schedule F net income or loss should be excluded from self-employment income	[18]	
Medical insurance premiums paid by this activity	+ [21]	
Long-term care premiums paid by this activity	+ [25]	

Schedule F Income

Sales Code**	2024 Information	Prior Year Information
Income description		
—	+ [35]	
—	+ [36]	
—	+ [37]	
—	+ [38]	
—	+ [39]	
** Sales Codes		
1 = Cash sales of items bought for resale	4 = Custom hire (machine work)	
2 = Cash sales of items raised	5 = Other income	
3 = Accrual sales		

	2024 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ [37]	
Beginning inventory of livestock and other items (Accrual method)	+ [39]	
Accrual cost of livestock, produce, grains, and other products purchased	+ [41]	
Ending Inventory of livestock and other items (Accrual method)	+ [43]	
Total cooperative distributions you received	+ [45]	
Taxable cooperative distributions you received	+ [47]	

	2024 Total	2024 Taxable	Prior Year Information
Agricultural program payments	+ [50]		
—	+ [51]		
—	+ [52]		

	2024 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	+ [52]	
Commodity credit loans reported under election:	+ [54]	
—	+ [55]	
Total commodity credit loans forfeited	+ [56]	
Taxable commodity credit loans forfeited	+ [58]	

	2024 Total	2024 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2024	+ [61]		
—	+ [62]		
—	+ [63]		
Mark if electing to defer crop insurance proceeds to 2025	+ [63]		
Crop insurance proceeds deferred from 2023	+ [65]		

Preparer use only

Description

Preparer use only

	2024 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
State postal code	_____ [5]	
Did you "actively participate" in the operation of this business this year? (Y, N)	_____ [6]	

Income Items

	2024 Information	Prior Year Information
Income from production of livestock, produce, grains, and other crops:	+ _____ [15] + _____ + _____ + _____ + _____ + _____ [17] + _____ [19]	
Total cooperative distributions you received		
Taxable cooperative distributions you received		

	2024 Total	2024 Taxable	Prior Year Information
Agricultural program payments:	+ _____ [21] + _____ + _____	_____ [22]	

	2024 Information	Prior Year Information
Commodity credit loans reported under election:	+ _____ [24] + _____ + _____ [26] + _____ [28]	
Total commodity credit loans forfeited		
Taxable commodity credit loans forfeited		

	2024 Total	2024 Taxable	Prior Year Information
Crop insurance proceeds you received in 2024	+ _____ [30] + _____ + _____	_____ [31]	

	2024 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2025		_____ [33]
Crop insurance proceeds deferred from 2023	+ _____ [35]	
Other income:	+ _____ [38] + _____ + _____	

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]

Employer identification number _____ [6]

Name of entity _____ [13]

State postal code _____ [14]

Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

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

Taxpayer/Spouse/Joint (T, S, J) _____ [2]

Employer identification number _____ [6]

Name of entity _____ [13]

State postal code _____ [14]

Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

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

Taxpayer/Spouse/Joint (T, S, J) _____ [2]

Employer identification number _____ [6]

Name of entity _____ [13]

State postal code _____ [14]

Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

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

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]

Employer identification number _____ [3]

Name of activity _____ [4]

State postal code _____ [5]

Preparer use only Carryovers		Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss	[27]	[28]	[29]
	Ordinary business gain/loss	[30]	[31]	[32]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]

Employer identification number _____ [3]

Name of activity _____ [4]

State postal code _____ [5]

Preparer use only Carryovers		Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss	[27]	[28]	[29]
	Ordinary business gain/loss	[30]	[31]	[32]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]

Employer identification number _____ [3]

Name of activity _____ [4]

State postal code _____ [5]

Preparer use only Carryovers		Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss	[27]	[28]	[29]
	Ordinary business gain/loss	[30]	[31]	[32]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]

Employer identification number _____ [3]

Name of activity _____ [4]

State postal code _____ [5]

Preparer use only Carryovers		Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss	[27]	[28]	[29]
	Ordinary business gain/loss	[30]	[31]	[32]

Alimony Paid:

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

*** Date of divorce/separation agreement**

NOTES/QUESTIONS:

Complete this section if you paid interest on a qualified student loan in 2024 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E.

Form 1098-E from the lender reports interest received in 2024. The amounts reported by the lender may differ from the amounts you actually paid.

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

NOTES/QUESTIONS:

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) _____ [8]
 Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit) _____
 Student's social security number _____
 Student's first name _____
 Student's last name _____

Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.

Institution's federal identification number _____ [8]
 Institution's name _____
 Institution's street address _____
 Institution's city, state, zip code _____

Tuition Paid and Related Information

Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2024.
 Enter the amount actually paid during 2024.

Tuition paid (Enter only the amount actually paid) (Box 1) + _____ [8]
 Educational institution changed its reporting method for 2024 (Box 3) - _____
 Adjustments made for a prior year (Box 4) _____
 Scholarships or grants (Box 5) _____
 Adjustments to scholarships or grants for a prior year (Box 6) _____
 Box 1 or 2 includes amounts for an academic period beginning January - March 2025 (Box 7) - _____
 At least half-time student (Box 8) - _____
 Graduate student (Box 9) (1=Yes, 2=No) - _____
 Insurance contract reimbursement/refund (Box 10) _____
 Non-Institution expenses (Books and fees not paid directly to the educational institution) _____
 American Opportunity Tax Credit (AOTC) disqualifier - _____
 1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2024

2024 Information	Prior Year Information
+ _____ [8]	_____
- _____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NOTES/QUESTIONS:

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____ [1]
 Payer name _____ [3]
 State postal code _____ [4]
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) _____ [6]
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____ [7]
 Final distribution _____ [8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____ [11]
 First name _____ [12]
 Last name _____ [13]

Amount contributed in current year

2024 Information

+ _____ [14]
 + _____ [17]
 + _____ [19]
 + _____ [24]

Prior Year Information

Basis of this account at 12/31/23

Value of this account at 12/31/24

Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)

Payments from Qualified Education Programs

Gross distribution (Box 1)

2024 Information

+ _____ [30]
 + _____ [32]
 + _____ [34]

Prior Year Information

Earnings (Box 2)

+ _____ [36]
 + _____ [37]

Basis (Box 3)

Trustee-to-trustee rollover (Box 4)

Trustee-to-trustee rollover amount if different than Box 1

Box 5 -

Private QTP

_____ [39]
 _____ [40]
 _____ [41]

State QTP

Coverdell ESA

Check if the recipient is not the designated beneficiary (Box 6)

Qualified education expenses

+ _____ [43]
 + _____ [45]

Elementary and secondary education expenses

NOTES/QUESTIONS:

T/S/J

2024 Information

Prior Year Information

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

<p>[1] _____</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p>	<p>+ _____ [2]</p> <p>+ _____</p> <p>+ _____</p> <p>+ _____</p> <p>+ _____</p> <p>+ _____</p>	
<p>Medical insurance premiums you paid:</p> <p>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.</p>		
<p>[4] _____</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p>	<p>+ _____ [5]</p> <p>+ _____</p> <p>+ _____</p> <p>+ _____</p>	
<p>Long-term care premiums you paid:</p> <p>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)</p>		
<p>[7] _____</p> <p>—</p>	<p>+ _____ [8]</p> <p>+ _____</p>	
<p>Prescription medicines and drugs:</p>		
<p>[10] _____</p> <p>—</p> <p>—</p>	<p>+ _____ [11]</p> <p>+ _____</p> <p>+ _____</p>	
<p>[13] Miles driven for medical items (21 cents)</p>		<p>_____ [14]</p>

Schedule A - Tax Expenses

T/S/J

2024 Information

Prior Year Information

State/local income taxes paid:

<p>[18] _____</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p>	<p>+ _____ [19]</p> <p>+ _____</p> <p>+ _____</p> <p>+ _____</p> <p>+ _____</p>	
<p>2023 state and local income taxes paid in 2024:</p>		
<p>[21] _____</p> <p>—</p> <p>—</p> <p>—</p>	<p>+ _____ [22]</p> <p>+ _____</p> <p>+ _____</p>	
<p>Real estate taxes paid:</p>		
<p>[24] _____</p> <p>—</p> <p>—</p>	<p>+ _____ [25]</p> <p>+ _____</p> <p>+ _____</p>	
<p>Personal property taxes:</p>		
<p>[27] _____</p> <p>—</p>	<p>+ _____ [28]</p> <p>+ _____</p>	
<p>Other taxes, such as: foreign taxes and State disability taxes</p>		
<p>[30] _____</p> <p>—</p> <p>—</p>	<p>+ _____ [31]</p> <p>+ _____</p> <p>+ _____</p>	
<p>Sales tax paid on major purchases:</p>		
<p>[36] _____</p> <p>—</p>	<p>+ _____ [37]</p> <p>+ _____</p>	
<p>Sales tax paid on actual expenses:</p>		
<p>[39] _____</p> <p>—</p> <p>—</p>	<p>+ _____ [40]</p> <p>+ _____</p> <p>+ _____</p>	

T/S/J

2024 Information

Prior Year Information

Contributions made by cash or check (including out-of-pocket expenses)

Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.

Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

Volunteer miles driven

Noncash items, such as: Goodwill/Salvation Army/clothing/household goods

+ _____ (9)
+
+
+
+
+
+
+
+
+

Miscellaneous Deductions

T/S/J

Other expenses

Gambling losses: (Enter only if you have gambling income)

— [15] —
—
—

+ _____ [1]
+ _____
+ _____
+ _____

NOTES/QUESTIONS:

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]

Part III Household Information -

	A. 2024 Monthly Premium Amount	Prior Year Information	B. 2024 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2024 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals +

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]

Part III Household Information -

	A. 2024 Monthly Premium Amount	Prior Year Information	B. 2024 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2024 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals +

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

2024 Information	Prior Year Information
Taxpayer/Spouse (T, S) _____	[1]
Name of Trustee _____	[4]
State postal code _____	[2]
Indicate type of health or medical savings account:	
HSA _____	[6]
Archer MSA _____	[7]
MA (Medicare Advantage) MSA _____	[9]
Total HSA/MSA contributions made	
for 2024 (Enter all amounts contributed, including through employer cafeteria plans) + _____	[10]
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family) _____	[12]
Number of months in qualified high deductible health plan in 2024 _____	[13]
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	
Total HSA/MSA contribution to be made for 2024 + _____	[15]
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5) + _____	[16]
Excess contributions for 2023 taken as constructive contributions for 2024 + _____	[19]
Rollover contribution (Form 5498-SA, Box 4) + _____	[21]

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+ _____	[24]
Enter compensation from employer maintaining high deductible health plan	+ _____	[27]
If self-employed, enter earned income from business under which plan was established	+ _____	[31]

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2024? (Y, N) _____ [33]

NOTES/QUESTIONS:

Please provide all Forms 1099-SA.

	2024 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
Name of Trustee	[4]	
State postal code	[2]	
Gross distributions received (Box 1)	+ [7]	
Earnings on excess contributions (Box 2)	+ [9]	
Distribution code (Box 3)	[11]	
Fair Market Value on date of death (Box 4)	+ [12]	
Box 5 -		
HSA	[13]	
Archer MSA	[14]	
MA MSA	[15]	
All distributions were used to pay unreimbursed qualified medical expenses	[17]	
If some distributions were used to pay for other than qualified medical expenses,		
enter the unreimbursed qualified medical expenses for 2024	+ [19]	
Withdrawal of excess contributions by the due date of the return	+ [21]	
Amount of distribution rolled over for 2024	+ [23]	
If the distribution is due to the death of the account holder,		
enter the qualified decedent medical expenses paid by the taxpayer	+ [26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/23	+ [27]	
For HSA accounts:		
Was the high deductible health plan coverage started in 2023 and in effect for the month of December 2023? (Y, N)	[29]	
Was the high deductible health plan coverage ended before 12/31/24? (Y, N)	[30]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2024 Information	Prior Year Information
Name of the insured chronically ill individual	[39]	
Social security number of insured	[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+ [42]	
Accelerated death benefits paid (Box 2)	+ [44]	
Check one (Box 3)		
Per diem	[46]	
Reimbursed amount	[47]	
Qualified contract (Box 4)	[48]	
Check, if applicable (Box 5)		
Chronically ill	[49]	
Terminally ill	[50]	
Are there other individuals who received LTC payments during 2024? (Y, N)	[52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	[53]	
Number of days during the long-term care period	[54]	
Cost incurred for qualified long-term care services during the long-term care period	+ [55]	

NOTES/QUESTIONS: