

Taxpayer		Spouse	
Social security number	[4]		[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]
Home/evening telephone number	[32]		[33]
Do you authorize us to discuss your return with the IRS? (Y, N)	[34]		

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]

[illegible]

Name of child who lived with you but is not your dependent _____ [53]
Social security number of qualifying person _____ [54]

*Basic	1 = Child who lived with you	**Other	1 = Student (Age 19 - 23)
	2 = Child who did not live with you due to divorce/separation		2 = Disabled dependent
	3 = Other dependent		3 = Dependent who is both a student and disabled
	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 Note that electronic funds will be withdrawn only from the primary account listed below.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)

[1]

State postal code

[2]

Amount paid with 2023 return

+ [3]

2023 overpayment applied to '24 estimates

+ [4]

Treat calculated amounts as paid

[8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment [9]	+ [10]	
2nd quarter payment [11]	+ [12]	
3rd quarter payment [13]	+ [14]	
4th quarter payment [15]	+ [16]	
Additional payment [17]	+ [18]	

2024 City Estimated Tax Payments

City #1	City #2
City name [28]	City name [50]
Amount paid with 2023 return + [31]	Amount paid with 2023 return + [53]
2023 overpayment applied to '24 estimates + [32]	2023 overpayment applied to '24 estimates + [54]
Treat calculated amounts as paid [36]	Treat calculated amounts as paid [58]

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

Calculated Amount

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

Calculated Amount

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

City #3	City #4
City name [72]	City name [94]
Amount paid with 2023 return + [75]	Amount paid with 2023 return + [97]
2023 overpayment applied to '24 estimates + [76]	2023 overpayment applied to '24 estimates + [98]
Treat calculated amounts as paid [80]	Treat calculated amounts as paid [102]

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

Calculated Amount

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

Calculated Amount

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

Wages and Salaries #1

12

Please provide all copies of Form W-2.

2024 Information**Prior Year 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]

Control Totals +**Wages and Salaries #2**

Please provide all copies of Form W-2.

2024 Information**Prior Year 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 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]

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

Control Totals +

Form ID: B-1

Dividend Income

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

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

T S J	Type Code (**See codes below)	Ordinary Dividends	[2] Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer										
		Amounts +										
	2	Payer										
		Amounts +										
	3	Payer										
		Amounts +										
	4	Payer										
		Amounts +										
	5	Payer										
		Amounts +										
	6	Payer										
		Amounts +										
	7	Payer										
		Amounts +										
	8	Payer										
		Amounts +										
	9	Payer										
		Amounts +										
	10	Payer										
		Amounts +										

**Dividend Codes

Blank = Other

3 = Nominee

Control Totals +

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]

[illegible]

Miscellaneous Income #1

18a

Please provide all Forms 1099-MISC

Preparer use only

	2024 Information	Prior Year Information
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]	

Control Totals +

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

	2024 Information	Prior Year Information
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]	

Control Totals +

NOTES/QUESTIONS:

Nonemployee Compensation #1

18b

Please provide all Forms 1099-NEC

Preparer use only

2024 Information**Prior Year Information**

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

Control Totals +**Nonemployee Compensation #2**

Please provide all Forms 1099-NEC

Preparer use only

2024 Information**Prior Year Information**

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

Control Totals +**NOTES/QUESTIONS:**

Payment Card and Third Party Network Transactions #1

18c

Please provide all Forms 1099-K

Preparer use only

2024 Information**Prior Year Information**

Name of payer _____ [3]
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

2024 Information**Prior Year Information**

Name of payer _____ [3]
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**18d**

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:

Cancellation of Debt, Abandonment #1**19**

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:

Gambling Winnings #1

20

Please provide all copies of Form W-2G.

2024 Information**Prior Year 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]

Control Totals +**Gambling Winnings #2**

Please provide all copies of Form W-2G.

2024 Information**Prior Year 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]

Control Totals +**NOTES/QUESTIONS:**

Pension, Annuity, and IRA Distributions #1

24

Please provide all Forms 1099-R.

2024 Information**Prior Year Information**

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

Control Totals +**Pension, Annuity, and IRA Distributions #2**

Please provide all Forms 1099-R.

2024 Information**Prior Year Information**

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

Control Totals +**Pension, Annuity, and IRA Distributions #3**

Please provide all Forms 1099-R.

2024 Information**Prior Year Information**

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

Control Totals +**NOTES/QUESTIONS:**

Social Security, Tier 1 Railroad Benefits

25

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

Taxpayer/Spouse (T, S)

[1]

State postal code

[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:			
Portion of Tier 1 Paid in 2024 (Box 5)	+		[22]
Federal Income Tax Withheld (Box 10)	+		[25]
Medicare Premium Total (Box 11)	+		[27]

Additional Information About Benefits Received

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

	[40]
	[41]
	[42]
	[43]
	[44]

NOTES/QUESTIONS:

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 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]
 _____ + _____
 _____ + _____
 _____ + _____
 Returns and allowances + _____ [55]
 Other income:
 _____ + _____ [57]
 _____ + _____
 _____ + _____
 _____ + _____

Cost of Goods Sold

2024 Information

Prior Year Information

Beginning inventory + _____ [59]
 Purchases + _____ [61]
 Labor:
 _____ + _____ [63]
 _____ + _____
 Materials + _____ [65]
 Other costs:
 _____ + _____ [67]
 _____ + _____
 _____ + _____
 _____ + _____
 Ending inventory + _____ [69]

Control Totals +

Form ID: C-1

Form ID: C-2

Preparer use only

	2024 Information	Prior Year Information
Description	[2]	
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

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

Control Totals +

Form ID: Rent

☐ Preparer use only
Description _____

Refinancing Points

Preparer - Enter on Screen Rent

2024 Information

Prior Year Information

Refinancing points paid -

Recipient's/Lender's name _____ [92]
Date of refinance _____
Total # Payments _____
Reported on 1098 in 2024 _____
Total points paid _____
Points deemed as paid in current year (Preparer use only) _____

Refinancing points paid -

Recipient's/Lender's name _____
Date of refinance _____
Total # Payments _____
Reported on 1098 in 2024 _____
Total points paid _____
Points deemed as paid in current year (Preparer use only) _____

Refinancing points paid -

Recipient's/Lender's name _____
Date of refinance _____
Total # Payments _____
Reported on 1098 in 2024 _____
Total points paid _____
Points deemed as paid in current year (Preparer use only) _____

Vacation Home Information

Preparer - Enter on Screen Rent-3

2024 Information

Prior Year Information

Number of days home was used personally _____ [5]
Number of days home was rented _____ [7]
Number of day home owned, if not 366 _____ [9]
Carryover of disallowed operating expenses into 2024 + _____ [21]
Carryover of disallowed depreciation expenses into 2024 + _____ [22]

Passive and Other Information

Preparer - Enter on Screen Rent-2

Preparer use only Carryovers	Non-QBI and Tax	For QBI & Tax	AMT
Operating	+ _____ [24]	+ _____ [25]	+ _____ [26]
Short-term capital		+ _____ [27]	+ _____ [28]
Long-term capital		+ _____ [29]	+ _____ [30]
28% rate capital		+ _____ [31]	+ _____ [32]
Section 1231 loss	+ _____ [33]	+ _____ [34]	+ _____ [35]
Ordinary business gain/loss	+ _____ [36]	+ _____ [37]	+ _____ [38]
Section 179	+ _____ [39]	+ _____ [40]	+ _____ [41]

NOTES/QUESTIONS:

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**	Income description	2024 Information	Prior Year Information
—	_____	+ _____ [35]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

** 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]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

	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]	
_____	_____	
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]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
Mark if electing to defer crop insurance proceeds to 2025	_____ [63]		
Crop insurance proceeds deferred from 2023	+ _____ [65]		

Control Totals +

Form ID: F-1

☐ Preparer use only

Description

	2024 Information	Prior Year Information
Car and truck expenses	+ _____ [5]	_____
Chemicals	+ _____ [7]	_____
Conservation expenses	+ _____ [9]	_____
Carryover from prior years	+ _____ [11]	_____
Custom hire (machine work)	+ _____ [13]	_____
Depreciation	+ _____ [15]	_____
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	+ _____ [17]	_____
Feed purchased	+ _____ [19]	_____
Fertilizers and lime	+ _____ [21]	_____
Freight and trucking	+ _____ [23]	_____
Gasoline, fuel, and oil	+ _____ [25]	_____
Insurance (Other than health)	+ _____ [28]	_____
_____	+ _____	_____
_____	+ _____	_____
Mortgage interest (Paid to banks, etc.)	+ _____ [30]	_____
_____	+ _____	_____
_____	+ _____	_____
Other interest	+ _____ [32]	_____
Labor hired (Less employment credit)	+ _____ [34]	_____
Pension and profit sharing	+ _____ [36]	_____
Rent - vehicles, machinery, and equipment	+ _____ [38]	_____
Rent - other	+ _____ [40]	_____
Repairs and maintenance	+ _____ [42]	_____
Seed and plants purchased	+ _____ [44]	_____
Storage and warehousing	+ _____ [46]	_____
Supplies purchased	+ _____ [48]	_____
Taxes:	+ _____ [50]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Utilities	+ _____ [52]	_____
Veterinary, breeding, and medicine	+ _____ [54]	_____
Other expenses:	+ _____ [56]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Preproductive period expenses	+ _____ [58]	_____

Control Totals +

Form ID: F-2

Preparer use only

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

Employer identification number

Description

State postal code

Did you "actively participate" in the operation of this business this year? (Y, N)

2024 Information**Prior Year Information**

[2]

[3]

[4]

[5]

[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]

+

+

Commodity credit loans reported under election:

2024 Information**Prior Year Information**

+ [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]

+

+

Mark if electing to defer crop insurance proceeds to 2025

Crop insurance proceeds deferred from 2023

Other income:

2024 Information**Prior Year Information**

[33]

+ [35]

+ [38]

+

+

+

+

+

+

+

+

+

+

+

+

+

+

Preparer use only

Description

2024 Information

Prior Year Information

Car and truck expenses	+	[6]
Chemicals	+	[8]
Conservation expenses	+	[10]
Carryover from prior years	+	[12]
Custom hire (machine work)	+	[14]
Depreciation	+	[16]
Employee benefit programs	+	[18]
Feed purchased	+	[20]
Fertilizers and lime	+	[22]
Freight and trucking	+	[24]
Gasoline, fuel, and oil	+	[26]
Insurance (Other than health):		
_____	+	[28]
_____	+	
_____	+	
Mortgage interest (Paid to banks, etc.):		
_____	+	[30]
_____	+	
_____	+	
Other interest	+	[33]
Labor hired (Less employment credit)	+	[35]
Pension and profit sharing	+	[37]
Rent - vehicles, machinery, and equipment	+	[39]
Rent - other	+	[41]
Repairs and maintenance	+	[43]
Seed and plants purchased	+	[45]
Storage and warehousing	+	[47]
Supplies purchased	+	[49]
Taxes:		
_____	+	[51]
_____	+	
_____	+	
_____	+	
_____	+	
Utilities	+	[53]
Veterinary, breeding, and medicine	+	[55]
Other expenses:		
_____	+	[57]
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
Preproductive period expenses	+	[59]

Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating	+[68]	+[69]	+[70]
Short-term capital		+[72]	+[73]
Long-term capital		+[74]	+[75]
28% rate capital		+[76]	+[77]
Section 1231 loss	+[78]	+[79]	+[80]
Ordinary business gain/loss	+[82]	+[83]	+[84]
Section 179	+[87]	+[88]	+[89]

Control Totals +

Form ID: 4835-2

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]

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.

	2024 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+ _____ [8]	<div></div>
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		

NOTES/QUESTIONS:

Qualified Education Programs
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]

2024 Information

Amount contributed in current year + _____ [14]
Basis of this account at 12/31/23 + _____ [17]
Value of this account at 12/31/24 + _____ [19]
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse) + _____ [24]

Prior Year Information**Payments from Qualified Education Programs****2024 Information**

Gross distribution (**Box 1**) + _____ [30]
Earnings (**Box 2**) + _____ [32]
Basis (**Box 3**) + _____ [34]
Trustee-to-trustee rollover (**Box 4**) _____ [36]
Trustee-to-trustee rollover amount if different than Box 1 + _____ [37]
Box 5 -
Private QTP _____ [39]
State QTP _____ [40]
Coverdell ESA _____ [41]
Check if the recipient is not the designated beneficiary (**Box 6**) _____ [42]
Qualified education expenses + _____ [43]
Elementary and secondary education expenses + _____ [45]

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

Schedule A - Tax Expenses

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

Control Totals +

Form ID: A-1

Interest Expenses

T/S/J

Home mortgage interest: From Form 1098

2024
Interest Paid²⁾2024
Points Paid

Type*Prior Year Information

[1] _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

*Mortgage Types

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

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

T/S/J

Payee's Name

SSN or EIN

2024 Information

Prior Year Information

Other, such as: Home mortgage interest paid to individuals

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

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

— Payer's/Borrower's name _____ [7]

— Street Address _____

— City/State/Zip code _____

Refinancing Points paid in 2024 -

Taxpayer/Spouse/Joint (T, S, J) _____ [11]

Recipient/Lender name _____

Total points paid at time of refinance _____

Points deemed as paid in 2024 (Preparer use only) + _____ [12]

Date of refinance _____

Term of new loan (in months) _____

Reported on Form 1098 in 2024 _____

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

Recipient/Lender name _____

Total points paid at time of refinance _____

Points deemed as paid in 2024 (Preparer use only) + _____

Date of refinance _____

Term of new loan (in months) _____

Reported on Form 1098 in 2024 _____

T/S/J

2024 Information

Prior Year Information

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

[15] _____

+ _____ [16]

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

Control Totals +

Form ID: A-2

Prior Year Information

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

[illegible]

Prior Year Information

<u> </u>	[12]			+	[13]	
<u> </u>				+		
<u> </u>				+		
<u> </u>				+		
<u> </u>				+		
<u> </u>				+		
<u> </u>				+		
<u> </u>				+		
		Gambling losses: (Enter only if you have gambling income)				
<u> </u>	[15]			+		[16]
<u> </u>				+		
<u> </u>				+		
<u> </u>				+		

Form ID: A-3

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]	<div></div>
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	____ [14]	
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]	<div></div>
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: