2024 Tax Organizer Personal Information

	Personal III					
Personal Information						
Name)		SSN			Date of Birth
Taxpayer						
Spouse						
Name of person to whom all information should be addressed	3, if not the taxpayer					
Street address, city, state, and ZIP	-	Jakobana da da	·			
Occupation		Daytime Phone	Evening Ph	one	Ce	ell Phone
Taxpayer						
Spouse						
Taxpayer email						
Spouse email						
Are you or your spouse disabled?						
Are you or your spouse disabled? Are you or your spouse a full-time stude! Do you or your spouse want to designate At any time during 2024 did you: (a) receive (as a reward, award, or pay (b) sell, exchange, gift, or otherwise didentification Information Taxpayer's type of photo ID Driver's license State-issued pho	e \$3 to go to the Presidenti syment for property or service ispose of a digital asset (or	ices) a digital asset?	digital asset)?	Evening Phone er the date of death six months of 2024?	o ID	
Are you or your spouse a full-time stude. Do you or your spouse want to designate. At any time during 2024 did you: (a) receive (as a reward, award, or pay (b) sell, exchange, gift, or otherwise di Identification Information Taxpayer's type of photo ID Driver's license State-issued pho	e \$3 to go to the Presidenti syment for property or service ispose of a digital asset (or solo ID	ices) a digital asset? r a financial interest in a c Spouse's type of photo Driver's license	digital asset)? ID State-i	ssued photo	o ID	
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Are you or your spouse a full-time stude Do you or your spouse want to designate At any time during 2024 did you: (a) receive (as a reward, award, or pay (b) sell, exchange, gift, or otherwise di Identification Information Taxpayer's type of photo ID Driver's license State-issued photo ID number State photo ID was issued Date photo ID was issued Date photo ID expires Account Information for Deposits and Wit	e \$3 to go to the Presidenti syment for property or service ispose of a digital asset (or solo ID F thdrawals	ices) a digital asset? r a financial interest in a construction of the construction o	digital asset)?	int		Account For
Are you or your spouse a full-time stude Do you or your spouse want to designate At any time during 2024 did you: (a) receive (as a reward, award, or pay (b) sell, exchange, gift, or otherwise di Identification Information Taxpayer's type of photo ID Driver's license State-issued photo ID number State photo ID was issued Date photo ID was issued Date photo ID expires Account Information for Deposits and Wit	e \$3 to go to the Presidenti syment for property or service ispose of a digital asset (or solo ID F S L L L L L L L L L L L L	ices) a digital asset? r a financial interest in a construction of the photo of th	digital asset)?	int	Use this	Account For
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		Dependent a	and Other In	formatio	n			
Name:			···			· · · · · · · · · · · · · · · · · · ·	SSN	
Dependent Information	1							
First and last name SSN	•	Has IP PIN	Relationship	Months In Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses
List dependents required to fil	le a return							
Estimates								
	Fede Date Paid	eral Amount	Res Date Paid	ident State	mount	R Date Pal	lesident (City Amount
Overpayment applied from 2023	Dato Fain	Amount	Date Faid		mount	Date Fa	iu .	Allouit
First quarter								
Second quarter								
Third quarter								*
Fourth quarter			<u> </u>					
Additional payments	***************************************							
							1	
								:
					•			
							-	
,								

		Wages a	nd Salaries		
Name:				S	SN:
Provide all copies of Form W-2	?				
TS Federal EIN		-			
Payers name					
Payer's address					
	2024	2023		2024	2023
Wages, tips, other compensation			State State ID		
Federal income tax withheld			State wages	***	
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State State ID		
Allocated tips			State wages		
Dependent care benefits			State income tax		
			Locality name		***************************************
Are you a statutory employee?			Local wages		
Are you covered by a retirement plan?			Local income tax		
Did you receive third-party sick pay?		- :			
TS Federal EIN					
Payer's name					
Payer's address					
	2024	2023		2024	2023
Wages, tips, other compensation			State ID		
Federal income tax withheld			State wages		
Social Security wages			State income tax		·
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld		<u>_ </u>	Local income tax		-
Social Security tips			State State ID		
Allocated tips			State wages		
Dependent care benefits			State income tax		
			Locality name		
Are you a statutory employee?		 	Local wages		
Are you covered by a retirement plan?			Local income tax		
Did you receive third-party sick pay?					
		_			

Pe	nsion, Anı	nuities, Reti	rement, Etc. Distributions		
Name:				SSI	1 :
Social Security Benefit Statement	or Railroad	Retirement Bo	ard Payments - Provide all Forms	1099-SSA, et	c.
TS	2024	2023	T\$	2024	2023
Net benefits		·	Net benefits		
Medicare premiums		-	Medicare premiums	₩-1	-
Federal Income tax withheld			Federal Income tax withheld		
Treat Medicare premiums as self-emplo	yed health insu	rance.	Treat Medicare premiums as self-er	nployed health in	surance.
Pension and Retirement Distributi	ons - Provid	e all Forms 10	99-R		
TS Payer's name				r's federal Imber	
Address			10 10		
· .	2024	2023		2024	2023
Disability indicator]		State State ID		
Report disability income as wages on 1040.]		State income tax withheld		
Gross distribution			State distribution	·	
Taxable amount			Name of locality		
Total distribution]		Local income tax withheld		
Capital gain included in taxable amount above					
Federal income tax withheld			State State ID		
Employee contributions or insurance premiums			State income tax withheld		
Unrealized appreciation			State distribution		
Distribution codes			Name of locality		
IRA/SEP/SIMPLE]		Local income tax withheld		7.7%
Your percentage of total distribution			Local distribution	L	
Yes No Did you take a distribution from Did you use any of the distribution	-	-	tion eligible to receive tax-deductible contri	butions?	
100% of the taxable amount entered above is	s a Qualified C	haritable Distributi	on (QCD)		
Enter an amount in this field if only part of the	e taxable amou	nt entered above i	sa QCD		
100% of the taxable amount entered above is	s for Health Sa	vings Account (HS	SA) funding		
Enter an amount in this field if only part of the	e taxable amou	nt entered above i	s for HSA funding		
Enter the amount of distribution used for insu	ırance premiun	ns for public safety	officers	<u></u>	

Form 1099	9-G Unempl	oyment Compensation	
Name:			SSN:
Provide all copies of Form 1099-G			
TSJ Payer's Federal ID Number			
Payer's name			
Payer's address			
City			
Foreign only Province / state, Country, Postal code			
Payer's phone		Account number	
2024	2023	2024	2023
Unemployment compensation		State State ID	
Unemployment compensation repaid in current year		State unemployment	
State / local tax refunds / credits	11 to 11	State withholding	The state of the s
Tax year	********	Locality name	
Federal tax withheld		Local payments	The street state of the street
RTAA payments		Local withholding	the second secon
Taxable grants		Unemployment benefits are from railroad	
Agriculture	and the second second second		
Trade / business			
Market gain			
TSJ Payer's Federal ID Number			
Davida wasaa			
Davida address			
City			
U.S. only State, ZtP			
Foreign only Province / state, Country, Postal code			
Payer's phone		Account number	
2024	2023	2024	2023
Unemployment compensation		State State ID	
Unemployment compensation		State unemployment	T 4 T 1 T 4 L 1 T 4 L 1 T 1
repaid in current year State / local tax refunds / credits			
Tax year		State withholding Locality name	
		•	
DTAA novements		Local payments	
RTAA payments		_	· .
Taxable grants	7.0 7.5 7.5	Unemployment benefits are from railroad	
Agriculture			
Trade / business			
Market gain			

Form 1099	-NEC - None	employee Compensation		
Name:			SSN	t .
Provide all copies of Form 1099-NEC				
TS For Payer's federal ID number		Account number		
Payer's name				····
Payer's address				
2024	2023		2024	2023
Non-employee compensation		Federal tax withheld		-
Payer made direct sales of \$5000 or more of consur	mer products.			
State State ID		State State ID		
State tax withheld		State tax withheld		
State income		State income	···	
Name of locality		Name of locality		
Local tax withheld		Local tax withheld		
Local income		Local income		E-W. A.
TS For Payer's federal ID number		Account number	****	
Payer's name	· · · · · · · · · · · · · · · · · · ·			
Payer's address	~ ~ ~ ~			
2024	2023		2024	2023
Non-employee compensation		Federal tax withheld		-
Payer made direct sales of \$5000 or more of consun	ner products.			
State State ID		State State ID		ing salah di kacamatan di kacama Kacamatan di kacamatan di kacama
State tax withheld		State tax withheld		and the second street of
State income		State income		
Name of locality		Name of locality		
Local tax withheld		Local tax withheld		
Local income		Local income		
TS For Payer's federal ID number		Account number		
Payer's name				
Payer's address	0000			^^^
2024	2023	E 2 (11)(10)(00)(11)	2024	2023
Non-employee compensation		Federal tax withheld		
Payer made direct sales of \$5000 or more of consum	her products.	01.1.15		
State State ID		State State ID		
State tax withheld		State tax withheld		
State income	***************************************	State income		· · · · · · · · · · · · · · · · · · ·
Name of locality		Name of locality)
Local tax withheld		Local tax withheld		
Local income		Local income		

Form 1099-l	MISC - M	liscellaneous Income	
Name:		St	SN:
Provide all copies of Form 1099-MISC			
TS For Payer's federal ID number			
Payer's name			
Payer's address			
2024	2023	2024	2023
Rents	4	Excess golden parachute payment	***************************************
Royalties			
Other income		State State ID	
Description		State tax withheld	
Federal tax withheld	na mingky Pilonag	State income	
Fishing boat proceeds		Name of locality	
Medical and health care payments		Local tax withheld	
Payer made direct sales of \$5,000 or more of consumer prod	lucts	Local income	
Substitute payments		State State ID	-
Crop insurance proceeds		State tax withheld	
Gross attorney proceeds		State income	
Taxable proceeds		Name of locality	
Fish purchased for resale		Local tax withheld	
Section 409A deferrals		Local income	
TS For Payer's federal ID number			
Payer's name			
Payer's Address			400-00-00-00-00-00-00-00-00-00-00-00-00-
2024	2023	2024	2023
Rents	<u> </u>	Excess golden parachute payment	
Royalties		Nonqualified deferred compensation	
Other income		State State ID	→ ,
Description		State tax withheld	
Federal tax withheld		State income	The state of the s
Fishing boat proceeds		Name of locality	
Medical and health care payments		Local tax withheld	
Payer made direct sales of \$5,000 or more of consumer produ		Local income	the same of the sa
Substitute payments	<u> </u>	State State ID	
Crop insurance proceeds		State tax withheld	Till to the second
Gross attorney proceeds	<u>na an an an an</u> Talanga	State income	
Taxable proceeds		Name of locality	
Fish purchased for resale	: :	Local tax withheld	•
Section 409A deferrals		Local income	

	Provide all Forms 1099-DIV, 1099-PATR, and statements related to dividend income	TR, and state	ments related	to dividend inc	ome		
Name of Payer TSJ Account Number	0	Ordinary	Qualified	Capital Gains	Federal Income Tax Withheld	Section 199A Dividends	Foreign Tax Paid
	And the state of t						
	10 TOTAL TOT						
					-		
	The state of the s						
7.70							
	And and a second				WWW.distance.sc. a		

2024

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Attach additional sheets if necessary

Drake Software - Individual Organizer - Copyright 2024

			***************************************		***************************************		
:	Provide all Forms 1099-INT, 1099-OID, and statements relating to interest income	D, and stateme	ents relating to	interest income			
ξī	Name of payer Account number ID and address of payer (if seller-financed mortgage)	Interestincome	Federal Income Tax Withheld	Foreign Tax Paid	Tax Exempt Interest	Amount of Resident State Municipal Interest	Nominee Interest
	•				The state of the s		

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Drake So	Drake Software - Individual Organizer - Copyright 2024	Attach additional	Attach additional sheets if necessary				OI~TNI O

2024

Other Income and A	djustments	3		
Name:		****	SSI	N:
Other Income				
	2024 Taxpayer	2023 Taxpayer	2024 Spouse	2023 Spouse
Railroad Retirement Benefits (attach Forms 1099-RRB)				
State income tax refund (attach Forms 1099-G)				
Alimony received Divorce or separation date Amount				
Unemployment compensation (attach Forms 1099-G)				
Unemployment compensation repaid in 2024				
Gambling winnings (attach Forms W2-G)				
Alaska Permanent Fund				
Jury duty pay				
ABLE distributions				
Scholarships or grants not reported on Form W-2				
Other income:				
				-
Adjustments			* * * * * * * * * * * * * * * * * * *	
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) Alimony paid Name	2024 Taxpayer	2023 Taxpayer	2024 Spouse	2023 Spouse
SSN Divorce or separation date				
Name				
SSN Divorce or separation date		**************************************		
Contributions made to an Individual Retirement Account (IRA)				
Interest paid on a student loan	***			
Other adjustments:				
				· ·· ·
				1

	Mortga	ge Interest		
Name:	······································		SSN	l:
Provide all copies of Form 1098				
TSJ For Business name				
Product				
Recipient / Lender's information: Federal ID #				
Name				
Address				
City	State	ZIP		
Foreign only Province / State		Country	Postal code	
2024	2023		2024	2023
Mortgage interest received		Points paid		NAME OF THE PARTY.
Outstanding mortgage principal				4.00
Date mortgage began		Mortgage interest is for primary residence	Address of property sec	uring mortgage
Mortgage insurance premiums	•	· ·	is same as current addr	
TSJ For Business name				
Product				
Recipient / Lender's information: Federal ID #		***************************************		
Name				
Address			****	
City		ZIP		
Foreign only Province / State			Postal code	
2024	2023		2024	2023
Mortgage interest received	erani	Points paid		
Outstanding mortgage principal		Real estate taxes paid		
Date mortgage began		Mortgage interest is for primary residence	Address of property sec is same as current add	
Madana		Account number		
TSJ For Business name				
Product				
Recipient / Lender's information: Federal ID #				
Name				
Address				
City		ZIP		
Foreign only Province / State			Postal code	
2024	2023	-	2024	2023
Mortgage interest received		Points paid		
		Real estate taxes paid		
Date mortgage began			Address of property sec is same as current addr	
Mortgage insurance premiums		Account number	is same as content addr	

Sch	edule A - Item	ized Deductions	
Name:		SSN	
Medical and Dental Expenses		Charitable Contributions	
2024 Health insurance premiums (paid by you, not through work)	2023	Donations to charity (cash)	2023
Amount above that is for Medicare premiums		Disaster relief contributions	
Long-term care premiums (you) · · · ·		Miles driven for charitable purposes	
Long-term care premiums (your spouse)		Donations to charity (noncash)	
A		If noncash donations are greater than \$500, list below.	
Mileage driven for medical purposes · · Out of pocket medical and			
dental expenses (list)	<u></u>		
	<u> </u>		
	_		
	<u> </u>	Other Miscellaneous Deductions	and the second
		Amortizable bond premiums	
		Federal estate tax	
		Gambling losses	
Taxes Paid	a data a da	Impairment-related work expenses	
State and local income taxes		Claim repayments	
General sales tax		Unrecovered pension investments	
(vehicle, boat, home, etc.)		Loss from other activities from Schedule K-1	
Phonon and the control of the contro		Ordinary loss debt instrument	
Auto registration taxes not		Excess deduction on termination	
deductible for state Other taxes (list)	_	For state purposes ONLY	
• •		Job Expenses & Certain Miscellaneous Dedu Necessary job expenses you paid that were not reimburs	
		employer (list)	ica by your
Interest Paid			
Home mortgage interest paid			
(attach Form 1098)	· .		
Some of your home mortgage loan was not used to buy, build, or improve your home.			
Home mortgage interest paid to an individual		Union dues	
Paid to:		Tax preparation fees	
Name		Other nonpersonal expenses related to taxable income (ist)
Address			
City, State, ZIP			
SSN or EIN			
Points not reported on Form 1098		Investment expenses not entered elsewhere	
Investment interest		Home equity interest	

	Child and Depende	ent Care		
Name:			SS	SN:
Child Care	Provider's Information	·		•
You or you	r spouse were a full-time student or disabled during 2024?			
5 1 1 0			2024	2023
	Number or Employer ID Number			
Name_				
Street address				
City U.S. only	Stola 7ID			
Foreign only	State, ZIP Province / state.			
	Province / state, Country, Postal code e if the care provider is your household employee (Schedule H)			
	3 If the care provider is your nousehold employee (Schedule 17)			
			2024	2023
Social Security	Number or Employer ID Number	Amount paid		man/CL
Street address				***************************************
City		Phone		
U.S. only	State, ZIP			
Foreign only	Province / state, Country, Postal code			
Check here	e if the care provider is your household employee (Schedule H)			
			2024	2023
Social Security	Number or Employer ID Number	Amount paid		
Name				
City		Phone		
U.S. only	State, ZiP			
Foreign only	Province / state, Country, Postal code			
Check here	if the care provider is your household employee (Schedule H)			
•				

Noncash Charitable Contributions				
Name:		SSN:		
TSJ Donee I.D.				
Name of donee organization				
A.1. (2.4.) (2.4.				
City				
U.S. only State, ZIP	80.04.04.04.04.04.04.04.04.04.04.04.04.04			
Fauton out. Decides fately contained to the				
Description of donated property		Donor's cost or adjusted basis		
Valuation method used	•	Fair market value		
Physical condition of donated property		Average security price		
How was it acquired?		Bargain sale price		
Date acquired Date contributed	10 May 1	Bargain sale was capital gain property		
Property type (if over \$5,000)	publicly traded security			
Art valued more than \$20,000	Art valued less than \$20,000	Intellectual property		
Qualified conservation - qualified farmer / rancher	Other real estate	Vehicles		
Qualified conservation - non-qualified farmer / rancher	Securities	Clothing and household items		
Qualified conservation	Collectibles	Other		
☐ Equipment				
TSJ Donee I.D.				
Name of donee organization				
City				
II S only State 7IP				
Foreign only Province / state, country, postal code				
Description of donated property		Donor's cost or adjusted basis		
Valuation method used		Fair market value		
Physical condition of donated property		Average security price		
How was it acquired?		Bargain sale price		
Date acquired Date contributed		Bargain sale was capital gain property		
D				
Property type (if over \$5,000) Donated property is p				
Art valued more than \$20,000	Art valued less than \$20,000	☐ Intellectual property		
Qualified conservation - qualified farmer / rancher	Other real estate	☐ Vehicles		
Qualified conservation - non-qualified farmer / rancher	Securities	Clothing and household items		
Qualified conservation	Collectibles	Other		
Equipment				

Name: SSN: TSJ
Part I - Rosidential Energy Efficient Property Credit Qualified solar electric property costs Qualified solar water heating property costs Qualified small wind energy property costs Qualified geothermal heat pump property costs Qualified geothermal heat pump property costs Qualified shatery storage technology - Does the qualified battery storage technology have a capacity of at least 3 kilowatt hours? Qualified battery storage costs Was a qualified fuel cell property installed on or in your main home in U.S.? Address of main home City, state, and ZiP Qualified fuel cell property costs Kilowatt capacity of qualified fuel cell property entered above Amount of unused credit from 2023 Form 5695, line 16 Part II - Energy Efficient Improvements Were improvements or costs made to your main home located in the US? Were you the original user of the qualified energy efficiency improvements? Were opponents reasonably expected to remain in use for at least five years? Were improvements or costs related to the construction of this main home? City, state, and ZiP Were improvements or costs related to the construction of this home? City, state, and ZiP Were improvements or costs related to the construction of this home? All other qualifying exterior doors
Part I - Rosidential Energy Efficient Property Credit Qualified solar electric property costs Qualified solar water heating property costs Qualified small wind energy property costs Qualified geothermal heat pump property costs Qualified geothermal heat pump property costs Qualified shatery storage technology - Does the qualified battery storage technology have a capacity of at least 3 kilowatt hours? Qualified battery storage costs Was a qualified fuel cell property installed on or in your main home in U.S.? Address of main home City, state, and ZiP Qualified fuel cell property costs Kilowatt capacity of qualified fuel cell property entered above Amount of unused credit from 2023 Form 5695, line 16 Part II - Energy Efficient Improvements Were improvements or costs made to your main home located in the US? Were wou the original user of the qualified energy efficiency improvements? Were opponents reasonably expected to remain in use for at least five years? Were improvements or costs related to the construction of this main home? Address of main home City, state, and ZiP Were improvements or costs related to the construction of this home? All other qualifying exterior doors
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Were improvements or costs made to your main home located in the US? Were you the original user of the qualified energy efficiency improvements? Are the components reasonably expected to remain in use for at least five years? Were improvements or costs related to the construction of this main home? City, state, and ZIP Were improvements or costs related to the construction of this home? Cost of insulation or air sealing material or system Cost of the exterior doors: Most expensive exterior door All other qualifying exterior doors
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Are the components reasonably expected to remain in use for at least five years? Were improvements or costs related to the construction of this main home? City, state, and ZIP Were improvements or costs related to the construction of this home? Cost of insulation or air sealing material or system Cost of the exterior doors: Most expensive exterior door All other qualifying exterior doors
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Address of main home City, state, and ZIP Were improvements or costs related to the construction of this home?
City, state, and ZIP Were improvements or costs related to the construction of this home?
Were improvements or costs related to the construction of this home?
Cost of insulation or air sealing material or system
Cost of the exterior doors: Most expensive exterior door All other qualifying exterior doors
Cost of exterior windows and skylights
Residential Energy Property Costs
Did you incur costs for qualified energy property installed on or in connection with a U.S. home?
Was the qualified energy property originally placed into service by you or your spouse?
Address of home that you installed qualified energy property (if more than one list separately)
Street address /
City, state, and ZIP
Cost of central air conditioners
Cost of natural gas, propane: Water heaters Furnace or hot water boilers
Cost of improvements to or replacement of panelboards, subpanelboards, branch circuits, or feeders
Did you incur costs for a home energy audit that included an inspection of your main home located in the U.S. and a written report prepared by a certified home energy auditor? Yes No Cost of home energy audit
Cost of electric or natural gas: Heat pumps Heat pump water heaters
Cost of biomass stoves and boilers

Vehicle Credits		
Name:	SSN:	
Form 8936 - Clean Vehicle Credits		
TSJ		
Part I - Vehicle Details		
Year of vehicle		
Make of vehicle	 	
Model of vehicle		
Vehicle Identification Number		
Date vehicle was placed in service		
	Yes	No
Was the vehicle used primarily outside the U.S.? If "Yes," stop here.		
Does the VIN entered above belong to a new clean vehicle placed in service during 2024? If "Yes," go to Part II.		
Does the VIN entered above belong to a previously owned clean vehicle acquired after 2022 and placed in service during 2024? If "Yes," go to Part IV.		
Does the VIN entered above belong to a qualified commercial clean vehicle acquired after 2022 and placed in service during 2024? If "Yes," go to Part IV. If "No," stop here.		
Part II - Credit Amount for Business / Investment Use Part of New Clean Vehicle		
Did you acquire the vehicle for use and not for resale? Select "No," if leasing the vehicle from another person.		
Business or investment use percentage		
Part IV - Credit Amount for Previously Owned Clean Vehicle		_
Did you acquire the vehicle for use and not for resale? Select "No," if leasing the vehicle from another person.		
Is the vehicle a qualified fuel cell motor vehicle?	L	Ц
Sales price of vehicle		
Part V - Credit Amount for Qualified Commercial Clean Vehicle	_	_
Did you acquire the vehicle for use and not for resale? Select "No," if leasing the vehicle from another person.		
Is the vehicle powered by gas or diesel?		
Sales price of vehicle		
Vehicle's gross weight rating (GVWR) is 14,000 pounds or more		

Name:	SSN:
Provide all Forms 1098-T	
Student's first and last name:	SSN:
Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years?	Yes
Did the student complete the first four years of post-secondary education before 2024?	
Was the student convicted, before the end of 2024, of a felony for possession or distribution of a controlled substance?	
Is the student pursuing a degree?	
Number of years the American Opportunity Credit has been claimed for this student	2022
Total qualified educational expenses (including the cost of tuition, required enrollment fees, books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution ADDITIONAL qualified educational expenses that were NOT required to be paid directly to the educational institution	77 54 77 74 77
Tax-free educational assistance received in 2024 allocable to the academic period Tax-free educational assistance received in 2025 (and before 2024 return is filed) allocable to the academic period Refunds of qualified education expenses paid in 2024 if the refund is received before the	
Refunds of qualified education expenses paid in 2024 if the refund is received before the 2024 return is filed	
Did the student receive Form 1098-T from this institution for 2024? Did the student receive Form 1098-T from this institution for 2023 with box 7 checked? Educational Institution Street address, city, state, and ZIP	No
Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? Was the student enrolled at least half-time for at least one academic period that began in 2024 at an eligible educational institution pursuing a post-secondary degree, certificate, or other recognized post-secondary education credential?	Yes
Did the student complete the first four years of post-secondary education before 2024?	_
Was the student convicted, before the end of 2024, of a felony for possession or distribution of a controlled substance? Is the student pursuing a degree?	_
Number of years the American Opportunity Credit has been claimed for this student	
Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution	2023
Tax-free educational assistance received in 2024 allocable to the academic period Tax-free educational assistance received in 2025 (and before 2024 return is filed) allocable to the academic period Refunds of qualified education expenses paid in 2024 if the refund is received before the 2024 return is filed	
Did the student receive Form 1098-T from this institution for 2024?	No □
Did the student receive Form 1098-T from this institution for 2023 with box 7 checked?	
Educational Name Institution Street address, city, state, and ZIP	,

Adjustments		
Name:	SSN	:
Moving Expenses		
TSJ		•
Select this box and complete the fields below only if you are a member of the armed forces on active duty, and moved due to a military order for a permanent change of station.	2024	2023
Enter the number of miles from your OLD home to your NEW workplace		
Enter the number of miles from your OLD home to your OLD workplace		
Enter the amount you paid for transportation and storage of household goods and personal effects		
Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals)		
Enter the amount of moving expenses reimbursed to you by your employer		·
Self-Employed Health Insurance		
TSJ	2024	2023
Enter the qualified long-term care amount		
Enter your Medicare wages from an S corporation		
Self-Employed Pensions		
TSJ	2024	2023
Enter your plan contribution rate as a decimal		
Enter your allowable elective deferrals made during 2024		
Enter your catch-up contributions		
Enter the amount of designated ROTH contributions included above		
Nondeductible IRAs		
TS This person is covered by a retirement plan at work or through self-employment.	2024	2023
Total traditional IRA contributions made for 2024		
Amount included above that was contributed between 1/1/2025 and 4/15/2025		
Total basis of traditional IRAs as of 12/31/2024		
Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers.)		
Distributions received were used for disaster relief		
Amount of traditional IRAs converted to ROTH IRAs		
IRA basis before conversion		1997 1997
Total ROTH IRA contributions made for 2024		1.1.1
Health Savings Account		
TS	2024	2023
The taxpayer's coverage is under a high-deductible health plan for:		
Taxpayer only Family		
HSA contributions made for 2024		
Total distributions from all HSAs during 2024		
Distributions included above that were rolled over into another HSA account		.'
Qualified medical expenses paid using HSA distributions		

ame:				SSN:
·				
<u> </u>		employers do not qualify for t	he credit	
not "excluded." ("E	nns below for all employees v excluded" employees include nore-than-2% shareholders, e	business	Complete the columns below enrolled in health insurance cunder qualifying arrangement	overage provided
Employee Identifier	Hours of Service 2024 2023	Wages Paid 2024 2023	Employer Premiums Paid 2024 2023	State Average Premiums
			mine.	
· · · · · · · · · · · · · · · · · · ·				

			- Military	
			W.A. Y.A	

0.410				
u paid premiums during the ta: ill Business Health Options Po	x year for employee health insu ogram (SHOP) Marketplace, en	rance coverage through		
_	for an exception to this requiren	•		
	ed to report employment taxes t			
			, , , , , , , , , , , , , , , , , , , ,	,
ii amount of any state premium	n subsidies paid and any state to	ax credit available	• • • • • • • • • • • • • • • • • • • •	

		Healthcare Coverage Qu	estionnaire		
Name	:			S	SN:
Hea	althca	re Information			
		Member of Household for Healthcare Purposes	Covered the Entire Year	Covered Less than 12 Months	No Healthcare Coverage at All
YES	NO				
		Did anyone other than you or your spouse pay for healthcare coverage	for anyone listed above?		
∐ If vo	∐ u bad ı	Did you pay for healthcare coverage for anyone not listed above? coverage for any part of the year:			
		the policy obtained?			
		Employer	change) 🗌 Other		
		t have coverage part or all of the year: S if the following applies to any member of the household			
		Was your previous insurance policy canceled in 2024?			
		Was coverage offered by your employer or your spouse's employer?			
		Are you a member of a federally recognized Indian tribe?			
		Are you eligible for services through an Indian healthcare provider?			
		Are you a member of a healthcare sharing ministry?			
		Did you live in the United States the entire year?			
		Are you enrolled in TRICARE?			
		Did you apply for CHIP coverage?			
		Do any of the following apply to you? Do NOT indicate which one.			
		Became homeless			
		Evicted in the past six months, or facing eviction or foreclosure			
		Received a shut-off notice from a utility company			
		Recently experienced domestic violence			
		Recently experienced the death of a close family member			
		Recently experienced a fire, flood, or other natural or human-caused	disaster that resulted in s	ubstantial damage to	you property
		Filed for bankruptcy in the last six months			
		Incurred unreimbursed medical expenses in the last 24 months that re	esulted in substantial deb	t	
		Experienced unexpected increases in essential expenses due to cari	ng for an ill, disabled, or a	ging family member	

Schedule C - Profit or Loss from Business		
Name:	SS	N:
General Business Information		
TS Professional product or service	Business code	
Employer ID number		
Business name		
Business address		
City		_
U.S. only State, ZIP		
Foreign only Province / state, Country, Postal code		
Accounting method, if not cash Accrual Other		
This business was started or acquired during 2024. Some investment is NOT at risk. This business was disposed of during 2024.		
Select if this business is for: Professional gambler Exempt Notary income Newspaper delivery and you are under 18 years of age A clergy		
Yes No Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for the individuals? If "Yes," did you file Forms 1099 for the individuals?	or this business.	
Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021? If "Yes," was any portion of the loan forgiven in 2024?		
Income The Control of	ta la	
	2024	2023
Gross receipts or sales		
Returns and allowances		
Other income		
Cost of Goods Sold		
Inventory method, if not cost		
Change of inventory method	2024	2023
Inventory at beginning of year	_	
Purchases (less cost of items withdrawn for personal use)		
Cost of labor		
Materials and supplies		
Other costs (list on detail worksheet)		
Inventory at end of year		

Schedule C - Profit or Loss from Business		
Name:	S	SN:
Expenses		
TS		
Business name		
Profession or product	2024	2023
Advertising		
Car and truck expenses		
Commissions and fees		
Contract labor		
Depletion		and the second of the second
Employee benefit programs		the state of the s
Insurance (other than health)		
Interest - mortgage (paid to banks, etc.)		
Interest - other		
Legal and professional services		
Office expenses		
Pension and profit-sharing plans		and the second s
Rent or lease (vehicles, machinery, and equipment)		and the second of the second o
Rent (other business property)		the state of the s
Repairs and maintenance		
Supplies		
Taxes and licenses (including real estate taxes)		
Travel		
Total meals		
Utilities · · · · · · · · · · · · · · · · · · ·		
Wages		
Family health coverage payments for taxpayer, spouse or dependents		
Other expenses (list):		
·		
	·······	

Name: SSN:	Schedule E	- Income or	Loss from	Rental Real Estate & Royal	ties
TSU Property description Address, city, state, 2IP Select the property type Single family residence Commercial	Name:				SSN:
Property description Address, city, state, ZIP Soloct the property type Soloct the property was selected Commercial Reyalles If the rental is a multi-dwelling unit and you occupied part of the unit, enter the porcontage you occupied If the property was placed in service during 2024. This property was disposed of during 2024. This property was disposed of during 2024. This property is your main home or second home. This property is your main home or second home. This property was owned as a qualified joint venture. Rent locame 2024 2023 Rent locame Rental Unit Expenses Rental Unit Expenses Rental Unit Expenses Rental Ind Homeowner Expenses Advertising Aulo and trevel Clearing and maintenance Commissions Solocity Indicate the property was defined from oil gas, miseral, copyright, or patent If this Schedule E is for a a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column of the property in which you lived in one unit, complete just the "Rental unit expenses" column (complete) just the "Rental unit expenses" column (complete) just the "Rental unit expenses" column.	General Property Information				
Soler the property type Soler the property type Single family residence Vacation / short-term rental Land Self-rental Motili-family residence Commercial Number of days property was used for personal use If the creatials a multi-design using a more of the current to proceed you occupied This property was glaced in service during 2024. Yes No This property was used your main home or second home. If "Yes," did you file Forms 1099 for the individuals? This property was owned as a qualified joint venture. Income 2024 2023 2024 2023 Rent Income 2024 2023 Royalties from oil, gas, mileral, copyright, or patent Exponsas Rental Unit Expenses Rental and Homeowner Expenses Advertising If this Schedule E is for a a multi-unit dwelling and you insurance Unit of the current of the curren					
Self-rental Annibración Vacation / short-term rental Land Royallics Other Commercial Multi-family residence Commercial Number of days property was used for personal use					
This property is your main home or second home. If "Yes," did you file Forms 1099 for the individuals? If "Yes," did you file Forms 1099 for the individuals? If "Yes," did you file Forms 1099 for the individuals? If "Yes," did you file Forms 1099 for the individuals? If "Yes," did you file Forms 1099 for the individuals? If "Yes," did you file Forms 1099 for the individuals? If "Yes," did you file Forms 1099 for the individuals? If "Yes," did you file Forms 1099 for the individuals? If "Yes," did you file Forms 1099 for the individuals? If "Yes," did you file Forms 1099 for the individuals? If "Yes," did you file Forms 1099 for the individuals? If "Yes," did you file Forms 1099 for the individuals? If "Yes," did you file Forms 1099 for the individuals? If "Yes," did you file Forms 1099 for the individuals? If "Yes," did you file Forms 1099 for the individuals? If "Yes," did you file Forms 1099 for the individuals? If "Yes," did you file Forms 1099 for the individuals? If "Yes," did you file Forms 1099 for the individuals? If the Schedule E is for a a multi-unit dwelling and you lived in one unit, did you file Forms 1099 for the individuals? If the Schedule E is for a a multi-unit dwelling and you lived in one unit, did you file Forms 1099 for a multi-unit dwelling and you lived in one unit, did you file Forms 1099 for a multi-unit dwelling and you lived in one unit, did you file Forms 1099 for a multi-unit dwelling and you lived in one unit, did you file Forms 1099 for a multi-unit dwelling and you lived in one unit, did you file Forms 1099 for a multi-unit dwelling and you lived in one unit, did you file Forms 1099 for a multi-unit dwelling and you lived in one unit, did you file Forms 1099 for a multi-unit dwelling and you lived in one unit, did you file Forms 1099 for a multi-unit dwelling and you lived in one unit, did you file Forms 1099 for a multi-unit dwelling and you lived in one unit, did you file Forms 1099 for a multi-unit dwelling and you lived in one unit,	Single family residence Multi-family residence Number of days property was rented If the rental is a multi-dwelling unit and you This property was placed in service of	Commercial occupied part of th	Number of days te unit, enter the p	Royallies Other property was used for personal use percentage you occupied No Payments of \$600 or more were	paid to an individual, who is
Rent Income Rent Income Rental Unit Exponses Rental Unit Exponses Rental and Homeowner Expenses Rental and Homeowner Expenses Advertising Auto and travel Cleaning and maintenance Commissions Commi	This property is your main home or s	econd home.		— not your employee, for services p	
Rent Income Rent Income Rent Income Rental Linit Expenses Rental and Homeowner Expenses Rental Unit Expenses Rental and Homeowner Expenses Advertising Rental unit expenses Rental and Homeowner Expenses Auto and travel Interest out the other units, use the "Rental and homeowner expenses" column to show unit and rented out the other units, use the "Rental and homeowner expenses" column to show oxpenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses the "Rental unit expenses" column to show expenses that pertain ONLY to the rental profice of the rental profice of the rental profice of the rental profice of the property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental profice of the property. Which you lived in one unit, complete just the "Rental unit expenses" column. Utilities Column Depletion Column Complete just the "Rental unit expenses" column.		ea joint ventare.			
Rental Unit Exponses Rental Unit Exponses Rental and Homeowner Expenses Advertising Auto and travel Cleaning and maintenance Commissions Insurance Legal and professional fees Management fees Mortgage interest Other interest Utilities Depletion Other expenses (list) Rental Unit Exponses Rental Unit Exponses Rental and Homeowner Expenses Rental and Homeowner Expenses If this Schedule E is for a a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses set that a pathy to the entire property, Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property. If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column. Utilities Depletion Other expenses (list)	mcome	2024	2023		2024 2023
Rental Unit Exponses Advertising Auto and travel Cleaning and maintenance Cleaning and maintenance Commissions Insurance Itegal and professional fees Management fees Mortgage interest Other interest Repairs Supplies Depletion Utilities Depletion Other expenses (list) Rental Unit Exponses Rental and Homeowner Expenses If this Schedule E is for a a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expensess" coturn to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property. If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.	Rent Income			Royalties from oil, gas, mineral, copyright, or patent	
Advertising If this Schedule E is for a a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses in the property. Use the "Rental unit expenses" column to show expenses that partial ONLY to the rental portion of the property. Other interest If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column. Other expenses (list)	Expenses			N.	
Auto and travel Cleaning and maintenance Cleaning and maintenance Commissions Insurance Legal and professional fees Management fees Management fees Mortgage interest Other interest Supplies Legal and professional fees Commissions Mortgage interest Other rest Commissions If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column. Clithities Utilities Other expenses (list)		Rental Unit Ex	kpenses	Rental <u>and</u> Homeowner Expenses	
Auto ano travel Cleaning and maintenance Commissions Insurance Legal and professional fees Management fees Management fees Mortgage interest Other interest Supplies Supplies Utilities Depletion Other expenses (list)	Advertising	<u>.</u>	· · · · · · · · · · · · · · · · · · ·		
Commissions "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property. Mortgage interest If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column. Supplies Column Complete just the "Rental unit expenses" column. Other expenses (list)	Auto and travel	· · · · · · · · · · · · · · · · · · ·			
Commissions Insurance Insurance Legal and professional fees Management fees Management fees Mortgage interest Other interest Supplies Supplies Utilities Depletion Other expenses (list) expenses" column to show expenses that pertait unit expenses" column to show expenses that pertain ONLY to the rental portion of the property. If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.	Cleaning and maintenance				
Legal and professional fees Management fees Mortgage interest Other interest Repairs Supplies Taxes Other expenses (list) Depletion Other expenses (list)	Commissions			No. 1	
Legal and professional fees Management fees Mortgage interest Other interest City and a special sp	Insurance			patricular and the second seco	
Mortgage interest the rental portion of the property. Other interest fit the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column. Taxes column. Other expenses (list)	Legal and professional fees				• • •
Other interest Repairs Supplies Taxes Utilities Other expenses (list) If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.	Management fees				
Repairs multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column. Taxes	Mortgage interest				are remai portion of the property.
Repairs Supplies Taxes Utilities Other expenses (list)	Other interest				
Taxes	Repairs				
Taxes	Supplies				
Depletion	_			·	COMMIN
Other expenses (list)	Utilities	-			
	•	-	: :		
	Other expenses (list)				
			· .		
	-		1,.11.	p	
			. :		

	Income or Loss from Investments in Partnerships, S Corporations, and Fiducia	ries
Name:		SN:
	ule K-1 from Partnerships, S Corporations, Estates and Trusts Il copies of Schedule K-1 and attachments	
TS	Entity Name	EIN
**************************************		·
<u> </u>		
berrend branch		

	Schedule F - Prof	it or Loss from Farming		
Name:			SSN:	
General Information				
TS Principal product			Employer ID number	
Accounting method, if not cash:	ccrual			
This farm was disposed of during 2024.				
If "Yes," did you file Forms 10	999 for the individuals?	not your employee, for services protein this business prior to June 1, 2021.	vided for this farm.	
If "Yes," was any portion of the		this business prior to duric 1, 2021.		
Income	2004		2004	0000
Sale of livestock and other items	2024 2023	Crop insurance proceeds: Amount received in 2024	2024	2023
-		You elect to defer to 20		
Sale of products you raised	· ·	Amount deferred from 202		
Total cooperative distributions				1.16
(Provide 1099-PATR) Total agricultural payments		Beginning inventory for accru		
Commodity Credit Corporation (CCC) loans:		Ending inventory for accrual		
CCC loans reported		You used unit-livestock	-price or farm-price inventory i	
CCC loans forfeited	# 15 <u>1</u> %	Other income	<u> </u>	
Expenses				
	2024 2023	(1) (1)	2024	2023
Car and truck expenses		Repairs and maintenance .		<u>- 1975, 8,3 (4)</u> Talibala (3,14)
Chemicals		Seeds and plants purchased		
Conservation expenses		Storage and warehousing		
Custom hire (machine work)		Supplies purchased		
Employee benefit programs		Taxes		
Feed purchased		Utilities		
Fertilizers and lime		Veterinary, breeding, medicin	ie	
Freight and trucking	•	Family health coverage payn for taxpayer, spouse or depe		****
Gasoline, fuel, and oil		Other expenses (list)		
Insurance (other than health)				
Interest - mortgage (paid to banks, etc.)				
Interest - other				
Non-W-2 labor hired		· · · · · · · · · · · · · · · · · · ·		
W-2 wages paid				
Pension and profit-sharing plans				
Rent - vehicles, machinery, equipment				
Rent - other (land, animals, etc.)	·			

Fo	rm 4835 -	Farm Renta	l Income and Expenses		
Name:				SSN	l :
General Information					
TSJ Employer ID number	***************************************				
Description					····
This farm was disposed of during 2024.					
Income			en e		
Income from production of livestock, produce, grains, and other crops	2024	2023	Crop insurance proceeds:	2024	2023
Total cooperative distributions			Amount received in 2024		
Total agricultural payments		and the second second	You elect to defer to 2025		
Commodity Credit Corporation (CCC) loans:			Amount deferred from 2023		
CCC loans reported		; · ·	Other income		
CCC loans forfeited					
Expenses					
	2024	2023		2024	2023
Car and truck expenses	·		Seeds and plants purchased		
Chemicals			Storage and warehousing		
Conservation expenses			Supplies purchased		
Custom hire (machine work)			Taxes		
Employee benefit programs			Utilities		
Feed purchased			Veterinary, breeding, medicine	·····	
Fertilizer and lime			Other expenses (list)		
Freight and trucking					
Gasoline, fuel, and oil					
Insurance (other than health)					
Interest - mortgage (paid to banks, etc.)			-		
Interest - other					
Labor hired (less jobs credit)			-		
Pension and profit-sharing plans	•				
Rent - vehicles, machinery, equipment					
Rent - other (land, animals, etc.)					
Repairs and maintenance					-

		Household Employment		
Name			SSN:	
TSJ_		Employer Idenlification Number		
Yes	No	Did an		
		Did you pay any one household employee cash wages of \$2,700 or more in 2024?		
		Did you withhold federal income tax during 2024 for any household employee?		
		Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2023 or 2024 to all household emplo	yees?	
		Did you pay unemployment contributions to only one state?		
		Did you pay all state unemployment contributions for 2024 by April 15, 2025?		
Ц	Ш	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? 2024	20)23
Total o	ash wa	ges subject to Social Security tax		
		ges subject to Medicare tax	· .	
		ges subject to Additional Medicare tax withholding	· · · · · · · · · · · · · · · · · · ·	· ·
		ne tax withheld		
		leave wages		
		ly leave wages		
		· · · · ·		
Qualifi	ed nea	th plan expenses		
TSJ_		Employer Identification Number		
Yes	No	Dil		
		Did you pay any one household employee cash wages of \$2,700 or more in 2024?		
		Did you withhold federal income tax during 2024 for any household employee?	_	
		Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2023 or 2024 to all household employed	yees?	
		Did you pay unemployment contributions to only one state?		
		Did you pay all state unemployment contributions for 2024 by April 15, 2025?		
LJ	Ц	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? 2024	20)23
Total c	ash wa	ges subject to Social Security tax		77. :
		ges subject to Medicare tax		
		ges subject to Additional Medicare tax withholding		
		ne tax withheld		
		leave wages		
		leave wages		
				
Qualifi	ed neai	th plan expenses		

Auto Expense	• Worksh	ieet			
Name:				SSN	•
General Information					
For					
Business name and profession / product					
Description					
Date placed in service					
Was this vehicle available for personal use during off-duty hours?	Yes	☐ No			
Do you or your spouse have another vehicle available for personal use?	Yes	☐ No			
Do you have evidence to support your deduction?	Yes	☐ No			
If "Yes," is the evidence written?	Yes	☐ No			
Enter the number of miles your vehicle was used for:	2024		2023		Prior year total
Business	· · · · · · · · · · · · · · · · · · ·			Business	
Commuting				Total	
Other		<u>.</u>			
Expenses					
				2024	2023
Garage rent		• • • • • •			
Gas			• • • • •		
Insurance			• • • •	•	
Licenses	• • • • • •		• • • • •		
Oil	• • • • • •				
Parking fees	• • • • • •				
Rental fees					
Interest					
Property tax					
Repairs					
Tires		• • • • • •			
Tolls					
Lease addbacks					
Other expenses (list):		Apply b	usiness %		· .

Employee Business E	xpense		
Name:		422	l:
Employee Business Expense			
TS Occupation			
Select if you are: A qualifying performing artist A fee-based state or local government official A disabled employee with impairment-related work expenses An Armed Forces reservist (travel related expenses only) A member of the clergy			
Part I - Employee Business Expense and Reimbursements		2024	2023
Parking fees, tolls, and local transportation, including train, bus, etc. Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment		•	
Other business expenses	· · · · · · · · <u> </u>		
Meals,,.			
DOT meals	• • • • • • • • • • • • • • • • • • • •		
Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 form Other business expenses	· · · · · · · ·		
Meals	· · · · · · · · ·		
Portion of total expenses that is for impairment-related work expenses of disabled employee			
Portion of total expenses that is for an Armed Forces reservist			
Business Vehicle Expenses	$(s,s) = s (\min s M_s) / s^2$		
Vehicl		Vehicle	
2024	2023	2024	2023
Enter the date vehicle was placed in service			
Total miles vehicle was driven during 2024			
Business miles driven during 2024			
Average daily roundtrip commuting distance			
Commuting miles included in total miles above			
Taxes			
Gasoline, oil, repairs, vehicle insurance, etc.			
Vehicle rentals			
Inclusion amount			•
Enter cost or other basis			
Enter section 179 deduction			
Enter depreciation percentage			•
If your employer provided a vehicle, was personal use during off duty hours permitted?	Yes No		
Do you or your spouse have another vehicle available for personal use?	Yes No		
Do you have evidence to support your deduction?	Yes No		
If "Yes," is the evidence written?	Yes No		

	Expenses for Business	s Use of Yo	ur Home		
Name:				SS	N:
Business Use of Home					
For Name of business home is u	sed for				
				2024	2023
Square footage of home used exclusively for t	business				
Total square footage of home			· · · · · · ·		
Use of Home for Daycare			* * * *		• •
				2024	2023
Area used part time for business			· · · · · · · · —		1 1118
Total hours used for day care			· · · · · · · —		MATERIAL III.
Total hours available	_		· · · · · · · —		
Did you live in the home all year? Yes	No				
Expenses	Office expenses	Нота	unancas.	•	
	2024 2023	Home ex 2024	xpenses 2023		
Mortgage interest				In the "Office	expenses" column,
Real estate taxes				enter those ex	
Excess mortgage interest					ively to your office; expenses" column,
Excess real estate taxes	1. A.			enter those ex	penses that
Insurance				pertain to the e	entire dwelling.
Rent					
Repairs and maintenance					
Utilities					
Other expenses					
Cost of Home					
				2024	2023
Enter the smaller of your home's adjusted basis	or its fair market value		· · · · · · · ·		
Does this include the value of the land?] Yes No		Value of land		
Date placed in service					
Date taken out of service			11111		
				•	

	Casualties	and Thefts	
Name:			SSN:
TSJ	FEMA code		
Property descr	iption	<u> </u>	
Property addre			
Property was	Personal Business Income-producing	Employee income-producing	
Date property v	was acquired	Fair market value before incident	
Cost of propert	y damaged or stolen	Fair market value after incident	
Insurance or of or not you filed	ther reimbursement (whether a claim)	Date property was damaged or stolen	
	eduction for Ponzi-Type Investment Scheme tation of Deduction		
Initial investme	nt	Percentage of qualified investment	
Subsequent in	vestments	Actual recovery	
Income reporte	ed in prior years	Potential insurance / SIPC recovery	
Withdrawals	<u>.</u>		
-	ed Statements and Declarations out the person or entity that conducted fraudulent arrangements Name	ss	N / EIN
	Address		
U.S. Only:	City)
Foreign Only:			
TSJ	FEMA code		
	iption		
Property addre			
Property was	Personal Business Income-producing	Employee income-producing	
Date property v	vas acquired	Fair market value before incident	
	y damaged or stolen	Fair market value after incident	
Insurance or of	her reimbursement (whether a claim)	Date property was damaged or stolen	
	eduction for Ponzi-Type Investment Scheme		
Part I Compu	tation of Deduction		
Initial investme	nt	Percentage of qualified investment	
Subsequent inv	vestments	Actual recovery	• • •
Income reporte	d in prior years	Potential insurance / SIPC recovery	
Withdrawals			
•	ed Statements and Declarations out the person or entity that conducted fraudulent arrangements Name	ss	N / EIN
	Address		
U.S. Only:	City		>
Foreign Only:	Province / state Cour	·	

Sec 179 exp				1000																			
Prior Depreciation																							
	: E																						
Method																							
1																							
Date Acquired			700000																				
Description of Property															The state of the s								
for: Multi			TANK TO THE TANK T																				
Assets																							
	t s for: Date Date Multi Description of Property Acquired Cost / Basis Method Life Depreciation	Date Description of Property Acquired Cost / Basis Method Life Depreciation Se	Date Description of Property Acquired Cost / Basis Method Life Depreciation	Date Description of Property Acquired Cost / Basis Method Life Depreciation	Date Cost / Basis Method Life Depreciation	Date Cost / Basis Method Life Depreciation Acquired Cost / Basis Method Life Depreciation	Date Cost / Basis Method Life Depreciation Acquired Cost / Basis Method Life Depreciation	Date Cost / Basis Method Life Depreciation Acquired Cost / Basis Method Life Depreciation	Date Cost / Basis Method Life Depreciation Cost / Basis Method Life Depreciation	Description of Property Acquired Cost / Basis Method Life Depreciation	Date Cost / Basis Method Life Depreciation Date Acquired Cost / Basis Method Life Depreciation	Date Acquired Cost / Basis Method Life Depreciation Acquired Cost / Basis Method Life Depreciation	Date Cost / Basis Method Life Depreciation Acquired Cost / Basis Method Life Depreciation	i Description of Property Acquired Cost / Basis Method Life Depreciation	Date Cost/Basis Method Life Prior Acquired Cost/Basis Method Life Depreciation	Description of Property Acquired Cost / Basis Method Life Depreciation	Date Cost / Basis Method Life Depreciation Procription of Property Acquired Cost / Basis Method Life Depreciation Procription of Property Acquired Cost / Basis Method Life Depreciation Procription of Property Acquired Cost / Basis Method Life Depreciation	Date Cost/Basis Method Life Depreciation Acquired Cost/Basis Method Life Depreciation	Date Cost / Basis Method Life Depreciation Cost / Basis Method Life Depreciation Cost / Basis Method Life Depreciation	Date Cost/Basis Method Life Depreciation Acquired Cost/Basis Method Life Depreciation	Date Cost I Basis Method Life Depreciation Cost I Basis Method Life Depreciation Date Cost I Basis Method Life Depreciation Cost I Basis Method Life Depreciation	Date Cost Basis Method Life Depreciation Cost Basis Method Life Depreciation	Date Cost/Basis Method Life Depreciation Cost/Basis Method Life Depreciation

Expense of Sale

Sales Price

Sold

SSN:

	Sale of Cap	ital Assets			
Name				SSN:	
	of Capital Assets (including assets not reported on Form	1099-B)			
Provid	e all brokerage statements	Date	Date	Sales	
TSJ	Description of Property	Purchased	Sold	Price	Cost
				·	

				·	
y					
	· · · · · · · · · · · · · · · · · · ·				

			-	-	
					
	,				
					
				•	
				·	

	Installment Sale Income		
Name:		S	SSN:
TSJ Description of property:			
Date acquired	Date sold	2024	Prior years
Selling price			
Mortgages assumed			
Cost of property sold			
Depreciation allowed			
Commissions and expense of sale			and the second s
Gross profit percentage			
Interest received			
Principal payments received			· ·
Property was sold to a related party			
TSJ Description of property:			
Date acquired	Date sold	2024	Prior years
Selling price			<u> </u>
Mortgages assumed			
Cost of property sold			
Depreciation allowed			
Commissions and expense of sale		······································	
Gross profit percentage			
Interest received			
Principal payments received	· · · · · · · · · · · · · · · · · · ·		
Property was sold to a related party			
TSJ Description of property:			
Date acquired	Date sold	2024	Prior years
Selling price			
Mortgages assumed			
Cost of property sold			-
Depreciation allowed			
Commissions and expense of sale			
Gross profit percentage			-
Interest received			· ·
Principal payments received			·
Property was sold to a related party]		

Foreign Earned Income		
Name:		SSN:
Part IV - Foreign Earned Income		
	2024	2023
		- —
Allowable share of income for personal services performed: In a business (including farming) or profession		
In a partnership (list name, address, and type of income)		
Noncash income:		er e
Home (lodging) · · · · · · · · · · · · · · · · · · ·		
Meals		
Car		<u> </u>
Other property or facility		<u> </u>
(specify)		
Allowances, reimbursements, or expenses paid on your behalf for services performed:		
Cost of living and overseas differential		· · .
Family		the state of the second state of
Education		
Home leave · · · · · · · · · · · · · · · · · · ·		
Quarters		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Other (specify)		
		e e esta esta esta e
Other foreign earned income (specify):		
		•
Meals and lodging entered above, that were provided by your employer, that are excludable		
For Taxpayers Claiming the Housing Exclusion or Deduction		
	2024	2023
Qualified housing expenses for the tax year		
Location where housing expenses incurred		-
Limit on housing expenses		<u> </u>
Enter the number of days in qualifying period that fall within your 2024 tax year		
Enter employer-provided amounts		· -
For Taxpayers Claiming the Foreign Earned Income Exclusion		
To Tunpayore elamining are a colour manner and	2024	2023
Enter the number of days in qualifying period that fall within your 2024 tax year		· .

ne: art I - General Information SJ	ountry	Post	al code		
SJ axpayer's foreign address Street 1 · · · · · · · Street 2 · · · · · Foreign city · · · · · Province / state · · · · ccupation · · · · · · mployer's name · · · · City · · · · · · mployer's foreign address	ountry	Post	al code		
Axpayer's foreign address Street 1 · · · · · · · Street 2 · · · · · · Foreign city · · · · · Province / state · · · · ccupation · · · · · · mployer's name · · · · City · · · · · · mployer's foreign address	ountry	Post	al code		
Street 1	ountry	Post	al code		
Street 2 · · · · · · · · · · · · · · · · · ·	ountry	Post	al code		
Foreign city	ountry	Post	al code		
mployer's name	ST	ZIP			
mployer's name	ST	ZIP			
mployer's U.S. address Street	ST	ZIP			
mployer's U.S. address Street	ST	ZIP			
nployer's foreign address					
• •					
Street 2 · · · · · · ·	·				
City					
Province / state · · · · Co	ountry	Post	al code		
nployer is: (check any that apply)					
A foreign entity	A U.S. company	Self			
A foreign affiliate of a U.S. company	Other (specify):				
you have previously filed Form 2555, enter the last year you filed Form 255					
you claimed an exclusion in an earlier year, have you ever revoked your ch		☐ Yes	□ No		
If "Yes," give the type of exclusion			and tax year		
f which country are you a citizen?		,	una tan you.		emanance halanda #
,					
d you maintain a separate foreign residence for your family because of adv	erse living conditions a	at your tax home?		Yes	∐ No
yes, enter the city and country of the separate foreign residence. Also, show cond household at that address.	v the number of days d	luring your tax year	r that you maini	tained a	
City and country				Num	ber of day
				•	
					······································
st your tax homes during your tax year and dates established					
Home				Date est	lablished
			→ -		

		Foreign l	Earned Inc	ome				
Name:							SSN:	
Part II - Bona Fide Residence Te	st	, ended						
Type of living quarters in foreign country		Purchased house Rented room		Rented house or apartment Quarters furnished by employe				
								er
Did any of your family live with you abro If yes, who and for what period		ny part of the tax year?		For What Period				es 🗌 N
- - -							Yes	
If you legally reside in a foreign country that you are not a resident of said coun	, did you submit a try?	statement to the t	foreign country's	authorities s	tating			Ö
Do you pay income tax to the country w If you were present in the United States					• • • • • •	Number of		
Date Arrived Date Left in U.S. U.S.	U.Ś. for	ome Earned in U.S. r Business	Date A in U		Date Left U.S.	Days in U.S. for Business	in	e Earned I U.S. usiness
List any contractual terms or other cond List the type of visa under which you en Did your visa limit the length of your sta If yes, explain Did you maintain a home in the United	tered the foreign y or employment States while living	country: in a foreign countre abroad?	ry?					No
If yes, enter the address of your home				ts, and their r	elationship to	o you		
City	Sta	te ZIP _			Was the h	ome rented?		
Name of occupant:				Relationship o	of occupant:			
Part III - Physical Presence Test The physical presence test is based on Enter your principal country of employm	the 12-month per			through	ı:			
Enter all travel abroad during the 12-mointernational waters, or in or over the Urend date on arrival / departure in a foreign country or countries for the ention Form 1040.	nited States, for 24 an country, If you	4 hours or more. The have no travel to	The 12-month per report during the	eriod does no e period, write d in the last c	t have to beg in the sched olumn below	gin with the fir dule "physical in Part IV, bul	st full day ly presen report it	or
Name of Country (including U.S.)		eate Arrived	Date Le	. Pres	ent in Day	s in U.S. usiness	for Busin	ness (attach ulation)
		_					•••	