

Cornelius & Leone  
3601 Cardinal Point Dr  
Jacksonville, FL 32257-9242  
904-642-1040

## NEW THIS YEAR

It is with great pleasure we introduce Sonja Campbell as the newest partner of Cornelius & Leone as of January 1, 2025.

Sonja will be entering her 11<sup>th</sup> tax season with our firm and looks forward to continue working closely with everyone in her new role.

## REMINDERS

To process your return, the following items **MUST** be received:

- Signed Engagement Letter
- Questionnaire
- Updated Personal Information Sheet (**Including email addresses for both taxpayer and spouse, if joint return**)
- Current Bank Information for Direct Deposit or Withdrawal. A voided check would also be sufficient.

You will receive an email with a DRAFT of your return that contains an e-sign document authorizing us to e-file your return. **No return will be filed without this signature.**

You will **ONLY** receive a **PDF** of your return, unless otherwise requested.

## **Notes To Preparer**

Please use this page to enter any additional information  
or questions you may have.

**Cornelius & Leone**  
**3601 Cardinal Point Dr**  
**Jacksonville, FL 32257-9242**  
**904-642-1040**

**\*MUST BE SIGNED & RETURNED\***

**Income Tax Preparation Engagement Letter**

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and requested state/local income tax returns from information that you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification on some of the information. We will furnish you with a client organizer (enclosed) to guide you in gathering the necessary information. Your use of such forms will assist in keeping pertinent information from being overlooked.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all of the original documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. As a taxpayer, you have the final responsibility for the income tax return(s) and, therefore, you should review them carefully before they are filed.

The filing deadline for the tax return is **April 15th**. In order to meet this filing deadline, the information needed to complete the return should be received by us no later than **the last Friday of March**. If we have not received your information by this day, we cannot guarantee the completion of your tax return(s) prior to April 15th. If necessary, we can apply for an automatic extension of time to file your tax return(s). If an extension of time is required, any tax that may be due with the return must be paid with that extension. Any amounts not paid by the filing deadline are subject to interest and late payment penalties when those amounts are actually paid.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to assist you. Please contact us immediately upon receipt of any IRS notice.

Certain communications involving tax advice between you and our firm may be privileged and not subject to disclosure to the IRS. By disclosing the contents of those communications to anyone, or by turning over information about those communications to the government, you may be waiving this privilege. To protect your rights, please consult us or your attorney prior to disclosing any information about our tax advice.

**Electronic filing will be standard for all returns prepared** unless a specific state or local return does not have electronic filing capabilities. This will also apply to returns with a balance due - you will have the option to send the IRS a check via USPS or have the funds directly withdrawn from your bank account on the date you specify. This is a mandated rule that the Internal Revenue Service has put in place. **Form 8879** must be signed before your return is e-filed. We will provide you with a draft copy of your return, along with Form 8879, for your signature and approval.

We have available to our clients a Client Portal feature on our website that can be used as a secure place to "store" your tax return copies and documents. It will allow you to print your client copy or save it to

your computer as you wish. The Client Portal is an option of providing you a client copy of your return. If you wish to receive the client copy using our Client Portal, please indicate below as an additional request and you will be sent a link to set one up. We assure you that our Client Portal service is completely secure. We can also provide a client copy in the form of a paper copy.

If the foregoing fairly sets forth your understanding, please sign below and return to our office.

We want to express our appreciation for this opportunity to work with you.

Sincerely,

## Cornelius & Leone

The undersigned hereby authorizes Cornelius & Leone and all of its representatives, agents and employees to furnish my/our full and complete personal financial information and documents as necessary to those personnel connected with preparing and reviewing my/our federal and/or state tax return(s), amendments or other tax services that are required/ requested.

Accepted By:

|                    |              |       |
|--------------------|--------------|-------|
| _____              | _____        | _____ |
| Taxpayer Signature | Printed Name | Email |
| _____              | _____        | _____ |
| Spouse Signature   | Printed Name | Email |

Date: \_\_\_\_\_

**PLEASE NOTE: WE MUST HAVE BOTH EMAILS ON FILE TO ELECTRONICALLY FILE A JOINT RETURN**

**Comments / additional requests (your comments are important to us, so please include information you feel is important for us to address):**

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ (please initial)    If applicable, I want my balance due withdrawn from my bank account (please attach a voided check).

\_\_\_\_\_ (please initial)    I would rather pay with a check using USPS.

**We must receive a voided check or your bank's name, routing number, and your account number. The IRS software requires this information to be verified annually, and therefore does not save it. If we do not receive this information, your refund WILL NOT be direct deposited.**

## Questions

Please check the appropriate box and include all necessary details and documentation.

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| <b>Personal Information</b>   |                          |                          |
| Did your marital status change during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____  |                          |                          |
| Did you live separately from your spouse during the last six months of the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did your address change from last year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you be claimed as a dependent by another taxpayer?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS notice for filing returns in 2025.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires and other disaster situations.                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Dependent Information</b>  |                          |                          |
| Were there any changes in dependents from the prior year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____  |                          |                          |
| Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,600?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have dependents who must file a tax return?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you provide over half the support for any other person(s) other than your dependent children during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay for child care while you worked, looked for work, or while a full-time student?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there any other person(s) who lived with you more than half the year but not claimed by you last year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any expenses related to the adoption of a child during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS notice for use during the 2025 filing season.  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Purchases, Sales and Debt Information</b>  |                          |                          |
| Did you start a new business or purchase rental property during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have ownership interest in any type of business?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell, exchange, or purchase any assets used in your trade or business?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you acquire a new or additional interest in a partnership or S corporation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell, exchange, or purchase any real estate during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase or sell a principal residence during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you foreclose or abandon a principal residence or real property during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you acquire or dispose of any stock during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you take out a home equity loan this year?  | <input type="checkbox"/> | <input type="checkbox"/> |

- Did you refinance a principal residence or second home this year?
- Did you sell an existing business, rental, or other property this year?
- Did you lend money with the understanding of repayment and this year it became totally uncollectable?
- Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?
- Did you purchase a new or previously owned clean vehicle this year that is eligible for the new clean vehicle credit? If yes, attach the vehicle statement from the dealer even if you received the credit when purchased at the dealer.
- Did you receive a Form 1099-K for the sale of personal property for a gain or loss?

**Income Information**

- Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?
- Did you receive any income from property sold prior to this year?
- Did you receive any unemployment benefits during the year?
- Did you receive any disability income during the year?
- Did you receive any Medicaid waiver payments as difficulty of care during the year?
- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
- Did you receive any income considered to be nonemployee compensation?
- Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for work done in what is commonly referred to as the "gig" economy?
- Did you receive a Form 1099-K for a distribution payment from an online crowdfunding solicitation?
- Did you receive a Form 1099-K that you believe is in error?
- Do you expect a large fluctuation in income, deductions, or withholding next year?
- Did you have any sales or other exchanges of digital assets (including from an airdrop or a hard fork, or used digital assets to pay for goods or services)?

**Retirement Information**

- Are you an active participant in a pension or retirement plan?
- Did you receive any Social Security benefits during the year?
- Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- If yes, were any withdrawals due to a Federally declared disaster?
- If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2024?
- Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
- Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- Did you receive any qualified birth or adoption distributions, emergency personal expense distributions, domestic abuse distributions, or terminal illness distributions in 2024?
- If yes, did you repay any of the distributions in 2024?
- Did you make any qualified charitable distributions (QCD) during the year?

**Education Information**

- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?
- Did anyone in your family receive a scholarship of any kind during the year?
- If yes, were any of the scholarship funds used for expenses other than tuition,

- such as room and board?
- Did you make any withdrawals from an education savings or 529 Plan account?
- If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?

### Health Care Information

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLE (Achieving a Better Life Experience) account?
- Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account?
- If you are a business owner, did you pay health insurance premiums for your employees this year?

### Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- If yes, did the loss occur in a Federally declared disaster area?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Did you make any cash or other monetary charitable contributions?
- Did you make any noncash charitable contributions (clothes, furniture, etc.)?
- If yes to either of the above charitable contribution questions, please provide evidence such as a receipt from the donee organization, canceled check, or record of payment, to substantiate all contributions made.
- Did you donate a vehicle or boat during the year?
- Did you pay real estate taxes for your primary home and/or second home?
- Did you pay any mortgage interest on an existing home loan?
- Did you incur interest expenses associated with any investment accounts you held?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

### Miscellaneous Information

- Did you make gifts of more than \$18,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?
- Did you pay any individual as a household employee during the year?

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Did you make energy efficient improvements to your main home this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you an owner or do you control 25% of a company's ownership interest for a company registered with a secretary of state or similar office before January 1, 2025?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, did you file its initial Beneficial Ownership Information Report (BOIR)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If you were required to file a Beneficial Ownership Information Report (BOIR) with the Financial Crimes Enforcement Network (FinCEN), has any of the previously reported information changed (for either the reporting company or any of the beneficial owners)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive correspondence from the State or the IRS?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____   |                          |                          |
| Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.  | <input type="checkbox"/> | <input type="checkbox"/> |



**Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) \_\_\_\_\_[1]  
 Mark if you were married but living apart all year \_\_\_\_\_[2]  
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) \_\_\_\_\_[3]

|   | <b>Taxpayer</b>       |  | <b>Spouse</b>         |
|---|-----------------------|--|-----------------------|
| 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] _____ [31] |
| Home/evening telephone number   | _____ [32]            |  | _____ [33]            |
| Do you authorize us to discuss your return with the IRS? (Y, N)                           | _____ [34]            |  |                       |

**Present Mailing Address**

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

**Dependent Information**

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

| First Name <sup>52]</sup> | Last Name | Date of Birth | Social Security No. | Relationship | Months in home | **Dep Codes * ** | Care expenses paid for dependent |
|---------------------------|-----------|---------------|---------------------|--------------|----------------|------------------|----------------------------------|
|                           |           |               |                     |              |                |                  |                                  |
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|                           |           |               |                     |              |                |                  |                                  |
|                           |           |               |                     |              |                |                  |                                  |
|                           |           |               |                     |              |                |                  |                                  |

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

**Dependent Codes**

- |   |   |
|---|---|
| <p><b>*Basic</b></p> <ul style="list-style-type: none"> <li>1 = Child who lived with you</li> <li>2 = Child who did not live with you due to divorce/separation</li> <li>3 = Other dependent</li> <li>4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)</li> <li>5 = Qualifying child for Earned Income Credit only</li> <li>6 = Children who lived with you, but do not qualify for Earned Income Credit</li> <li>7 = Children who lived with you, but do not qualify for Child Tax Credit</li> <li>8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit</li> </ul> <p><b>***Months</b></p> <ul style="list-style-type: none"> <li>77 = Reported on odd year return</li> <li>88 = Reported on even year return</li> <li>99 = Not reported on return</li> </ul> | <p><b>**Other</b></p> <ul style="list-style-type: none"> <li>1 = Student (Age 19 - 23)</li> <li>2 = Disabled dependent</li> <li>3 = Dependent who is both a student and disabled</li> </ul> |
|---|---|

**Preparer - Enter on Screen Contact**

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) \_\_\_\_\_ [8]

Taxpayer email address \_\_\_\_\_ [9]

Spouse email address \_\_\_\_\_ [10]

**Taxpayer**

**Spouse**

Fax telephone number \_\_\_\_\_ [11] \_\_\_\_\_ [20]

Mobile telephone number \_\_\_\_\_ [12] \_\_\_\_\_ [21]

Mobile telephone #2 number \_\_\_\_\_ [13] \_\_\_\_\_ [22]

Pager number \_\_\_\_\_ [14] \_\_\_\_\_ [23]

Other: \_\_\_\_\_ [15] \_\_\_\_\_ [24]

    Telephone number \_\_\_\_\_ [16] \_\_\_\_\_ [25]

    Extension \_\_\_\_\_ [17] \_\_\_\_\_ [26]

Preferred method of contact: \_\_\_\_\_ [18] \_\_\_\_\_ [27]  
    Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2

**NOTES/QUESTIONS:**

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:

**IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.**

Mark if you want to file a paper return even if you qualify for electronic filing \_\_\_\_\_[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) \_\_\_\_\_[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account \_\_\_\_\_[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes. This is not the same as an IRS assigned six-digit Identity Protection PIN (IP PIN).

Taxpayer self-selected Personal Identification Number (PIN) (Not an IRS assigned six-digit IP PIN) \_\_\_\_\_[7]

Spouse self-selected Personal Identification Number (PIN) (Not an IRS assigned six-digit IP PIN) \_\_\_\_\_[8]

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## 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]

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**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

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 <b>(Box 1)</b>   | +     | _____   | [10] |
| Federal tax withheld <b>(Box 2)</b>   | +     | _____   | [12] |
| Social security wages <b>(Box 3)</b> (If different than federal wages)  | +     | _____   | [14] |
| Social security tax withheld <b>(Box 4)</b>   |       | + _____ | [16] |
| Medicare wages <b>(Box 5)</b> (If different than federal wages)   | +     | _____   | [18] |
| Medicare tax withheld <b>(Box 6)</b>  | +     | _____   | [21] |
| SS tips <b>(Box 7)</b>  | +     | _____   | [23] |
| Allocated tips <b>(Box 8)</b>   |       | + _____ | [25] |
| Dependent care benefits <b>(Box 10)</b>   |       | + _____ | [27] |
| <b>Box 13 -</b>   |       |         |      |
| Statutory employee  |       |         | [29] |
| Retirement plan   |       |         | [30] |
| Third-party sick pay  |       |         | [31] |
| State postal code <b>(Box 15)</b>   |       | _____   | [32] |
| State wages <b>(Box 16)</b> (If different than federal wages)   | +     | _____   | [34] |
| State tax withheld <b>(Box 17)</b>  | +     | _____   | [36] |
| Local wages <b>(Box 18)</b>   | +     | _____   | [38] |
| Local tax withheld <b>(Box 19)</b>  |       | + _____ | [40] |
| Name of locality <b>(Box 20)</b>  | _____ |         | [43] |

|  |                        |  |
|--|------------------------|--|
|  | <b>Control Totals+</b> |  |
|--|------------------------|--|

## 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 <b>(Box 1)</b>   | +     | _____   | [10] |
| Federal tax withheld <b>(Box 2)</b>   | +     | _____   | [12] |
| Social security wages <b>(Box 3)</b> (If different than federal wages)  | +     | _____   | [14] |
| Social security tax withheld <b>(Box 4)</b>   |       | + _____ | [16] |
| Medicare wages <b>(Box 5)</b> (If different than federal wages)   | +     | _____   | [18] |
| Medicare tax withheld <b>(Box 6)</b>  | +     | _____   | [21] |
| SS tips <b>(Box 7)</b>  | +     | _____   | [23] |
| Allocated tips <b>(Box 8)</b>   |       | + _____ | [25] |
| Dependent care benefits <b>(Box 10)</b>   |       | + _____ | [27] |
| <b>Box 13 -</b>   |       |         |      |
| Statutory employee  |       |         | [29] |
| Retirement plan   |       |         | [30] |
| Third-party sick pay  |       |         | [31] |
| State postal code <b>(Box 15)</b>   |       | _____   | [32] |
| State wages <b>(Box 16)</b> (If different than federal wages)   | +     | _____   | [34] |
| State tax withheld <b>(Box 17)</b>  | +     | _____   | [36] |
| Local wages <b>(Box 18)</b>   | +     | _____   | [38] |
| Local tax withheld <b>(Box 19)</b>  |       | + _____ | [40] |
| Name of locality <b>(Box 20)</b>  | _____ |         | [43] |

|  |                        |  |
|--|------------------------|--|
|  | <b>Control Totals+</b> |  |
|--|------------------------|--|



## 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<br><small>(**See codes below)</small> | Interest Income <sup>[1]</sup> | Tax Exempt Income | Penalty on Early Withdrawal | U.S. Obligations*<br>\$ or % | Tax Exempt*<br>\$ or % | Foreign Taxes Paid | Prior Year Information |
|-------|---|--------------------------------|-------------------|-----------------------------|------------------------------|------------------------|--------------------|------------------------|
|       | <b>1</b>  | Payer                          |                   |                             |                              |                        |                    |                        |
|       |   | Amounts                        | +                 |                             |                              |                        |                    |                        |
|       | <b>2</b>  | Payer                          |                   |                             |                              |                        |                    |                        |
|       |   | Amounts                        | +                 |                             |                              |                        |                    |                        |
|       | <b>3</b>  | Payer                          |                   |                             |                              |                        |                    |                        |
|       |   | Amounts                        | +                 |                             |                              |                        |                    |                        |
|       | <b>4</b>  | Payer                          |                   |                             |                              |                        |                    |                        |
|       |   | Amounts                        | +                 |                             |                              |                        |                    |                        |
|       | <b>5</b>  | Payer                          |                   |                             |                              |                        |                    |                        |
|       |   | Amounts                        | +                 |                             |                              |                        |                    |                        |
|       | <b>6</b>  | Payer                          |                   |                             |                              |                        |                    |                        |
|       |   | Amounts                        | +                 |                             |                              |                        |                    |                        |
|       | <b>7</b>  | Payer                          |                   |                             |                              |                        |                    |                        |
|       |   | Amounts                        | +                 |                             |                              |                        |                    |                        |
|       | <b>8</b>  | Payer                          |                   |                             |                              |                        |                    |                        |
|       |   | Amounts                        | +                 |                             |                              |                        |                    |                        |
|       | <b>9</b>  | Payer                          |                   |                             |                              |                        |                    |                        |
|       |   | Amounts                        | +                 |                             |                              |                        |                    |                        |
|       | <b>10</b>                                       | Payer                          |                   |                             |                              |                        |                    |                        |
|       |   | Amounts                        | +                 |                             |                              |                        |                    |                        |

| **Interest Codes         |                      |                        |
|--------------------------|----------------------|------------------------|
| Blank = Regular Interest | 4 = Accrued Interest | 6 = ABP Adjustment     |
| 3 = Nominee Distribution | 5 = OID Adjustment   | 7 = Series EE & I Bond |

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

|                         |             |
|-------------------------|-------------|
| <b>**Dividend Codes</b> |             |
| Blank = Other           | 3 = Nominee |



|                                    |                         |                               |
|------------------------------------|-------------------------|-------------------------------|
|                                    | <b>2024 Information</b> | <b>Prior Year Information</b> |
| State and local income tax refunds | + _____ [5]             |                               |

|                  |            |                       |                         |                               |
|------------------|------------|-----------------------|-------------------------|-------------------------------|
|                  | <b>T/S</b> | <b>Agreement Date</b> | <b>2024 Information</b> | <b>Prior Year Information</b> |
| Alimony received | —          | _____                 | + _____ [3]             |                               |
|                  | —          | _____                 | + _____ [3]             |                               |

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

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

|   |              |  |   |                         |                               |
|---|--------------|--|---|-------------------------|-------------------------------|
|   | <b>T/S/J</b> | <b>Self-Employment Income ?<br/>(Y, N)</b> |   | <b>2024 Information</b> | <b>Prior Year Information</b> |
|   |              |  | Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships | + _____ [15]            |                               |
| — | —            | _____                                      |   | +                       |                               |
| — | —            | _____                                      |   | +                       |                               |
| — | —            | _____                                      |   | +                       |                               |
| — | —            | _____                                      |   | +                       |                               |
| — | —            | _____                                      |   | +                       |                               |
| — | —            | _____                                      |   | +                       |                               |
| — | —            | _____                                      |   | +                       |                               |
| — | —            | _____                                      |   | +                       |                               |
| — | —            | _____                                      |   | +                       |                               |
| — | —            | _____                                      |   | +                       |                               |
| — | —            | _____                                      |   | +                       |                               |
| — | —            | _____                                      |   | +                       |                               |
| — | —            | _____                                      |   | +                       |                               |
| — | —            | _____                                      |   | +                       |                               |
| — | —            | _____                                      |   | +                       |                               |
| — | —            | _____                                      |   | +                       |                               |
| — | —            | _____                                      |   | +                       |                               |
| — | —            | _____                                      |   | +                       |                               |
| — | —            | _____                                      |   | +                       |                               |

**NOTES/QUESTIONS:**

### Social Security, Tier 1 Railroad Benefits

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

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
State postal code \_\_\_\_\_ [3]

#### Social Security Benefits

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:

|  | 2024 Information | Prior Year Information   |
|--|------------------|--|
| Medicare premiums  | + _____ [7]      | <div style="border: 1px solid black; background-color: #cccccc; width: 100%; height: 100%; padding: 5px;"> <p>_____</p> <p>_____</p> <p>_____</p> </div> |
| Prescription drug (Part D) premiums                      | + _____ [9]      |  |
| Net Benefits for 2024 (Box 3 minus Box 4) <b>(Box 5)</b> | + _____ [12]     |  |
| Voluntary Federal Income Tax Withheld <b>(Box 6)</b>     | + _____ [14]     |  |

#### Tier 1 Railroad Benefits

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

|   | 2024 Information | Prior Year Information  |
|---|------------------|---|
| Net Social Security Equivalent Benefit:       |                  | <div style="border: 1px solid black; background-color: #cccccc; width: 100%; height: 100%; padding: 5px;"> <p>_____</p> <p>_____</p> </div> |
| Portion of Tier 1 Paid in 2024 <b>(Box 5)</b> | + _____ [22]     |   |
| Federal Income Tax Withheld <b>(Box 10)</b>   | + _____ [25]     |   |
| Medicare Premium Total <b>(Box 11)</b>        | + _____ [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:

|  | <b>Taxpayer</b> | <b>Spouse</b> |
|--|-----------------|---------------|
| Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)  | ___[1]          | ___[2]        |
| Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible) | ___[3]          | ___[4]        |
| Enter the total traditional IRA contributions made for use in 2024   | + _____[5]      | + _____[6]    |

|  | <b>Taxpayer</b> | <b>Spouse</b> |
|--|-----------------|---------------|
| Enter the nondeductible contribution amount made for use in 2024         | + _____[5]      | + _____[6]    |
| Enter the nondeductible contribution amount made in 2025 for use in 2024 | + _____[7]      | + _____[8]    |
| Traditional IRA basis  | + _____[17]     | + _____[18]   |
| Value of all your traditional IRA's on December 31, 2024:                | + _____[19]     | + _____[20]   |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |

**Roth IRA**

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

|  | <b>Taxpayer</b> | <b>Spouse</b> |
|--|-----------------|---------------|
| Mark if you want to contribute the maximum Roth IRA contribution   | ___[29]         | ___[30]       |
| Enter the total Roth IRA contributions made for use in 2024        | + _____[31]     | + _____[32]   |
| Enter the amount a 2024 Roth IRA conversion should be adjusted by  | + _____[39]     | + _____[40]   |
| Enter the total contribution Roth IRA basis on December 31, 2023   | + _____[43]     | + _____[44]   |
| Enter the total Roth IRA contribution recharacterizations for 2024 | + _____[45]     | + _____[46]   |
| Enter the Roth conversion IRA basis on December 31, 2023           | + _____[47]     | + _____[48]   |
| Value of all your Roth IRA's on December 31, 2024:                 | + _____[49]     | + _____[50]   |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |

**NOTES/QUESTIONS:**

Alimony Paid:

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

\* Date of divorce/separation agreement

|                    | 2024 Information |        | Prior Year Information |
|--------------------|------------------|--------|------------------------|
|                    | Taxpayer         | Spouse |                        |
| Educator expenses: | + [6]            | + [7]  |                        |
|                    | +                | +      |                        |
| Other adjustments: | + [9]            | + [10] |                        |
|                    | +                | +      |                        |
|                    | +                | +      |                        |
|                    | +                | +      |                        |
|                    | +                | +      |                        |
|                    | +                | +      |                        |
|                    | +                | +      |                        |
|                    | +                | +      |                        |
|                    | +                | +      |                        |
|                    | +                | +      |                        |
|                    | +                | +      |                        |
|                    | +                | +      |                        |
|                    | +                | +      |                        |
|                    | +                | +      |                        |
|                    | +                | +      |                        |
|                    | +                | +      |                        |
|                    | +                | +      |                        |
|                    | +                | +      |                        |
|                    | +                | +      |                        |
|                    | +                | +      |                        |
|                    | +                | +      |                        |
|                    | +                | +      |                        |
|                    | +                | +      |                        |
|                    | +                | +      |                        |
|                    | +                | +      |                        |
|                    | +                | +      |                        |

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:<br><small>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.</small> |                  |                        |  |
| [4] _____  | + _____ [5]      |                        |  |
| _____  | + _____          |                        |  |
| _____  | + _____          |                        |  |
| _____  | + _____          |                        |  |
| Long-term care premiums you paid:<br><small>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.)</small>   |                  |                        |  |
| [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 +**



| T/S/J                                  | 2024 Interest Paid <sup>2]</sup> | 2024 Points Paid | Type* | Prior Year Information |
|--|----------------------------------|------------------|-------|------------------------|
| Home mortgage interest: From Form 1098 |                                  |                  |       |                        |
| [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]                    |
| <b>Address</b>   |              |            |                  |                        |
| <b>City, state and zip code</b>                            |              |            |                  |                        |
|  |              |            | +                |                        |
| <b>Address</b>   |              |            |                  |                        |
| <b>City, state and zip code</b>                            |              |            |                  |                        |

**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]                   |
|   | +                |                        |
|   | +                |                        |
|   | +                |                        |
|   | +                |                        |
|   | +                |                        |
|   | +                |                        |
|   | +                |                        |
|   | +                |                        |

| T/S/J   | 2024 Information | Prior Year Information |
|---|------------------|------------------------|
| Contributions made by cash or check (including out-of-pocket expenses)  |                  |                        |
| Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return. |                  |                        |
| Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.      |                  |                        |
| [2] _____   | + _____ [3]      |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| [5] Volunteer miles driven _____  | _____ [6]        |                        |
| Noncash items, such as: Goodwill/Salvation Army/clothing/household goods  |                  |                        |
| [8] _____   | + _____ [9]      |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |

**Miscellaneous Deductions**

| T/S/J   | 2024 Information | Prior Year Information |
|---|------------------|------------------------|
| Other expenses  |                  |                        |
| [12] _____  | + _____ [13]     |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| Gambling losses: (Enter only if you have gambling income) |                  |                        |
| [15] _____  | + _____ [16]     |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |

**NOTES/QUESTIONS:**

### Miscellaneous Itemized Deductions (State Use Only)

Complete the information below only if you file a state return in AL, AR, CA, HI, MN, NY or PA. Amounts entered here will be used to calculate your state return, but will be ignored for federal return purposes, as the deductions are not allowed.

T/S/J

2024 Information

Prior Year Information

Unreimbursed expenses, such as: Uniforms, Professional dues,  
Business publications, Job seeking expenses, Educational expenses

|        |  |  |         |     |  |
|--------|--|--|---------|-----|--|
| __ [1] |  |  | + _____ | [2] |  |
| —      |  |  | + _____ |     |  |
| —      |  |  | + _____ |     |  |
| —      |  |  | + _____ |     |  |
| —      |  |  | + _____ |     |  |
| —      |  |  | + _____ |     |  |
| —      |  |  | + _____ |     |  |
| —      |  |  | + _____ |     |  |
| —      |  |  | + _____ |     |  |
| —      |  |  | + _____ |     |  |
| —      |  |  | + _____ |     |  |

Union dues, other than amounts reported on Form W-2:

|        |  |  |         |     |  |
|--------|--|--|---------|-----|--|
| __ [4] |  |  | + _____ | [5] |  |
| —      |  |  | + _____ |     |  |
| —      |  |  | + _____ |     |  |
| —      |  |  | + _____ |     |  |

\_\_ [7] Tax preparation fees

|  |  |  |         |     |  |
|--|--|--|---------|-----|--|
|  |  |  | + _____ | [8] |  |
|--|--|--|---------|-----|--|

Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees

|         |  |  |         |      |  |
|---------|--|--|---------|------|--|
| __ [10] |  |  | + _____ | [11] |  |
| —       |  |  | + _____ |      |  |
| —       |  |  | + _____ |      |  |
| —       |  |  | + _____ |      |  |
| —       |  |  | + _____ |      |  |
| —       |  |  | + _____ |      |  |
| —       |  |  | + _____ |      |  |
| —       |  |  | + _____ |      |  |
| —       |  |  | + _____ |      |  |
| —       |  |  | + _____ |      |  |

\_\_ [13] Safe deposit box rental

|  |  |  |         |      |  |
|--|--|--|---------|------|--|
|  |  |  | + _____ | [14] |  |
|--|--|--|---------|------|--|

Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:

|         |  |  |         |      |  |
|---------|--|--|---------|------|--|
| __ [16] |  |  | + _____ | [17] |  |
| —       |  |  | + _____ |      |  |
| —       |  |  | + _____ |      |  |
| —       |  |  | + _____ |      |  |
| —       |  |  | + _____ |      |  |
| —       |  |  | + _____ |      |  |
| —       |  |  | + _____ |      |  |
| —       |  |  | + _____ |      |  |
| —       |  |  | + _____ |      |  |
| —       |  |  | + _____ |      |  |

**NOTES/QUESTIONS:**

|  | 2024 Information |             | Prior Year Information |
|--|------------------|-------------|------------------------|
|  | Taxpayer         | Spouse      |                        |
| Self-employed health insurance premiums: (Not entered elsewhere) |                  |             |                        |
| _____  | + _____ [2]      | + _____ [3] |                        |
| _____  | + _____          | + _____     |                        |
| Self-employed long-term care premiums: (Not entered elsewhere)   |                  |             |                        |
| _____  | + _____ [5]      | + _____ [6] |                        |
| _____  | + _____          | + _____     |                        |

**NOTES/QUESTIONS:**