



## 2024 INCOME TAX RETURN

**Filing Status:**  Single  Married Filing Joint  Qualifying Surviving Spouse<sup>1</sup>  Head of Household<sup>2</sup>  Married Filing Separate

**In year 2024 only:**  Married (date: \_\_\_\_\_)  Divorced (date: \_\_\_\_\_)  
 Taxpayer Death (date: \_\_\_\_\_)  Spouse Death (date: \_\_\_\_\_)

### TAXPAYER

### SPOUSE

Name _____	Name _____
Occupation _____	Occupation _____
SSN _____ Date of Birth _____	SSN _____ Date of Birth _____
Home Phone _____ Disabled <input type="checkbox"/>	Home Phone _____ Disabled <input type="checkbox"/>
Work Phone _____ Blind <input type="checkbox"/>	Work Phone _____ Blind <input type="checkbox"/>
Cell Phone _____	Cell Phone _____
Best Time to Call _____	Best Time to Call _____
Fax _____	Fax _____
Email _____	Email _____
Address _____	County _____
City _____	State _____ Zip Code _____
Address on Last Year's Tax Return (if different) _____ Date Address Changed _____	

<sup>1</sup> All of the following must apply: your spouse died in 2022 or 2023; in that year you qualified to file jointly; you did not remarry before January 1, 2025 and you paid over half the cost of maintaining your home, which was your dependent child's (or stepchild's) main home for the entire year.

<sup>2</sup> Must be unmarried (or considered unmarried) at the end of the tax year, and maintain a home that for more than half of the tax year is the principal home of a qualifying person (generally your child or relative). You may be considered unmarried if your spouse did not live in your home during the last six months of the tax year. If you are maintaining the household of a parent, the parent does not need to live with you to qualify.

## Personal Income Tax Organizer and Deduction Finder<sup>®</sup>

### ✓ CHECKLIST

**Documents  
needed in addition  
to your completed  
organizer:**

- All Forms W-2 (wages), 1095, 1098, and 1099 (such as 1099-INT for interest; 1099-DIV for dividends; 1099-B for sale of securities; 1099-R for annuities, pensions, IRA or other retirement plan withdrawals; 1099-G for state tax refunds, unemployment compensation, etc.; 1099-S for real estate sales; SSA-1099 for social security; 1099-K for merchant card and third-party network payments; 1099-MISC for rents, royalties, prizes, and awards, etc.; and 1099-NEC for nonemployee compensation, etc.). Include all copies.
- Schedules K-1 for partnerships, S corporations, estates, or trusts. (**Note:** You do not need these documents to make your tax appointment. You can provide them at a later date.)
- If you sold real estate, stock, or mutual fund shares during the year, see STEP 4.
- If you acquired, sold, or refinanced a home or other property in 2024, provide a copy of the closing statement.
- If you are a new client, provide copies of tax returns for the last three years.

**Note:** When completing your organizer, round all amounts to the nearest dollar. For married couples, questions referring to "you" generally mean you or your spouse.

**STEP 1****The following items may affect your tax return. Please answer carefully.**

These questions pertain to calendar year 2024 unless otherwise noted.

1) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you pay or receive alimony (Tax Tip 1)? Do not include child support. (Select one.) Pay <input type="radio"/> Receive <input type="radio"/> To/From: Name _____ Social Security Number _____ Amount \$ _____ Date of original divorce or separation agreement: _____
2) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?
3) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you receive an advance premium for health insurance purchased through a Health Insurance Marketplace (Exchange)? If yes, attach Form 1095-A.
4) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you (or do you plan to before April 15, 2025) contribute to a traditional IRA or Roth IRA for 2024? (Tax Tip 2) <b>Self:</b> Traditional IRA \$ _____ Roth IRA \$ _____ <b>Spouse:</b> Traditional IRA \$ _____ Roth IRA \$ _____
5) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you convert a traditional IRA or roll a qualified plan distribution to a Roth IRA in 2024? If yes, amount converted/rolled over: \$ _____
6) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you (or do you plan to before April 15, 2025) contribute to a health savings account (HSA) for 2024? (Tax Tip 3) Amount of contribution: (Do not list employer contributions, including amounts you elected to contribute under a cafeteria plan, shown on your Form W-2.) <b>Self:</b> \$ _____ <b>Spouse:</b> \$ _____ Type of health plan coverage: Self-only <input type="radio"/> Family <input type="radio"/>
7) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you receive any distributions from your health savings account (HSA)? Amount of distributions: \$ _____ Amount of unreimbursed qualified medical expenses (attach list): \$ _____
8) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Are you a grade K–12 teacher? If yes, enter amount of out-of-pocket classroom costs you paid (Tax Tip 4): \$ _____
9) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you pay child care costs for a dependent child under age 13, or costs of caring for a disabled dependent or spouse, so you could work, attend school, or look for a job? If yes, provide the amounts paid for each individual and the names, addresses, and taxpayer identification numbers of the care providers. Amount, if any, reimbursed by an employer dependent care plan (Tax Tip 5): \$ _____
10) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you pay expenses related to adopting a child? If yes, provide details of any expenses incurred (attach list).
11) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you pay any individual \$2,700 or more to perform household services during the year, such as a babysitter, caretaker, housekeeper, cook, or gardener?
12) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you have any debts cancelled or reduced (including credit cards and student loans), property repossessed or foreclosed upon, or did you file for bankruptcy? (Tax Tip 6)
13) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you have a financial interest in, or signature authority over, a financial account (such as a bank, securities, or brokerage account) located in a foreign country at any time during 2024? A financial account is located in a foreign country if it is physically located outside of the U.S., including an account maintained with a branch of a U.S. bank that is physically located outside of the U.S. <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O If yes, did the aggregate value of all accounts located in a foreign country (other than accounts maintained on a U.S. military installation) exceed \$10,000 at any time during the year?
14) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you receive a distribution from, or were you the grantor of, or a transferor to, a foreign trust?
15) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Do you have financial accounts maintained by a foreign (non-U.S.) bank or financial institution that totaled more than \$50,000 on the last day of the year or more than \$75,000 at any time during the year (\$100,000 and \$150,000, respectively, if married filing a joint return)?
16) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you own any other foreign financial assets (such as stock in a foreign corporation or an interest in a foreign partnership) that are not held in a financial account?
17) <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/>	Do you (T) [or your spouse (S)] want to designate \$3 to the Presidential Election Campaign Fund? (Does not change amount due or refund.) Leave blank if neither wishes to designate \$3.
18) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Do you want to allow your preparer or another individual to discuss your federal return with the IRS? Provide name, phone number, and personal identification number of individual if not preparer. Name: _____ Phone Number: _____ Identification Number: _____
19) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Have you (or your spouse) received an Identity Protection Personal Identification Number (IP PIN) from the IRS? If yes, enter six-digit code: <b>Self:</b> _____ <b>Spouse:</b> _____
20) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you make gifts to a trust or gifts totaling more than \$18,000 to any individual during the year? If so, provide recipient's name, address, relationship to you, and the amount of the gift.
21) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you receive a Paycheck Protection Program loan for your Schedule C business? Amount \$ _____ Amount forgiven \$ _____

**STEP 1  
(Continued)****Check any of the boxes below that apply to you for 2024:**

- Purchased health insurance for yourself or a family member through the Health Insurance Marketplace (Exchange). [Attach Form 1095-A (Health Insurance Marketplace Statement).]
- Was granted stock options by your employer and/or exercised employer stock options.
- Owned any securities or held any debts that became worthless during the year.
- Contributed to or received distributions from an Archer Medical Savings Account (MSA).
- Traveled more than 100 miles from home and stayed overnight to perform duties as a National Guard member or reservist.
- Performed services in the performing arts for at least two employers.
- Lived or worked in a foreign country.
- Purchased a plug-in electric vehicle. Enter vehicle information in STEP 10.
- Was in the military (or reservist).
- Was an active-duty member of the military and moved pursuant to a military order and incident to a permanent change of station.
- Received any notice from the IRS or a state taxing authority.
- Contributed to or received distributions from an Achieving a Better Life Experience (ABLE) account.
- I can be claimed as a dependent on another person's tax return for 2024.

**Please provide any other information related to your 2024 taxes not reported elsewhere on this Organizer.****STEP 2****Dependents (Tax Tip 7) (attach additional sheet, if necessary)****Children**

Age 18 or younger (age 19–23 if attending school full time for at least five months during the year) who lived with you more than half the year and who did not provide more than half of their own support (or a permanently and totally disabled child).

**Is 2024 Unearned  
(Investment)  
Income > \$1,300?**

Full Name	Date of Birth	SSN	Is 2024 Unearned (Investment) Income > \$1,300?

- Check if it is possible that a different taxpayer might claim a child listed above as a dependent.
- Check if you are divorced and either signed or received Form 8332 (release of exemption for child). (Provide Form 8332.)

**Other Dependents**

(relatives and/or members of household)

**Relationship****Social  
Security Number****Is 2024 Gross  
Income less  
than \$5,050?****# Months  
Resided in  
Your Home  
in 2024****%  
Support  
Received  
From You**

Relationship	Social Security Number	Is 2024 Gross Income less than \$5,050?	# Months Resided in Your Home in 2024	% Support Received From You

**STEP 3****Income****Wages—Provide Forms W-2**

Number of employers (during the year):      Self: \_\_\_\_\_      Spouse: \_\_\_\_\_

**Dividend and Interest Income**

Provide all Forms 1099-INT, 1099-DIV, and 1099-OID. List interest and dividends not reported on Form 1099 on a separate sheet, but do not duplicate what's reported on the 1099s. Also, list any penalty on early withdrawal from savings.

**Installment Sale Payments Received**

Total Payments \$ \_\_\_\_\_

Interest \$ \_\_\_\_\_

Principal \$ \_\_\_\_\_

Did sale occur in 2024? Yes  No 

If yes, complete STEP 4.

Is payer a relative or related party? Yes  No 

If payer uses property as a principal residence, provide payer's:

Name \_\_\_\_\_

Address \_\_\_\_\_

SSN \_\_\_\_\_



**STEP 3**

**Income (Continued)**

**Retirement Plan and Social Security Income**

- 1) Did you receive distributions from IRAs, SEPs, pensions, 401(k)s, or other retirement plans (including amounts rolled over and in-plan Roth rollovers)? ..... Yes  No   
If yes, provide all Forms 1099-R received. Enter amounts received but not reported on a Form 1099-R here ..... \$ \_\_\_\_\_
- 2) Amount of distribution rolled over to a qualified plan or traditional IRA (Tax Tip 8) ..... \_\_\_\_\_
- 3) Amount of distribution rolled over to a Roth IRA..... \_\_\_\_\_
- 4) Amount of distribution rolled over to a Designated Roth Account ..... \_\_\_\_\_
- 5) Amount of distribution made directly to a qualified charity ..... \_\_\_\_\_
- 6) If you were under age 59½ when the distribution was received, do you qualify for an exception to the 10% early withdrawal tax on early distributions? (Tax Tip 9)..... Yes  No   
Explain: \_\_\_\_\_
- 7) If age 73 or older on December 31, 2024, did you take the 2024 required minimum distributions from your IRAs (other than Roth IRAs) and qualified retirement plans?..... Self: Yes  No   
Spouse: Yes  No
- 8) Did you recontribute any of your 2024 required minimum distributions to your IRAs and qualified retirement plans?..... Self: Yes  No   
Spouse: Yes  No
- 9) Did you receive social security or railroad retirement benefits? ..... Yes  No   
If yes, provide all Forms SSA-1099 or RRB-1099 received.

**Partnerships, Estates, Trusts, and S Corporations**

Provide a list of all the partnerships and S corporations in which you own an interest and all trusts of which you are a beneficiary. Indicate on the list whether you materially participated in that entity's trade or business in 2024 (Tax Tip 10). Write "N/A" if the entity is not engaged in a trade or business (for example, an entity whose only activity is ownership of rental real estate or investment assets such as stocks and bonds). Provide all Schedules K-1 received for the tax year. See also Tax Tip 20.

**Other Income—Provide Forms 1098 and 1099**

- Bartering Income ..... \$ \_\_\_\_\_
- Bonuses and Prizes not reported on Form W-2 (Explain)..... \_\_\_\_\_
- Cancellation of Debt (Form 1099-A or 1099-C) (Tax Tip 6)..... \_\_\_\_\_
- Commissions and Fees (Not reported in STEP 5) ..... \_\_\_\_\_
- Disability Income not included on Form W-2 (taxable)..... \_\_\_\_\_
- Education Savings Account or Qualified Tuition (529) Plan Withdrawals (Form 1099-Q)..... \_\_\_\_\_
- Gambling/Lottery Winnings (Form W-2G)..... \_\_\_\_\_
- Jury Duty—Election Board Fees ..... \_\_\_\_\_
- Scholarships (Form 1098-T)..... \_\_\_\_\_
- State Income Tax Refund (Form 1099-G) ..... \_\_\_\_\_
- Tips and Gratuities not reported on Form W-2 (Tax Tip 11)..... \_\_\_\_\_
- Unemployment Compensation (Form 1099-G) ..... \_\_\_\_\_
- Veterans' Pension and Disability ..... \_\_\_\_\_
- Workers' Compensation ..... \_\_\_\_\_
- Other (attach separate sheets if necessary)..... \_\_\_\_\_

**STEP 4**

**Sales and Exchanges**

Provide information about sales of stock, real estate, or other property along with Forms 1099-B, 1099-S, closing statement, or other supporting information. Attach separate sheet if necessary. If all transactions, including basis, are reported on Forms 1099-B you provide, there is no need to complete the following. If your principal residence was sold, see STEP 13.

	Asset #1	Asset #2	Asset #3
Description of Property .....	_____	_____	_____
Date Acquired .....	_____	_____	_____
Date Sold.....	_____	_____	_____
Sales Price .....	\$ _____	\$ _____	\$ _____
Basis (Tax Tip 12 and Tax Tip 13)	_____	_____	_____
Expenses of Sale.....	_____	_____	_____

**STEP 5**

**Self-Employment Income** (See also **STEP 7**, **STEP 8**, and **STEP 9**)

If more than one farm activity or business, list income and expenses separately for each. Also include any single-member limited liability companies (LLCs). See Tax Tip 20.

Business Activity/Product: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Did you begin or end the business in 2024? Begin  End   
 Gross Receipts (provide all Forms 1099-MISC, 1099-NEC, and 1099-K)<sup>1</sup> .....\$ \_\_\_\_\_  
 Inventory—Beginning of Year .....\$ \_\_\_\_\_  
 Merchandise Purchases (less Product for Personal Use) ..... \_\_\_\_\_  
 Labor, Materials, and Other Costs of Inventory ..... \_\_\_\_\_  
 Inventory—End of Year ..... \_\_\_\_\_  
 Did you make any payments requiring Forms 1099 be filed?<sup>1,2</sup> ..... Yes  No   
 If Yes, did you file Forms 1099? ..... Yes  No

<sup>1</sup> Digital asset receipts or payments must be reported.

<sup>2</sup> Generally, payments of \$600 or more made to individuals and noncorporate entities in the course of a trade or business must be reported. Common examples are payments for non-employee compensation and rent.

**STEP 6**

**Rental and Royalty Income**

Physical Address (Street, City, State, Zip Code)	Type <sup>1</sup>	Rent/Royalty Received	Fair Rental Days	Personal Use Days
		\$		

Did you make any payments requiring Forms 1099 be filed? ..... Yes  No   
 If Yes, did you file Forms 1099? ..... Yes  No   
 Were 250 or more hours spent on rental services for each rental activity listed? ..... Yes  No

<sup>1</sup> 1—Single family residence; 2—Multi-family residence; 3—Vacation/short-term rental; 4—Commercial; 5—Land; 6—Royalties; 7—Self-rental; 8—Other (describe).

**STEP 7**

**Business Travel and Meal Expenses**

Travel expenses are deductible if you traveled away from home overnight on business. Business meals when not traveling are also deductible (subject to limits), provided you have records showing date, amount, persons present, and business purpose.

Use Correct Column	Self-Employed	Rental Activity
<b>Travel:</b>		
Airplane, Train, Taxi, Auto Rental .....	\$ _____	\$ _____
Restaurant Meals .....	_____	_____
Meals (See Tip C under <i>Self-Employed Tax Tips</i> ).....	_____	_____
Lodging.....	_____	_____
Telephone/Internet Connection.....	_____	_____
Cleaning and Laundry .....	_____	_____
Baggage and Shipping .....	_____	_____
Other: _____	_____	_____
<b>Meals Not Associated With Travel</b> .....	_____	_____

**STEP 8****Self-Employment and Rental Expenses**

Do you qualify for business use of home deductions?


Yes  No (See Tip B under *Self-Employed Tax Tips*.)

If yes, attach list of expenses related to home. Do not duplicate below.

Business sq. ft. \_\_\_\_\_

Total sq. ft. \_\_\_\_\_

Part of home used for business: \_\_\_\_\_

<i>Use Correct Column</i> 	<b>Self-Employed<sup>1</sup></b>	<b>Rental<sup>1</sup></b>
Advertising.....	\$ _____	\$ _____
Cleaning and Maintenance.....	_____	_____
Commissions and Fees Paid.....	_____	_____
Contract Labor.....	_____	_____
Employee Benefit Programs (include health insurance for employees).....	_____	_____
Insurance (not including health).....	_____	_____
Interest • Mortgage (Form 1098).....	_____	_____
• Other Interest.....	_____	_____
Legal and Professional Fees.....	_____	_____
Licenses.....	_____	_____
Management Fees.....	_____	_____
Office Expenses.....	_____	_____
Pension/Profit-Sharing Plan Contributions Made for Employees.....	_____	_____
Rent Paid • Vehicles, Machinery, and Equipment.....	_____	_____
• Other Business Property.....	_____	_____
Repairs and Maintenance.....	_____	_____
Supplies.....	_____	_____
Taxes.....	_____	_____
Utilities.....	_____	_____
Wages Paid.....	_____	_____
Other Expenses (provide list).....	_____	_____

<sup>1</sup> If more than one business or rental property, provide information separately for each.**Business or rental asset purchases or sales.** Provide a separate schedule listing dates of purchase or sale, purchase/sales price, and property description. Include copies of sales receipts or contracts if available.**STEP 9****Health Insurance and Retirement Plans for the Self-Employed**

Insurance premiums paid: Health \$ \_\_\_\_\_ Long-Term Care \$ \_\_\_\_\_

*Include premiums paid for yourself, spouse, dependents, and children under age 27, as well as Medicare premiums. Do not include any premiums for months self-employed person was eligible to participate under any subsidized employer's plan. Report in STEP 12 instead.*

Contributions made to your SEP, SIMPLE, or qualified retirement plan for 2024. \$ \_\_\_\_\_

See Tip D under *Self-Employed Tax Tips*.**Self-Employed Tax Tips**

- A) **Business Assets.** Special rules apply that allow the cost of certain business assets (for example, furniture and equipment) purchased and placed in service in 2024 to be fully deducted. See Tax Tip 18 and Tax Tip 19.
- B) **Business Use of Home Deduction.** If an area of the home is used regularly and exclusively for business, a deduction for a portion of mortgage interest, taxes, insurance, other operating costs, and depreciation may be allowed. Special rules apply for inventory storage and daycare. Ask for details.
- C) **Per Diem Meal Rates.** In lieu of using actual expenses incurred for meals and incidental expenses while travelling, self-employed individuals may deduct IRS-approved per diem amounts. The amounts depend on location. Provide detailed list of dates and locations of business travel.
- D) **Self-Employed Retirement Plans.** Many retirement plans (funded with pre-tax dollars) are available to self-employed business owners. The deadlines for establishing and contributing to a retirement plan vary. If you have employees, matching contributions may be required.
- E) **Small Employer Health Insurance Credit.** A credit is available to qualified small employers that pay health insurance premiums for employees. Premiums paid for the business owner and his family members don't qualify. Ask us for details.

**STEP 10**

**Vehicle Expense**

- Commuting between your home and regular work location is not deductible.
- Commuting expenses for going between your home and a temporary work location *outside* the metropolitan area where you live and normally work are deductible. Travel expenses between your home and a temporary work location *within* your metropolitan area are not deductible unless either of the following tests are met:
  - 1) You have one or more regular work locations away from your home or
  - 2) Your home is your principal place of business.
- There are two methods to determine the deduction for vehicles used for business: (1) actual expenses or (2) standard mileage rate (for 2024, 67¢ per mile).
- For each vehicle used for business, complete lines 1–6. If you know that you use standard mileage allowance, ignore lines 7–13. If you purchased a vehicle this year and *do not* use standard mileage allowance, provide a copy of the sales invoice.

Vehicle	#1	#2	#3
1) Total miles driven this year: Business .....	_____	_____	_____
Commuting .....	_____	_____	_____
Other Personal .....	_____	_____	_____
2) Vehicle Description .....	_____	_____	_____
3) Date Vehicle Was First Used for Business .....	_____	_____	_____
4) Cost (cash paid, net of any trade allowance) .....	\$ _____	\$ _____	\$ _____
Was a car traded in? .....	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
or Lease Payments (for the year) .....	_____	_____	_____
5) Interest Paid on Vehicle Loan (Self-Employed Only) .....	_____	_____	_____
6) Parking and Tolls .....	_____	_____	_____
7) Gasoline, Oil, Lubrication .....	_____	_____	_____
8) Repairs, Maintenance, Car Washes .....	_____	_____	_____
9) Tires and Supplies .....	_____	_____	_____
10) Insurance .....	_____	_____	_____
11) Tags and Licenses .....	_____	_____	_____
12) Garage Rent .....	_____	_____	_____
13) Other: _____ .....	_____	_____	_____
14) Sold in 2024? .....	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
If yes, date sold .....	_____	_____	_____
15) If yes, provide sales price and any trade information .....	_____	_____	_____

**Questions for All Taxpayers Claiming Vehicle Expenses:**

- 1) Do you have evidence to support business use? ..... Yes  No
- 2) If yes, is the evidence written? ..... Yes  No
- 3) Do you (or your spouse) have another vehicle available for personal use? ..... Yes  No

**Recordkeeping:** Your vehicle expenses will not be allowed by the IRS without adequate records or sufficient evidence verifying business use. Daily records provide the best protection in case of an audit.

**Electric Vehicle Purchase Information:**

New or Used? \_\_\_\_\_

Year/Model/Make? \_\_\_\_\_

Purchase Date? \_\_\_\_\_ Delivery Date? \_\_\_\_\_

MSRP if new vehicle? \_\_\_\_\_ Purchase amount if used vehicle? \_\_\_\_\_

Dealer Name? \_\_\_\_\_ Credit amount transferred to dealer? \_\_\_\_\_

VIN? \_\_\_\_\_

Weight (if purchased for use in trade or business)? \_\_\_\_\_

Is the IRS accepted Clean Vehicle (CV) Time-of-Sale report attached? \_\_\_\_\_

**STEP 11**

**Education Expenses (Attach Forms 1098-E, 1098-T, and 1099-Q)**

Include information about education expenses incurred for you, your spouse, or your dependents.

1) Student's Name .....	_____	_____	_____
2) If in college, was student enrolled at least half-time for at least one academic period beginning in 2024? .....	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
3) Felony Conviction? <sup>1</sup> .....	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
4) Educational Purpose (degree seeking, job related).....	_____	_____	_____
5) Name of Institution.....	_____	_____	_____
6) Total Amount Paid (attach detailed list of expenses) (See Tax Tip 14) .....	\$ _____	\$ _____	\$ _____
7) Paid By Whom?.....	_____	_____	_____
8) Student's Grade or Year in College .....	_____	_____	_____

<sup>1</sup> Indicate whether or not student was convicted before 12/31/2024 of a felony for possession or distribution of a controlled substance.

**STEP 12**

**Itemized Deductions**

Complete this step only if you think your total itemized deductions might exceed the IRS standard deduction for your filing status (see below).

**2024 Standard Deduction**

<b>Filing Status</b>	<b>Standard Deduction</b>	<b>Add for Blind and/or Over 65</b>
Married Filing Jointly or Qualifying Surviving Spouse .....	\$ 29,200	<b>+</b> \$ 1,550
Single.....	14,600	1,950
Head of Household.....	21,900	1,950
Married Filing Separately.....	14,600	1,550

Did your spouse itemize deductions on a separate return (or are you a dual-status alien)? ..... Yes  No

**Medical Expenses**

**Deductible only if net expenses exceed 7.5% of Adjusted Gross Income (AGI)**

**Note:** Do *not* include amounts paid for or reimbursed by insurance or health insurance premiums paid with pre-tax income.

Did you pay medical expenses for a person you cannot claim as a dependent? Yes  No  *If unsure, ask your tax preparer.*

Health Insurance Premiums <sup>1</sup> (include premiums for vision and dental insurance but not for disability or loss of income policies).....	<b>See Note Above</b>	\$ _____
Medicare Insurance Premiums <sup>1</sup> (Form SSA-1099).....		_____
Long-Term Care Insurance Premiums <sup>1</sup> (Tax Tip 15).....		_____
Prescribed Drugs and Insulin .....		_____
Doctors and Clinics.....		_____
Dentists and Orthodontists .....		_____
Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery.....		_____
Hospitals, Nurses, Ambulance.....		_____
Nursing or Long-Term Care Facility .....		_____
Other (please detail): _____		_____
_____		_____
_____		_____
Medical Miles Driven in 2024.....	_____	
Parking Fees .....	_____	
Lodging While Obtaining Medical Treatment <i>Limited to \$50 per night, per person</i> .....	_____	

<sup>1</sup> Do not include any premiums included in STEP 9 (if self-employed).



**STEP 12**

**Itemized Deductions (Continued)**

**Taxes**

**Note:** In 2024, the deduction for state and local taxes is limited to \$10,000 (\$5,000 if married filing separate) and foreign real estate taxes are not deductible.

State and Local Income Taxes Paid in 2024 (include 2024 estimated tax payments and amounts paid with 2023 return) .....	\$ _____
State and Local Sales Tax Paid for Major Purchases (motor vehicles, boats, airplanes, homes, or home building materials, if rate same as general sales tax rate).....	_____
Foreign Taxes (other than foreign real estate taxes) .....	_____
Real Estate Taxes—Homestead (less special assessments).....	_____
Other Real Estate Taxes (second home, cabin, etc. but not foreign real estate taxes).....	_____
Property Tax Refund.....	_____
Special Assessments—Interest Portion Only .....	_____
Personal Property Taxes (auto license tags, etc.) .....	_____

**Charitable Donations (Use separate sheet if needed.)**

**Note:** Monetary donations under \$250 each must be substantiated by either (1) a bank record (such as a cancelled check) or (2) a written receipt from the charity showing its name and the date and amount of the donation. For each donation of \$250 or more, the taxpayer must obtain a written acknowledgment from the charity. (See Tax Tip 16.)

<i>Cash, Check, or Credit Card (include payroll deductions):</i>	
Churches or Synagogues .....	\$ _____
Other: _____	_____
Other: _____	_____
Other: _____	_____
<i>Noncash:</i>	
Fair Market Value (FMV) of Items Given to Charities .....	_____
Attach list of each item (or group of similar items) and its FMV (Tax Tip 17). If a vehicle, boat, or airplane donation over \$500, provide Form 1098-C.	
Out-of-Pocket Expenses for Charitable Work.....	_____
Charitable Miles: _____ Miles × 14¢ = .....	_____
Other: _____	_____

**Miscellaneous Expenses**

**Note:** In 2024, miscellaneous itemized deductions (for example, unreimbursed employee business expenses, investment expenses) generally are no longer deductible.

Gambling Losses. <i>Limited to Total Gambling Winnings Listed in STEP 3</i> .....	\$ _____
If Disabled, Impairment-Related Work Expenses.....	_____

**Casualty Loss**

Casualty, Disaster, and Theft Losses. Provide details. (Tax Tip 21)

**Interest Paid (Provide Forms 1098)**

	Primary Residence	Second Home (Tax Tip 22)
Home Mortgage (If seller-financed, provide seller's name/address/SSN).....	\$ _____	\$ _____
Home Equity Loan. Loan Proceeds Used for:.....	_____	_____
Loan Points not Reported on Form 1099-INT (Tax Tip 23).....	_____	_____
Investment Interest Paid.....	\$ _____	_____

**STEP 13**

**Principal Residence (attach any 2024 closing statements)**

Yes  No  Did you sell your principal residence in 2024? *If yes (Tax Tip 24):*

Yes  No  Did you own and use it as a principal residence for at least two of five years before the sale?

Yes  No  Did you sell a previous residence within two years before the sale date and exclude any gain?

Yes  No  After 2008, was the property ever used for anything other than as a principal residence (for example, as a vacation home or rental property)?

Yes  No  Did you purchase a residence in 2024?

Yes  No  Did you refinance your mortgage or take out a home equity loan in 2024?  
Amount of proceeds used for something other than acquiring or improving your home: \$ \_\_\_\_\_

Yes  No  Did you purchase any energy-efficient improvements such as solar electric, solar water heating, fuel cell, small wind energy, geothermal heat pump, or biomass fuel property, or energy-efficient exterior doors, windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters? Did you have a home energy audit?

Yes  No  Did you receive a first-time homebuyer credit for a home purchased in 2008?  
If yes, enter the amount of the credit: \$ \_\_\_\_\_

**STEP 14**

**2024 Estimated Tax Payments<sup>1</sup>**

	Federal	Date Paid	State	Date Paid
Amount applied from 2023 overpayment, if any:	\$ _____		\$ _____	
First Quarter Payment Made .....	_____	_____	_____	_____
Second Quarter Payment Made .....	_____	_____	_____	_____
Third Quarter Payment Made .....	_____	_____	_____	_____
Fourth Quarter Payment Made .....	_____	_____	_____	_____

<sup>1</sup> Do not include withholding from Forms W-2 or 1099 in estimated tax payments listed here.

**STEP 15**

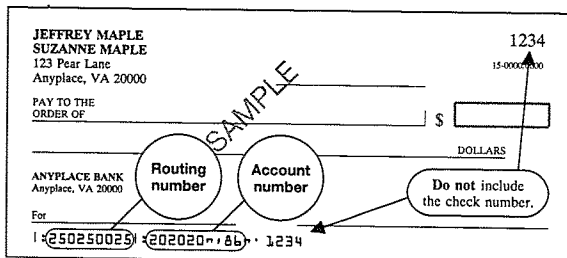
**Tax Refund—Direct Deposit Information**

If you receive a 2024 federal tax refund, the refund can be routed to up to three of your checking or savings accounts. (Tax refunds may also be directly deposited to your IRA, Health Savings Account, Archer MSA, or Education Savings Account.) If you prefer a direct deposit, please complete the following information. Otherwise a refund check will be mailed to you at the address on your tax return.

Type of Account (Checking, Savings, IRA, etc.)	Routing Number (Nine digits)	Account Number	Percent of Refund

**Sample check:**

**Note:** The routing and account numbers may be in different places on your check.



**Privacy Policy:**

We collect nonpublic information about you from the following sources:

- 1) Information we receive from you on applications, tax organizers, worksheets, and other forms;
- 2) Information about your transactions with us, our affiliates, or others; and
- 3) Information we receive from a consumer reporting agency.

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as required by law.

We restrict access to nonpublic personal information about you to those members of our firm who need to know that information in order to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.