

7. Interest Income

Attach 1099-INT, Form 1097-BTC & broker statements

| Payer | Amount |
|------------|--------|
| | |
| | |
| | |
| | |
| | |
| Tax Exempt | |
| | |
| | |

8. Dividend Income

From Mutual Funds & Stocks - Attach 1099-DIV

| Payer | Ordinary | Capital Gains | Non-Taxable |
|-------|----------|---------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

9. Partnership, Trust, Estate Income

List payers of partnership, limited partnership, S-corporation, trust, or estate income - Attach K-1

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| |
| |
| |
| |
| |

Residence:

Town _____ County _____
 Village _____ School District _____
 City _____

10. Property Sold

Attach 1099-S and closing statements

| Property | Date Acquired | Cost & Imp. |
|---------------------|---------------|-------------|
| Personal Residence* | | |
| Vacation Home | | |
| Land | | |
| Other | | |

* Provide information on improvements, prior sales of home, and cost of a new residence. Also see Section 17 (Job-Related Moving).

11. I.R.A. (Individual Retirement Acct.)

Contributions for tax year income

| Taxpayer | Amount | Date | ✓ for Roth |
|----------|--------|------|------------|
| | | | |
| Spouse | | | |
| | | | |

Amounts withdrawn. Attach 1099-R & 5498

| Plan Trustee | Reason for Withdrawal | Reinvested? | |
|--------------|-----------------------|------------------------------|-----------------------------|
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

12. Pension, Annuity Income

Attach 1099-R Payer*

| Reason for Withdrawal | Reinvested? | |
|-----------------------|--------------------------|--------------------------|
| | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

* Provide statements from employer or insurance company with information on cost of or contributions to plan.

| Did you receive: | Taxpayer | | Spouse | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No |
| Social Security Benefits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Railroad Retirement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Attach SSA 1099, RRB 1099

13. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - Attach 1099-B & confirmation slips

| Investment | Date Acquired/Sold | Cost | Sale Price |
|------------|--------------------|------|------------|
| | / | | |
| | / | | |
| | / | | |
| | / | | |

14. Other Income

List All Other Income (including non-taxable)

Alimony Received _____
 Child Support _____
 Scholarship (Grants) _____
 Unemployment Compensation (repaid) _____
 Prizes, Bonuses, Awards _____
 Gambling, Lottery (expenses _____) _____
 Unreported Tips _____
 Director / Executor's Fee _____
 Commissions _____
 Jury Duty _____
 Worker's Compensation _____
 Disability Income _____
 Veteran's Pension _____
 Payments from Prior Installment Sale _____
 State Income Tax Refund _____
 Other _____
 Other _____

15. Medical/Dental Expenses

Medical Insurance Premiums
 (paid by you) _____
 Prescription Drugs _____
 Insulin _____
 Glasses, Contacts _____
 Hearing Aids, Batteries _____
 Braces _____
 Medical Equipment, Supplies _____
 Nursing Care _____
 Medical Therapy _____
 Hospital _____
 Doctor/Dental/Orthodontist _____
 Mileage (no. of miles): _____

16. Taxes Paid

Real Property Tax (attach bills) _____
 Personal Property Tax _____
 Other _____

17. Interest Expense

Mortgage interest paid (attach 1098) _____
 Interest paid to individual for your
 home (include amortization schedule) _____
 Paid to:
 Name _____
 Address _____
 Social Security No. _____
 Investment Interest _____
 Premiums paid or accrued for qualified
 mortgage insurance _____

18. Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen.
 Location of Property _____
 Description of Property _____

| | Other | Federally Declared Disaster Losses |
|-------------------------|-------|---------------------------------------|
| Amount of Damage | _____ | _____ |
| Insurance Reimbursement | _____ | _____ |
| Repair Costs | _____ | _____ |
| Federal Grants Received | _____ | _____ |

19. Charitable Contributions

Other

Church _____
 United Way _____
 Scouts _____
 Telethons _____
 University, Public TV/Radio _____
 Heart, Lung, Cancer, etc. _____
 Wildlife Fund _____
 Salvation Army, Goodwill _____
 Other _____
 Non-Cash _____
 Volunteer (no. of miles) _____ @ .14 _____

20. Child & Other Dependent Care Expenses

| Name of Care Provider | Address | Soc. Sec. No. or Employer ID | Amount Paid |
|-----------------------|---------|------------------------------|-------------|
| | | | |
| | | | |
| | | | |

Also complete this section if you receive dependent care benefits from your employer.

21. Job-Related Moving Expenses

if you are a member of the Armed Forces on active duty and moving due to a permanent change of station due to a military order. _____

Date of move _____

Move Household Goods _____

Lodging During Move _____

Travel to New Home (no. of miles) _____

22. Employment Related Expenses That You Paid (Not self-employed)

if Armed Forces reservist, a qualified performing artist, a fee-basis state or local government official, or an individual with a disability claiming impairment-related work expenses. _____

Dues - Union, Professional _____

Books, Subscriptions, Supplies _____

Licenses _____

Tools, Equipment, Safety Equipment _____

Uniforms (include cleaning) _____

Sales Expense, Gifts _____

Tuition, Books (work related) _____

Entertainment _____

Office in home:

In Square Feet a) Total home _____

b) Office _____

c) Storage _____

Rent _____

Insurance _____

Utilities _____

Maintenance _____

23. Investment-Related Expenses (State use only)

Tax Preparation Fee _____

Safe Deposit Box Rental _____

Mutual Fund Fee _____

Investment Counselor _____

Other _____

24. Business Mileage

Do you have written records? Yes No

Did you sell or trade in a car used for business? Yes No

If yes, attach a copy of purchase agreement

Make/Year Vehicle _____

Date purchased _____

Total miles (personal & business) _____

Business miles (not to and from work) _____

From first to second job _____

Education (one way, work to school) _____

Job Seeking _____

Other Business _____

Round Trip commuting distance _____

Gas, Oil, Lubrication _____

Batteries, Tires, etc. _____

Repairs _____

Wash _____

Insurance _____

Interest _____

Lease payments _____

Garage Rent _____

25. Business Travel

If you are not reimbursed for exact amount, give total expenses.

Airfare, Train, etc. _____

Lodging _____

Meals (no. of days _____) _____

Taxi, Car Rental _____

Other _____

Reimbursement Received _____

26. Questions, Comments, & Other Information

Please answer the following questions to determine maximum deductions

1. Are you self-employed or do you receive hobby income? Yes* No
2. Did you receive income from raising animals or crops? Yes* No
3. Did you receive rent from real estate or other property? Yes* No
4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? Yes* No
5. Did you withdraw or write checks from a mutual fund? Yes No
6. Do you have a foreign bank account, trust, or business? Yes No
7. Do you provide a home for or help support anyone not listed in Section 2 above? Yes No
8. Did you receive any correspondence from the IRS or State Department of Taxation? Yes No
9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? Yes No
10. Did you give a gift of more than \$17,000 to one or more people? Yes No
11. Did you have any debts cancelled, forgiven, or refinanced? Yes No
12. Did you go through bankruptcy proceedings? Yes No
13. If you paid rent, how much did you pay? _____
14. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? Yes No
15. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? Yes No
16. Do you own an interest in an LLC or similar entity that has a reporting obligation under the Corporate Transparency Act? Yes No
17. Did you have healthcare coverage (health insurance) for you, your spouse and dependents during this tax season? If yes, include Forms 1095-A, 1095-B, and 1095-C. Yes No
18. Did you or your spouse receive, sell, exchange, gift, or otherwise dispose of a digital asset or a financial interest in a digital asset? Yes No
19. Did you have any children under the age of 19 or 19 to 23 year old students with unearned income of more than \$1,250? Yes No
20. Did you install any energy property to your residence such as solar water heaters, generators or fuel cells or energy efficient improvements such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters? Yes No
21. Did you own \$50,000 or more in foreign financial assets? Yes No
22. Have you or your spouse been a victim of identity theft and given an identity theft protection PIN by the IRS? If yes, enter the six digit identity protection PIN number.
_____ Taxpayer _____ Spouse

27. Direct Deposit of Refund / or Savings Bond Purchases

Would you like to have your refund(s) directly deposited into your account?

Yes No

(The IRS will allow you to deposit your federal tax refund into up to three different accounts. If so, please provide the following information.)

ACCOUNT 1

Owner of account

Taxpayer Spouse Joint

Type of account

Checking Traditional Savings Traditional IRA Roth IRA
 Treasury Direct Archer MSA Savings Coverdell Education Savings HSA Savings SEP IRA

Name of financial institution _____

Financial Institution Routing Transit Number (if known) _____

Your account number _____

To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Taxpayer

Date

Spouse

Date

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

2024

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

Attachment Sequence No. 09

Name of proprietor, Social security number (SSN), Principal business or profession, Business name, Business address, Accounting method, Did you materially participate, etc.

Part I Income

1 Gross receipts or sales, 2 Returns and allowances, 3 Subtract line 2 from line 1, 4 Cost of goods sold, 5 Gross profit, 6 Other income, 7 Gross income.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising, 9 Car and truck expenses, 10 Commissions and fees, 11 Contract labor, 12 Depletion, 13 Depreciation and section 179 expense deduction, 14 Employee benefit programs, 15 Insurance, 16 Interest, 17 Legal and professional services, 18 Office expense, 19 Pension and profit-sharing plans, 20 Rent or lease, 21 Repairs and maintenance, 22 Supplies, 23 Taxes and licenses, 24 Travel and meals, 25 Utilities, 26 Wages, 27a Other expenses, 27b Energy efficient commercial bldgs deduction, 28 Total expenses, 29 Tentative profit or (loss), 30 Expenses for business use of your home, 31 Net profit or (loss), 32 If you have a loss, check the box that describes your investment in this activity.

Part III **Cost of Goods Sold** (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation **Yes** **No**

| | | |
|---|-----------|--|
| 35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 | |
| 36 Purchases less cost of items withdrawn for personal use | 36 | |
| 37 Cost of labor. Do not include any amounts paid to yourself | 37 | |
| 38 Materials and supplies | 38 | |
| 39 Other costs | 39 | |
| 40 Add lines 35 through 39 | 40 | |
| 41 Inventory at end of year | 41 | |
| 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 | 42 | |

Part IV **Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) / /

44 Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:

a Business **b** Commuting (see instructions) **c** Other

45 Was your vehicle available for personal use during off-duty hours? **Yes** **No**

46 Do you (or your spouse) have another vehicle available for personal use?. **Yes** **No**

47a Do you have evidence to support your deduction? **Yes** **No**

b If "Yes," is the evidence written? **Yes** **No**

Part V **Other Expenses.** List below business expenses not included on lines 8–26, line 27b, or line 30.

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|---|-----------|--|
| 48 Total other expenses. Enter here and on line 27a | 48 | |
|---|-----------|--|

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2024 Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

Your social security number

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

- A Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions. B If "Yes," did you or will you file required Form(s) 1099?

1a Physical address of each property (street, city, state, ZIP code)

Table with 3 rows (A, B, C) for physical addresses.

Table with 6 columns: 1b Type of Property, 2 For each rental real estate property... Fair Rental Days, Personal Use Days, QJV. Rows A, B, C.

Type of Property:

- 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)

Main table for income and expenses with columns for Properties A, B, C and rows for Income (3, 4), Expenses (5-20), and Totals (21-26).