



# **BYRT CPAs, LLC**

**2024 Tax Organizer**

### A Few Notes:

\*The goal of the organizer is to make it easier on you to collect your data. Please complete the first three pages of questions, you may complete the remaining pages if they are helpful to you.

\* We are a paperless office - we scan everything you send to us so please **avoid using staples** when possible to ease in the scanning process.

\* **We recommend waiting to bring your documents into our office until you have all your documents for the 2024 taxes** - bringing items one by one increase the chance of items being misplaced.

\*If you complete this form you can tell the front desk when you drop it off and **do not need to complete an intake form** when you drop off your information at our office.

Thank you for trusting us to prepare your taxes!

### Important Questions for 2024 Intake Form

Cell Phone #: \_\_\_\_\_

Cell Phone #(spouse): \_\_\_\_\_

Email address: \_\_\_\_\_

Email address (spouse): \_\_\_\_\_

Were you or your spouse pregnant in 2024? Yes ☐ No ☐

At any time during 2024 did you receive, sell, exchange, or otherwise dispose of any financial interest in digital assets? (Cryptocurrency ex. bitcoin/doge/ethereum)

Yes ☐ No ☐

Did your mailing address or bank account change from 2023? *(please provide voided check for any new bank account)*

Yes ☐ No ☐ If yes, explain: \_\_\_\_\_

Did your dependents change from 2023? *(dependents are people you claim on your tax returns; typically children or elderly parents)*

Yes ☐ No ☐ If yes, explain: \_\_\_\_\_

Did you pay any Federal or State Estimates for 2024? If yes, list: \_\_\_\_\_

**Please let us know anything unusual about your taxes this year in the space below:**

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Questions

Please check the appropriate box and include a  
note of why you answered yes and related documentation.

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you live separately from your spouse during the last six months of the 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 or anyone in your family receive an 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"/>
<b>Dependent Information</b>		
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"/>
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 for child care while you worked or went to school?	<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"/>
<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 acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Income Information</b>		
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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Medicaid waiver payments as difficulty of care during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income considered to be nonemployee compensation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, W2-G or other income stmt?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Retirement Information</b>		
Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from or contribution to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take any early or lump sum distributions from a retirement account?	<input type="checkbox"/>	<input type="checkbox"/>

**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?	<input type="checkbox"/>	<input type="checkbox"/>
If so please include the 1098-T and a listing of all expenses/textbook/fees paid.		
If scholarships were received, were any of the scholarship funds used for expenses other than tuition, such as room and board?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to or withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

**Health Care Information**

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions or distributions to a Health savings account (HSA), Archer MSA, or ABLE account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
If you are a business owner, did you pay health insurance premiums for your employees this year?	<input type="checkbox"/>	<input type="checkbox"/>

**Itemized Deduction Information**

Did you incur a casualty or theft loss due to a Federally declared disaster? (that was not covered by insurance).	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any cash or other monetary charitable contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any noncash charitable contributions (clothes, furniture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle or boat during the year to a qualified charity?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay real estate taxes for your primary home and/or second home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any mortgage interest on an existing home loan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur interest expenses associated with any investment accounts you held?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

**Miscellaneous Information**

Did you make gifts of more than \$18,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
If you were a member of the Armed Forces - did you incur moving costs?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<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 of a company registered with a secretary of state (such as a LLC, FLP, Corporation)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you file its initial Beneficial Ownership Information Report (BOIR)?	<input type="checkbox"/>	<input type="checkbox"/>
Have there been any updates to ownership that need to be reported on the BOIR?	<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 unpaid?	<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"/>

General: 1040

## Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse)

Mark if you were married but living apart all year

Mark if your nonresident alien spouse does not have an ITIN

Taxpayer

Spouse

Social security number

First name

Last name

Occupation

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)

Mark if legally blind

Mark if dependent of another taxpayer

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N)

Date of birth

Date of death

Work/daytime telephone number/ext number

Do you authorize us to discuss your return with the IRS (Y, N)

General: 1040, Contact

## Present Mailing Address

Address

Apartment number

City/State postal code/Zip code

Foreign country name

Foreign phone number

Home/evening telephone number

Taxpayer email address

Spouse email address

General: 1040

## Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent

Credits: 2441

## Child and Dependent Care Expenses

Provider information:

Business name

First and Last name

Street address

City, state, and zip code

Social security number OR Employer identification number

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP)

Amount paid to care provider in 2024

Taxpayer

Spouse

Employer-provided dependent care benefits that were forfeited

NOTES/QUESTIONS:

Income: W-2

**Salary and Wages**

Please provide all copies of Form W-2 that you receive.

Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Retirement: 1099-R

**Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive.

Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: K-1, K1T

**Schedules K-1**

Please provide all copies of Schedule K-1 that you receive.

Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: W-2G

**Gambling Income**

Please provide all copies of Form W-2G that you receive.

Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____

Education: 1099-Q

**Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive.

Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____

**NOTES/QUESTIONS:**

Income: B1

**Interest Income**

Please provide all copies of Form 1099-INT or other statements reporting interest income.

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3

**Seller Financed Mortgage Interest**

T, S, J \_\_\_\_\_ Payer's name \_\_\_\_\_ Payer's social security number \_\_\_\_\_  
 Payer's address, city, state, zip code \_\_\_\_\_  
 Amount received in 20XX \_\_\_\_\_ Amount received in 20XX \_\_\_\_\_

Income: B2

**Dividend Income**

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D

**Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income

**Other Income**

Please provide copies of all supporting documentation.

		2024 Information	Prior Year Information	
State and local income tax refunds				
	T/S	Agreement Date	2024 Information	Prior Year Information
Alimony received				
	Taxpayer		Spouse	Prior Year Information
Unemployment compensation				
Unemployment compensation repaid				
Social security benefits				
Medicare premiums to be reported on Schedule A				
Railroad retirement benefits				
T/S/J			Current Year Info	Prior Year Information
Other Income:				

1040 Adj: IRA

**Adjustments to Income - IRA Contributions**

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer

Spouse

**Traditional IRA Contributions for 2024 -**

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2024

**Roth IRA Contributions for 2024 -**

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2024

Educate: Educate2

**Higher Education Deductions and/or Credits**

Complete this section if you paid interest on a qualified student loan in 2024 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2024 Information	Prior Year Information

Complete this section if you paid qualified education expenses for higher education costs in 2024.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information

\*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

**Job Related Moving Expenses**

Complete this section if you moved to a new home due to service in the armed forces.

Description of move

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

Mark if the move was due to service in the armed forces

Number of miles from old home to new workplace

Number of miles from old home to old workplace

Mark if move is outside United States or its possessions

Transportation and storage expenses

Travel and lodging (not including meals)

Total amount reimbursed for moving expenses

1040 Adj: OtherAdj

**Other Adjustments to Income**

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2024 Information	Prior Year Information

Street address

City, State and Zip code

\*Enter the divorce/separation agreement date

Taxpayer

Spouse

Prior Year Information

Educator expenses:

Other adjustments:

Itemized: A1

**Medical and Dental Expenses**

T/S/J	2024 Information	Prior Year Information
<input type="checkbox"/> Medical and dental expenses		
<input type="checkbox"/> Medical insurance premiums you paid***		
<input type="checkbox"/> Long-term care premiums you paid***		
<input type="checkbox"/> Prescription medicines and drugs		
<input type="checkbox"/> Miles driven for medical items (1/1/22-6/30/22, 18 cents)		
<input type="checkbox"/> Miles driven for medical items (7/1/22-12/31/22, 22 cents)		

\*\*\*Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1

**Tax Expenses**

T/S/J	2024 Information	Prior Year Information
<input type="checkbox"/> State/local income taxes paid		
<input type="checkbox"/> 2023 state and local income taxes paid in 2024		
<input type="checkbox"/> Sales tax paid on actual expenses		
<input type="checkbox"/> Real estate taxes paid		
<input type="checkbox"/> Personal property taxes		
<input type="checkbox"/> Other taxes		

Itemized: A2

**Interest Expenses**

T/S/J	2024 Information	Prior Year Information
<input type="checkbox"/> Home mortgage interest From Form 1098		
<input type="checkbox"/> Other home mortgage interest paid to individuals:		
<b>T/S/J</b>	<b>Payee's Name</b>	<b>SSN or EIN</b>
<input type="checkbox"/>		
	<b>Address</b>	<b>City</b>
		<b>State</b>
		<b>Zip Code</b>
<b>T/S/J</b>	<b>2024 Information</b>	<b>Prior Year Information</b>
<input type="checkbox"/> Investment interest expense, other than on Sch K-1s:		
Refinancing Information:	<b>Refinance #1</b>	<b>Refinance #2</b>
<b>T/S/J</b>		
Recipient/Lender name		
Total points paid at time of refinance		
Date of refinance		
Term of new loan (in months)		
Reported on Form 1098 in 2024		

Itemized: A3

**Charitable Contributions**

T/S/J	2024 Information	Prior Year Information
<input type="checkbox"/> Contributions made by cash or check		
<input type="checkbox"/> Volunteer miles driven		
<input type="checkbox"/> Noncash items, such as: Goodwill, Salvation Army		

Itemized: A3, A-5f

**Miscellaneous Deductions**

T/S/J	2024 Information	Prior Year Information
<input type="checkbox"/> Other expenses		
<input type="checkbox"/> Gambling losses (enter only if you have gambling income)		
***STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA		
<b>T/S/J</b>	<b>2024 Information</b>	<b>Prior Year Information</b>
<input type="checkbox"/> Unreimbursed expenses***		
<input type="checkbox"/> Union dues, other than amounts reported on Form W-2***		
<input type="checkbox"/> Tax preparation fees***		
<input type="checkbox"/> Other expenses, subject to 2% AGI limitation***:		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> Safe deposit box rental***		
<input type="checkbox"/> Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***		

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

[illegible]

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) \_\_\_\_\_ [1]  
 Marketplace identifier (Box 1) \_\_\_\_\_ [6]  
 Marketplace-assigned policy number (Box 2) \_\_\_\_\_ [7]  
 Policy issuer's name (Box 3) \_\_\_\_\_ [2]

**Part III Household Information -**

	A. 2020 Monthly Premium Amount	Prior Year Information	B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2020 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals+

## ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) \_\_\_\_\_ [1]  
 Marketplace identifier (Box 1) \_\_\_\_\_ [6]  
 Marketplace-assigned policy number (Box 2) \_\_\_\_\_ [7]  
 Policy issuer's name (Box 3) \_\_\_\_\_ [2]

**Part III Household Information -**

	A. 2020 Monthly Premium Amount	Prior Year Information	B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2020 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals+

NOTES/QUESTIONS:

General: Bank

**Direct Deposit/Electronic Funds Withdrawal Information**

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. \_\_\_\_\_

Primary account:

Financial institution routing transit number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Your account number \_\_\_\_\_

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Your account number \_\_\_\_\_

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Your account number \_\_\_\_\_

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

\*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.

Electronic Filing: ID Auth

**Identity Authentication**

**Taxpayer -**

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_

Identification number \_\_\_\_\_

Issue date \_\_\_\_\_

Expiration date \_\_\_\_\_

Location of issuance \_\_\_\_\_

Document number (New York only) \_\_\_\_\_

**Spouse -**

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_

Identification number \_\_\_\_\_

Issue date \_\_\_\_\_

Expiration date \_\_\_\_\_

Location of issuance \_\_\_\_\_

Document number (New York only) \_\_\_\_\_

**NOTES/QUESTIONS:**

**Preparer use only****2024 Information****Prior Year Information**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
Employer identification number \_\_\_\_\_ [3]  
Business name \_\_\_\_\_ [5]  
Principal business/profession \_\_\_\_\_ [6]  
Business code \_\_\_\_\_ [12]  
Business address, if different from home address on Organizer Form ID: 1040  
Address \_\_\_\_\_ [15]  
City/State/Zip \_\_\_\_\_ [16] \_\_\_\_\_ [17] \_\_\_\_\_ [18]  
Accounting method (1 = Cash, 2 = Accrual, 3 = Other) \_\_\_\_\_ [19]  
If other: \_\_\_\_\_ [21]  
Inventory method (1 = Cost, 2 = LCM, 3 = Other) \_\_\_\_\_ [22]  
If other enter explanation: \_\_\_\_\_ [24]  
\_\_\_\_\_  
Enter an explanation if there was a change in determining your inventory: \_\_\_\_\_ [25]  
\_\_\_\_\_  
Did you "materially participate" in this business? (Y, N) \_\_\_\_\_ [26]  
If not, number of hours you did significantly participate \_\_\_\_\_ [28]  
Mark if you began or acquired this business in 2024 \_\_\_\_\_ [30]  
Did you make any payments in 2024 that require you to file Form(s) 1099? (Y, N) \_\_\_\_\_ [31]  
If "Yes", did you or will you file all required Forms 1099? (Y, N) \_\_\_\_\_ [33]  
Mark if this business is considered related to qualified services as a minister or religious worker \_\_\_\_\_ [35]  
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) \_\_\_\_\_ [37]  
Medical insurance premiums paid by this activity + \_\_\_\_\_ [40]  
Long-term care premiums paid by this activity + \_\_\_\_\_ [44]  
Amount of wages received as a statutory employee + \_\_\_\_\_ [47]

**Business Income****2024 Information****Prior Year Information**

Gross receipts and sales \_\_\_\_\_ + \_\_\_\_\_ [52]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Returns and allowances \_\_\_\_\_ + \_\_\_\_\_ [55]  
Other income: \_\_\_\_\_ + \_\_\_\_\_ [57]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ + \_\_\_\_\_

**Cost of Goods Sold****2024 Information****Prior Year Information**

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

**Control Totals +****Form ID: C-1**

Principal business or profession

### Prior Year Information

[illegible]

Form ID: C-2

## Preparer use only

## 2024 Information

## Prior Year Information

Description \_\_\_\_\_ [2]  
Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_ [3] State postal code \_\_\_\_\_ [5]  
Physical address: Street \_\_\_\_\_ [6]  
City, state, zip code \_\_\_\_\_ [7] \_\_\_\_ [8] \_\_\_\_\_ [9]  
Foreign country \_\_\_\_\_ [11]  
Foreign province/country \_\_\_\_\_ [12]  
Foreign postal code \_\_\_\_\_ [13]  
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) \_\_\_\_\_ [14]  
Description of other type (Type code #8) \_\_\_\_\_ [15]  
Did you make any payments in 2024 that require you to file Form(s) 1099? (Y,N) \_\_\_\_\_ [16]  
If "Yes", did you or will you file all required Forms 1099? (Y, N) \_\_\_\_\_ [18]  
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) \_\_\_\_\_ [20]  
Percentage of ownership if not 100% \_\_\_\_\_ [22]  
Business use percentage, if not 100% (Not vacation home percentage) \_\_\_\_\_ [24]

## Rent and Royalty Income

## Rents and royalties

## 2024 Information

## Prior Year Information

\_\_\_\_\_ + \_\_\_\_\_ [33]  
\_\_\_\_\_

## Rent and Royalty Expenses

## 2024 Information

## Percent if not 100%

## Prior Year Information

Advertising + \_\_\_\_\_ [35] \_\_\_\_\_ [36]  
Auto + \_\_\_\_\_ [38] \_\_\_\_\_ [39]  
Travel + \_\_\_\_\_ [41] \_\_\_\_\_ [42]  
Cleaning and maintenance + \_\_\_\_\_ [44] \_\_\_\_\_ [45]  
Commissions:  
\_\_\_\_\_ + \_\_\_\_\_ [47] \_\_\_\_\_ [49]  
\_\_\_\_\_ + \_\_\_\_\_  
Insurance:  
\_\_\_\_\_ + \_\_\_\_\_ [50] \_\_\_\_\_ [52]  
\_\_\_\_\_ + \_\_\_\_\_  
Legal and professional fees + \_\_\_\_\_ [54] \_\_\_\_\_ [55]  
Management fees:  
\_\_\_\_\_ + \_\_\_\_\_ [57] \_\_\_\_\_ [59]  
\_\_\_\_\_ + \_\_\_\_\_  
Mortgage interest paid to banks, etc (Form 1098)  
\_\_\_\_\_ + \_\_\_\_\_ [60] \_\_\_\_\_ [62]  
\_\_\_\_\_ + \_\_\_\_\_  
Other mortgage interest + \_\_\_\_\_ [63] \_\_\_\_\_ [65]  
Qualified mortgage insurance premiums + \_\_\_\_\_ [66] \_\_\_\_\_ [67]  
Other interest:  
\_\_\_\_\_ + \_\_\_\_\_ [69] \_\_\_\_\_ [71]  
\_\_\_\_\_ + \_\_\_\_\_  
Repairs + \_\_\_\_\_ [72] \_\_\_\_\_ [73]  
Supplies + \_\_\_\_\_ [75] \_\_\_\_\_ [76]  
Taxes:  
\_\_\_\_\_ + \_\_\_\_\_ [78] \_\_\_\_\_ [80]  
\_\_\_\_\_ + \_\_\_\_\_  
Utilities + \_\_\_\_\_ [81] \_\_\_\_\_ [82]  
Depreciation + \_\_\_\_\_ [84] \_\_\_\_\_ [85]  
Depletion + \_\_\_\_\_ [87] \_\_\_\_\_ [88]  
Other expenses:  
\_\_\_\_\_ + \_\_\_\_\_ [90] \_\_\_\_\_  
\_\_\_\_\_ + \_\_\_\_\_  
\_\_\_\_\_ + \_\_\_\_\_  
\_\_\_\_\_ + \_\_\_\_\_

Control Totals +

Form ID: Rent

Preparer use only

Description \_\_\_\_\_

### Refinancing Points

Preparer - Enter on Screen Rent

2024 Information

Prior Year Information

**Refinancing points paid -**

Recipient's/Lender's name \_\_\_\_\_ [92]

Date of refinance \_\_\_\_\_

Total # Payments \_\_\_\_\_

Reported on 1098 in 2024 \_\_\_\_\_

Total points paid \_\_\_\_\_

Points deemed as paid in current year **(Preparer use only)** \_\_\_\_\_

**Refinancing points paid -**

Recipient's/Lender's name \_\_\_\_\_

Date of refinance \_\_\_\_\_

Total # Payments \_\_\_\_\_

Reported on 1098 in 2024 \_\_\_\_\_

Total points paid \_\_\_\_\_

Points deemed as paid in current year **(Preparer use only)** \_\_\_\_\_

**Refinancing points paid -**

Recipient's/Lender's name \_\_\_\_\_

Date of refinance \_\_\_\_\_

Total # Payments \_\_\_\_\_

Reported on 1098 in 2024 \_\_\_\_\_

Total points paid \_\_\_\_\_

Points deemed as paid in current year **(Preparer use only)** \_\_\_\_\_

### Vacation Home Information

Preparer - Enter on Screen Rent-3

2024 Information

Prior Year Information

Number of days home was used personally \_\_\_\_\_ [5]

Number of days home was rented \_\_\_\_\_ [7]

Number of day home owned, if not 365 \_\_\_\_\_ [9]

Carryover of disallowed operating expenses into 2024 + \_\_\_\_\_ [21]

Carryover of disallowed depreciation expenses into 2024 + \_\_\_\_\_ [22]

### Passive and Other Information

Preparer - Enter on Screen Rent-2

Preparer use only Carryovers	Non-QBI and Tax	For QBI & Tax	AMT
Operating	+ _____ [25]	+ _____ [26]	+ _____ [27]
Short-term capital	_____	+ _____ [28]	+ _____ [29]
Long-term capital	_____	+ _____ [30]	+ _____ [31]
28% rate capital	_____	+ _____ [32]	+ _____ [33]
Section 1231 loss	+ _____ [34]	+ _____ [35]	+ _____ [36]
Ordinary business gain/loss	+ _____ [37]	+ _____ [38]	+ _____ [39]
Section 179	+ _____ [40]	+ _____ [41]	+ _____ [42]

**NOTES/QUESTIONS:**

Control Totals +

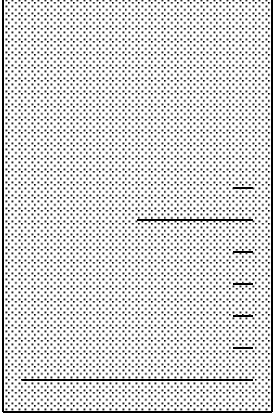
Form ID: Rent-2

Please provide all Forms 1099-K

Preparer use only

## 2024 Information

## Prior Year Information

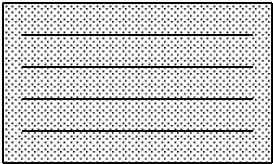
Taxpayer/Spouse/Joint (T, S, J)	_____	[2]	
Employer identification number	_____	[3]	
Description	_____	[4]	
Principal Product	_____	[5]	
State postal code	_____	[6]	
Accounting method (1 = Cash, 2 = Accrual)	_____	[7]	
Agricultural activity code	_____	[9]	
Did you "materially participate" in this business? (Y, N)	_____	[12]	
Did you make any payments in 2024 that require you to file Form(s) 1099? (Y, N)	_____	[14]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____	[16]	
Mark if Schedule F net income or loss should be excluded from self-employment income	_____	[18]	_____
Medical insurance premiums paid by this activity	_____	[21]	_____
Long-term care premiums paid by this activity	_____	[25]	_____

## Schedule F Income

## Sales Code\*\*

## 2024 Information

## Prior Year Information

Income description	_____	+	_____	[35]	
_____	_____	+	_____		
_____	_____	+	_____		
_____	_____	+	_____		
_____	_____	+	_____		

## \*\* Sales Codes

1 = Cash sales of items bought for resale

4 = Custom hire (machine work)

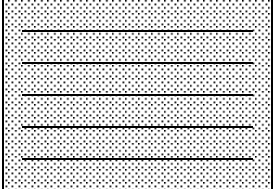
2 = Cash sales of items raised

5 = Other income

3 = Accrual sales

## 2024 Information


## Prior Year Information

Cost or other basis of livestock and other items you bought for resale (Cash method)	_____	+	_____	[37]	
Beginning inventory of livestock and other items (Accrual method)	_____	+	_____	[39]	
Accrual cost of livestock, produce, grains, and other products purchased	_____	+	_____	[41]	
Ending Inventory of livestock and other items (Accrual method)	_____	+	_____	[43]	
Total cooperative distributions you received	_____	+	_____	[45]	
Taxable cooperative distributions you received	_____	+	_____	[47]	

## 2024 Total

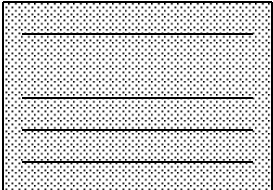
## 2024 Taxable

## Prior Year Information

Agricultural program payments	_____	+	_____	[50]	
_____	_____	+	_____		
_____	_____	+	_____		

## 2024 Information

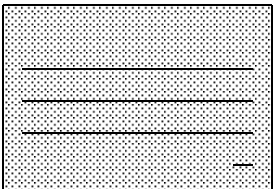
## Prior Year Information

CRP payments received while enrolled to receive social security or disability benefits	_____	+	_____	[52]	
Commodity credit loans reported under election:	_____		_____	[54]	
_____			_____		
Total commodity credit loans forfeited	_____	+	_____	[56]	
Taxable commodity credit loans forfeited	_____	+	_____	[58]	

## 2024 Total

## 2024 Taxable

## Prior Year Information

Total crop insurance proceeds you received in 2024	_____	+	_____	[61]	
_____	_____	+	_____		
_____	_____	+	_____		
Mark if electing to defer crop insurance proceeds to 2024	_____		_____	[63]	
Crop insurance proceeds deferred from 2020	_____	+	_____	[65]	

Control Totals +

Form ID: F-1

Form ID: F-2

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [13]  
 State postal code \_\_\_\_\_ [14]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [13]  
 State postal code \_\_\_\_\_ [14]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [13]  
 State postal code \_\_\_\_\_ [14]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

If you have any questions please contact our office at  
912-283-8889 or email us at [acb@byrt.com](mailto:acb@byrt.com).