

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Personal Information**1**

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]

	Taxpayer	Spouse
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 ^[52]	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	***Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent [53]

Social security number of qualifying person [54]

Dependent Codes

- | | | | |
|------------------|---|----------------|--|
| *Basic | 1 = Child who lived with you | **Other | 1 = Student (Age 19 - 23) |
| | 2 = Child who did not live with you due to divorce/separation | | 2 = Disabled dependent |
| | 3 = Other dependent | | 3 = Dependent who is both a student and disabled |
| | 4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC) | | |
| | 5 = Qualifying child for Earned Income Credit only | | |
| | 6 = Children who lived with you, but do not qualify for Earned Income Credit | | |
| | 7 = Children who lived with you, but do not qualify for Child Tax Credit | | |
| | 8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit | | |
| ***Months | 77 = Reported on odd year return | | |
| | 88 = Reported on even year return | | |
| | 99 = Not reported on return | | |

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:

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2

[18]

[27]

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]

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]

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

12

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

Control Totals +

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

Control Totals +

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 (**See codes below)	Interest Income ^[1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

**Interest Codes

Blank = Regular Interest

4 = Accrued Interest

6 = ABP Adjustment

3 = Nominee Distribution

5 = OID Adjustment

7 = Series EE & I Bond

Control Totals +

Form ID: B-1

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

**Dividend Codes

Blank = Other

3 = Nominee

Control Totals +

Form ID: B-2

Did you have any securities become worthless during 2024? (Y, N)	__[9]
Did you have any debts become uncollectible during 2024? (Y, N)	__[10]
Did you have any commodity sales, short sales, or straddles? (Y, N)	__[11]
Did you exchange any securities or investments for something other than cash? (Y, N)	__[13]
Did you receive, sell, exchange, or otherwise dispose of any financial interest in any digital assets? (Y, N)	__[4]

[illegible]

[illegible]

Form ID: InfoD

Consolidated Broker Statement

17b

Please provide copies of the Consolidated Broker Statement - Include all pages and all inserts

☐ Preparer use only

T/S/J

Broker Name

Account number

Employer identification number

Margin interest

Investment management/advisory fees

*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.

Type Code	1099-INT	Interest Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts +						
	2	Payer						
		Amounts +						
	3	Payer						
		Amounts +						
	4	Payer						
		Amounts +						
	5	Payer						
		Amounts +						

Type Code	1099-DIV	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distr	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	US Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Tax Paid	Prior Year Information
	1	Payer										
		Amounts+										
	2	Payer										
		Amounts+										
	3	Payer										
		Amounts+										
	4	Payer										
		Amounts+										
	5	Payer										
		Amounts+										

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
			+	+
			+	+
			+	+
			+	+
			+	+

Description of Account - Aggregate profit/-loss on contracts

-Loss/Gain Entire Yr

1099-B Adjustment

Net 1256 loss carryback

Control Totals +

Form ID: Broker

Prior Year Information

Prior Year Information

Prior Year Information

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

24

Please provide all Forms 1099-R.

2024 Information**Prior Year Information**

Taxpayer/Spouse (T, S) _____ [1]
Name of payer _____ [3]
State postal code _____ [6]
Gross distributions received (**Box 1**) + _____ [8]
Taxable amount received (**Box 2a**) + _____ [10]
Federal withholding (**Box 4**) + _____ [12]
Distribution code (**Box 7**) _____ [15]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [17]
State withholding (**Box 14**) + _____ [18]
Local withholding (**Box 17**) + _____ [20]
Amount of rollover + _____ [22]
Mark if distribution was due to a pre-retirement age disability _____ [24]

Control Totals +**Pension, Annuity, and IRA Distributions #2**

Please provide all Forms 1099-R.

2024 Information**Prior Year Information**

Taxpayer/Spouse (T, S) _____ [1]
Name of payer _____ [3]
State postal code _____ [6]
Gross distributions received (**Box 1**) + _____ [8]
Taxable amount received (**Box 2a**) + _____ [10]
Federal withholding (**Box 4**) + _____ [12]
Distribution code (**Box 7**) _____ [15]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [17]
State withholding (**Box 14**) + _____ [18]
Local withholding (**Box 17**) + _____ [20]
Amount of rollover + _____ [22]
Mark if distribution was due to a pre-retirement age disability _____ [24]

Control Totals +**Pension, Annuity, and IRA Distributions #3**

Please provide all Forms 1099-R.

2024 Information**Prior Year Information**

Taxpayer/Spouse (T, S) _____ [1]
Name of payer _____ [3]
State postal code _____ [6]
Gross distributions received (**Box 1**) + _____ [8]
Taxable amount received (**Box 2a**) + _____ [10]
Federal withholding (**Box 4**) + _____ [12]
Distribution code (**Box 7**) _____ [15]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [17]
State withholding (**Box 14**) + _____ [18]
Local withholding (**Box 17**) + _____ [20]
Amount of rollover + _____ [22]
Mark if distribution was due to a pre-retirement age disability _____ [24]

Control Totals +**NOTES/QUESTIONS:**

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

Taxpayer/Spouse (T, S)

State postal code

[1]

[3]

Social Security Benefits

	2024 Information	Prior Year Information
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:		
Medicare premiums	+ [7]	
Prescription drug (Part D) premiums	+ [9]	
Net Benefits for 2024 (Box 3 minus Box 4) (Box 5)	+ [12]	
Voluntary Federal Income Tax Withheld (Box 6)	+ [14]	

Tier 1 Railroad Benefits

	2024 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2024 (Box 5)	+ [22]	
Federal Income Tax Withheld (Box 10)	+ [25]	
Medicare Premium Total (Box 11)	+ [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:

Taxpayer

Spouse

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]

Taxpayer

Spouse

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

Taxpayer

Spouse

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:

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

Returns and allowances + _____ [52]
Other income: + _____ [55]

_____ + _____ [57]

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

Beginning inventory + _____ [59]
Purchases + _____ [61]
Labor: + _____ [63]

Materials + _____ [65]
Other costs: + _____ [67]

Ending inventory + _____ [69]

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

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/county _____ [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 366 _____ [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	+ [24]	+ [25]	+ [26]
Short-term capital		+ [27]	+ [28]
Long-term capital		+ [29]	+ [30]
28% rate capital		+ [31]	+ [32]
Section 1231 loss		+ [34]	+ [35]
Ordinary business gain/loss +	[36]	+ [37]	+ [38]
Section 179	+ [39]	+ [40]	+ [41]

NOTES/QUESTIONS:

Control Totals +

Form ID: Rent-2