

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name.....	_____	_____
First name .....	_____	_____
Middle initial and suffix .....	MI ..... _____ Suffix ..... _____	MI ..... _____ Suffix ..... _____
Social security number .....	_____	_____
Occupation.....	_____	_____
Work phone/extension .....	_____	_____
Cell phone .....	_____	_____
E-mail address.....	_____	_____
Driver's License/Id issuing state .....	_____	_____
License /Id number.....	_____	_____
License/Id issue date .....	_____	_____
License/Id expiration date.....	_____	_____
Birthdate .....	MM/DD/YYYY .....	MM/DD/YYYY .....
Blind .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund.....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street address.....	_____	Apartment number .....
City.....	_____ State.....	ZIP code.....
Home phone.....	_____ Foreign country .....	_____
Fax.....	_____ Foreign phone .....	_____

FILING STATUS

**1** Single

**2** Married filing jointly

**3** Married filing separately

Check this box if you **did not** live with spouse at any time during the year .....

Check this box if you are eligible to claim spouse's exemption .....

Check this box if your spouse itemizes deductions.....

**4** Head of household

If the qualifying person is a child but not your dependent, enter

Child's name..... Child's social security number.....

**5** Qualifying surviving spouse

Check the box for the year the spouse died ..... 2022  2023

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Not qualified credit Other dep	Date of Birth	2024 Child Care Expense
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

\*\* For the Dependent Code, enter the following: L = dependent child who lived with you  
 N = dependent child who didn't live with you due to divorce or separation  
 O = other dependent  
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

\* Check this box if dependent child is not a U.S. citizen or resident alien

## Topic Index

**ORG2**

<p>Alimony paid ..... ORG28</p> <p>Alimony received ..... ORG10</p> <p>Annuity payments received ..... ORG7</p> <p>Business income and expenses ..... ORG19</p> <p>Car and truck expenses ..... ORG18</p> <p>Casualties and thefts..... ORG3</p> <p>Charitable contributions ..... ORG14</p> <p>Child and dependent care expenses ..... ORG35</p> <p>Dependent information ..... ORG6</p> <p>Depreciable property - additions ..... ORG51</p> <p>Depreciable property - deletions ..... ORG50</p> <p>Dividend income ..... ORG11</p> <p>Education ..... ORG36</p> <p>Employee business expense ..... ORG17</p> <p>Estate income ..... ORG47</p> <p>Estimated and other tax payments ..... ORG40</p> <p>Farm income and expenses ..... ORG27</p> <p>Farm rental income and expenses ..... ORG26</p> <p>Foreign earned income ..... ORG52</p> <p>Gambling and lottery winnings ..... ORG7</p> <p>Household employees ..... ORG41</p> <p>Health Insurance Coverage ..... ORG3A</p> <p>Installment sales..... ORG23</p> <p>Interest income ..... ORG11</p> <p>Interest paid (mortgage, etc) ..... ORG14</p> <p>Investment interest expense..... ORG14</p> <p>IRA contributions ..... ORG28</p>	<p>IRA distributions and rollovers..... ORG7</p> <p>Keogh plan contributions ..... ORG28</p> <p>Medical and dental expenses ..... ORG13</p> <p>Miscellaneous income reported on 1099-MISC ..... ORG8</p> <p>Miscellaneous income not from 1099-MISC ..... ORG10</p> <p>Miscellaneous itemized deductions ..... ORG15</p> <p>Moving expenses ..... ORG16</p> <p>Office in home expenses ..... ORG20</p> <p>Partnership income ..... ORG45</p> <p>Pension payments received ..... ORG7</p> <p>Personal information ..... ORG6</p> <p>Railroad retirement benefits..... ORG10</p> <p>Rental income and expenses ..... ORG25</p> <p>Royalty income and expenses ..... ORG25</p> <p>S corporation income..... ORG46</p> <p>Sale of home..... ORG22</p> <p>Sales of business property ..... ORG24</p> <p>Sales of stock, securities ..... ORG21</p> <p>Self-employed health insurance ..... ORG19</p> <p>SEP plan contributions..... ORG28</p> <p>SIMPLE plan contributions ..... ORG28</p> <p>Social security benefits..... ORG10</p> <p>State and local tax refunds..... ORG10</p> <p>Taxes paid..... ORG13</p> <p>Trust income ..... ORG47</p> <p>Unemployment compensation..... ORG10</p> <p>Wages and salaries ..... ORG7</p>
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## General Questions

ORG3

### PERSONAL INFORMATION

	Yes	No
1 Did your marital status change during 2024? ..... If <b>yes</b> , explain .....	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you want to allow your tax preparer to discuss this year's return with the IRS? ..... If <b>no</b> , enter another person (if desired) to be allowed to discuss this return with the IRS. <b>Caution:</b> Review any transferred information for accuracy. Designee's Name ..... ▶ Phone Number ..... ▶ Personal Identification Number (5 digit PIN) ..... ▶	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Do you or your spouse plan to retire in 2025? .....	<input type="checkbox"/>	<input type="checkbox"/>
4 Were you or your spouse permanently and totally disabled in 2024? .....	<input type="checkbox"/>	<input type="checkbox"/>
5 Enter date of death for taxpayer or spouse (if during 2024 or 2025 ): Taxpayer: _____ Spouse: _____		
6 Were you or your spouse a member of the U.S. Armed Forces during 2024? .....	<input type="checkbox"/>	<input type="checkbox"/>

### DEPENDENT INFORMATION

	Yes	No
7 a Do you have dependents who must file? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If <b>yes</b> , do you want us to prepare the return(s)? .....	<input type="checkbox"/>	<input type="checkbox"/>
8 a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,600? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If <b>yes</b> , do you want to include your child's income on your return? .....	<input type="checkbox"/>	<input type="checkbox"/>
9 Are any of your dependents <b>not</b> U.S. citizens or residents? .....	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you provide over half the support for any other person during 2024? .....	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you incur adoption expenses during 2024? .....	<input type="checkbox"/>	<input type="checkbox"/>

### IRA, PENSION AND EDUCATION SAVINGS PLANS

	Yes	No
12 Did you receive payments from a pension or profit-sharing plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? .....	<input type="checkbox"/>	<input type="checkbox"/>
14 a Did you convert all or part of a regular IRA into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did you roll over all or part of a qualified plan into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you contribute to a Coverdell Education Savings Account? .....	<input type="checkbox"/>	<input type="checkbox"/>

### ITEMS RELATED TO INCOME/LOSSES

	Yes	No
16 Did you receive any disability payments in 2024? .....	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you receive tip income <b>not</b> reported to your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you buy, sell, refinance, or abandon a principal residence or other real property in 2024? (Attach copies of any escrow statements or Forms 1099.) .....	<input type="checkbox"/>	<input type="checkbox"/>
19 a If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Are you planning to purchase a home soon? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did you incur any casualty or theft losses during 2024? .....	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you incur any non-business bad debts? .....	<input type="checkbox"/>	<input type="checkbox"/>

### PRIOR YEAR TAX RETURNS

	Yes	No
21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? ..... If <b>yes</b> , enclose agent's report or notice of change.	<input type="checkbox"/>	<input type="checkbox"/>
22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? .....	<input type="checkbox"/>	<input type="checkbox"/>

**General Questions (continued)**

**ORG3**

**FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 23 Did you have foreign income or pay any foreign taxes in 2024 ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 24a At any time during 2024, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2024 ? Report all interest income on Org 11 .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 Did you at any time during 2024, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**HEALTH AND LIFE INSURANCE**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 27 Did you receive Form 1095-A (Health Coverage)? If so, please attach .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 28a Did you or your spouse have self-employed health insurance? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? .....       | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 Did you contribute to or receive distributions from a Health Savings Account (HSA)? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**MISCELLANEOUS**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 31 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2024 ? If <b>yes</b> , please attach details .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 Did you purchase a motor vehicle or boat during 2024 ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , attach documentation showing sales tax paid.   |                          |                          |
| 33 Did you purchase an energy efficient vehicle in 2024 ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , enter year, make, model, and date purchased: _____<br>also provide VIN: _____  |                          |                          |
| 34 Did you donate a vehicle in 2024 ? If yes, attach Form 1098C .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 35 What was the sales tax rate in your locality in 2024 ? _____ % State ID _____   |                          |                          |
| 36 Did you or your spouse make gifts of over \$18,000 to an individual or contribute to a prepaid tuition plan? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 37 Did you make gifts to a trust? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , please attach details.   |                          |                          |
| 39 Did you or your spouse participate in a medical savings account in 2024 ? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)   |                          |                          |
| 40 Did you make a loan at an interest rate below market rate? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 41 Did you pay any individual for domestic services in 2024 ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 Did you pay interest on a student loan for yourself, your spouse, or your dependents? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 Did you, your spouse, or your dependents attend post-secondary school in 2024 ? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 Did a lender cancel any of your debt in 2024 ? (Attach any Forms 1099-A or 1099-C) .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 Did you receive any income not included in this Tax Organizer? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , please attach information.   |                          |                          |
| 46 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)? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 47a Do you want to change the language with which the IRS communicates with you? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes, which language? .....  |                          |                          |

**ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 48 If your tax return is eligible for Electronic Filing, would you like to file electronically? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 49 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**Caution:** Review transferred information for accuracy.

- 50 If **yes**, please provide the following information:
- a Name of your financial institution .....
  - b Routing Transit Number (must begin with 01 through 12 or 21 through 32) .....
  - c Account number .....
  - d What type of account is this? .....Checking  Savings

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

# Health Insurance Coverage

**ORG3A**

**Preparer note:** The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

<b>Part 1 Coverage</b>																			
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:																			
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:														
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
7.																			
8.																			
9.																			

\*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2020, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

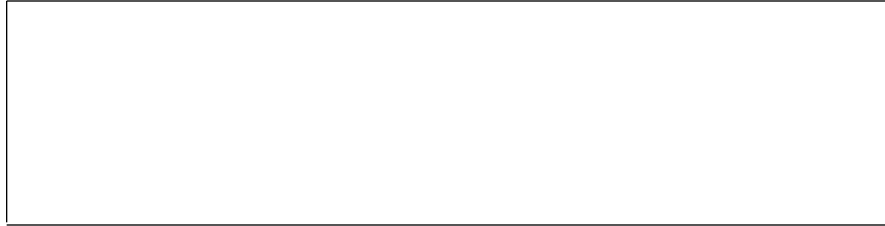
If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

**Business/Investment Questions**

**ORG4**

	Yes	No
<b>1</b> Did you receive stock from a stock bonus plan with your employer? ..... (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Did you buy or sell any stocks or bonds in 2024 ? ..... If <b>yes</b> , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you surrender any U.S. savings bonds during 2024 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Do you have any investments for which you were <b>not</b> personally 'at risk' (other than sole proprietorship or farm)? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2024 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b> Did you sell property or equipment on installment in 2024 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b> Did you have any business related educational expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did you do a 'like-kind' exchange of property in 2024 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Deductions for travel and meals may be allowed under certain circumstances. Adequate records must be presented. Information must include: <b>1</b> Amount; <b>2</b> Time and place; <b>3</b> Date; <b>4</b> Business purpose; <b>5</b> Description of gift(s); and <b>6</b> Business relationship of recipient Do you have records to support expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Did you purchase special fuels for non-highway use? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please list the type of use and the number of gallons for each fuel.		
<hr/>		
<hr/>		
<hr/>		
<hr/>		



This Tax Organizer is designed to help you collect and report the information needed to prepare your 2024 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2024 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2023 information is included for your reference. You do not need to make any 2023 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2023 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC, Form 1099-R, Form 1099-NEC or Form 1099-K.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- Copies of invoices regarding residential clean energy improvements.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

Deana G. Stirewalt, CPA, PLLC  
8701 Gracefield Drive  
Waxhaw, NC 28173  
Telephone: (704)996-0755  
E-mail: deedee@dgscca.com

**W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION**

**Attach all copies of your W-2 forms here.**

<b>1</b>	Employer's name .....	Check if not applicable for 2024 .....	<input type="checkbox"/>
	Employer's name .....	Check if for spouse .....	<input type="checkbox"/>
	<b>1</b> Check if this employer hired an on-staff care provider or furnished dependent care at your workplace .....		<input type="checkbox"/>
	<b>2</b> Enter any amounts forfeited from a flexible spending account .....		
	<b>3</b> Check if the income reported is from a foreign source .....		<input type="checkbox"/>
	<b>4 a</b> Clergy: Enter your designated housing or parsonage allowance .....		
	<b>b</b> Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value.....		
	<b>c</b> Check SE tax on: <b>(a)</b> housing or parsonage allowance..... <input type="checkbox"/>	<b>(b)</b> W-2 wages..... <input type="checkbox"/>	<b>(c)</b> both..... <input type="checkbox"/>

<b>2</b>	Employer's name .....	Check if not applicable for 2024 .....	<input type="checkbox"/>
	Employer's name .....	Check if for spouse .....	<input type="checkbox"/>
	<b>1</b> Check if this employer hired an on-staff care provider or furnished dependent care at your workplace .....		<input type="checkbox"/>
	<b>2</b> Enter any amounts forfeited from a flexible spending account .....		
	<b>3</b> Check if the income reported is from a foreign source .....		<input type="checkbox"/>
	<b>4 a</b> Clergy: Enter your designated housing or parsonage allowance .....		
	<b>b</b> Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value.....		
	<b>c</b> Check SE tax on: <b>(a)</b> housing or parsonage allowance..... <input type="checkbox"/>	<b>(b)</b> W-2 wages..... <input type="checkbox"/>	<b>(c)</b> both..... <input type="checkbox"/>

**1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC**

**Attach all copies of your 1099-R forms here.**

<b>1</b>	Payer's name.....	Check if not applicable for 2024 .....	<input type="checkbox"/>
	Payer's name.....	Check if for spouse .....	<input type="checkbox"/>
	<b>1</b> Check if either box applies: Rollover .....	Conversion to Roth IRA .....	<input type="checkbox"/>
	<b>2 a</b> If a <b>partial</b> rollover, enter the amount rolled over .....		
	<b>b</b> If a <b>partial</b> conversion to a Roth IRA, enter the amount converted to Roth IRA .....		
	<b>3</b> Health insurance premiums deductible on Schedule A.....		
	<b>4 a</b> If entire distribution is a Required Minimum Distribution (RMD), check this box .....		<input type="checkbox"/>
	<b>b</b> If <b>only part</b> of distribution is RMD, enter the part that is RMD.....		

<b>2</b>	Payer's name.....	Check if not applicable for 2024 .....	<input type="checkbox"/>
	Payer's name.....	Check if for spouse .....	<input type="checkbox"/>
	<b>1</b> Check if either box applies: Rollover .....	Conversion to Roth IRA .....	<input type="checkbox"/>
	<b>2 a</b> If a <b>partial</b> rollover, enter the amount rolled over .....		
	<b>b</b> If a <b>partial</b> conversion to a Roth IRA, enter the amount converted to Roth IRA .....		
	<b>3</b> Health insurance premiums deductible on Schedule A.....		
	<b>4 a</b> If entire distribution is a Required Minimum Distribution (RMD), check this box .....		<input type="checkbox"/>
	<b>b</b> If <b>only part</b> of distribution is RMD, enter the part that is RMD.....		

**W-2G – GAMBLING OR LOTTERY WINNINGS**

**Attach all copies of your W-2G forms here.**

Name of Payer	Check if Spouse	Reportable Winnings (Box 1)	Federal Tax Withheld (Box 4)	State Tax Withheld (Box 15)	State Code (Box 13)
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				



**W-2 Amounts**

**ORG7A**

**WAGES, SALARIES, TIPS, AND OTHER COMPENSATION**

<b>Box</b>	<b>Description</b>	<b>2024</b>	<b>2023</b>
<b>c</b>	Employer's name (from ORG7) .....		
<b>1</b>	Wages, tips, etc.....		
<b>2</b>	Federal income tax withheld.....		
<b>3</b>	Social security wages.....		
<b>4</b>	Social security tax.....		
<b>5</b>	Medicare wages/tips .....		
<b>6</b>	Medicare tax withheld.....		
<b>13b</b>	Check if retirement plan participant.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	Social security tips .....		
<b>8</b>	Allocated tips.....		
	Unreported tips less than \$20 per month .....		
	Unreported tips \$20 or more per month .....		
<b>9</b>	(Not used).....		
<b>10</b>	Dependent care .....		
<b>11</b>	Nonqualified plans.....		
<b>13a</b>	Check if statutory employee .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>13c</b>	Check if third-party sick pay .....	<input type="checkbox"/>	<input type="checkbox"/>

<b>Box 12</b> W-2 Code	<b>2024 Box 12</b> Amount	<b>2023 Box 12</b> Amount		<b>2024</b>	<b>2023</b>
			If Box 12 code is:		
			A: Attributable to RR Tier 2 tax.....		
			M: Attributable to RR Tier 2 tax.....		
			R: Taxpayer MSA .....		
			Spouse MSA .....		
			G: Not government employer .....	<input type="checkbox"/>	<input type="checkbox"/>

If Box 12 Code P - Link to Form 3903 in 2020 ProSeries

<b>2024 Box 14</b> Description or Code	<b>2024 Box 14</b> Amount	<b>2023 Box 14</b> Description or Code	<b>2023 Box 14</b> Amount

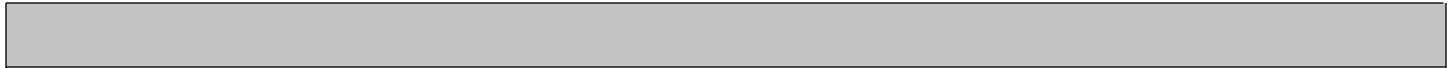
<b>Box 15</b> State	<b>2024 Box 16</b> Wages, tips, etc	<b>2024 Box 17</b> Income tax	<b>2023 Box 16</b> Wages, tips, etc	<b>2023 Box 17</b> Income tax

<b>Box 20</b> Locality	<b>2024 Box 18</b> Wages, tips, etc	<b>2024 Box 19</b> Income tax	<b>2023 Box 18</b> Wages, tips, etc	<b>2023 Box 19</b> Income tax

# 1099-R Amounts

**ORG7B**

Source From:    1099-R .....       CSA-1099-R .....       CSF-1099-R .....       RRB-1099-R.....



Payer's name.....

Box	Description	2024	2023
		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Federal income tax withheld.....		
	▶	<input type="checkbox"/>	<input type="checkbox"/>
	▶	<input type="checkbox"/>	<input type="checkbox"/>
	▶ Check if a <b>qualified</b> Roth IRA distribution, but box 7 code is J or T, <b>not code Q</b>	<input type="checkbox"/>	<input type="checkbox"/>
	▶ If a fully taxable disability pension, check if recipient is under the minimum retirement age .....	<input type="checkbox"/>	<input type="checkbox"/>
	State tax withheld – State 1.....		
	State tax withheld – State 2.....		
	State/Payer's state number – State 1 .....		
	State/Payer's state number – State 2 .....		
	State distribution – State 1 .....		
	State distribution – State 2.....		
	Local tax withheld – Locality 1.....		
	Local tax withheld – Locality 2.....		
	Name of locality – Locality 1 .....		
	Name of locality – Locality 2.....		
	Local distribution – Locality 1 .....		
	Local distribution – Locality 2.....		
	<b>Inherited IRA</b> If this distribution is from an inherited IRA, indicate the distribution is from the IRA of		
	▶ Spouse and treat as recipient's own (treat as rollover).....	<input type="checkbox"/>	<input type="checkbox"/>
	▶ Recipient, but originally was inherited from spouse's (own IRA).....	<input type="checkbox"/>	<input type="checkbox"/>
	▶ Spouse and not treat as recipient's own (taxable amount in box 2a) .....	<input type="checkbox"/>	<input type="checkbox"/>
	▶ Someone other than a spouse (taxable amount in box 2a) .....	<input type="checkbox"/>	<input type="checkbox"/>

**1099-MISC Income and 1099-NEC Income**

**ORG8**

**MISCELLANEOUS INCOME**

**Attach all copies of 1099-MISC and 1099-NEC forms here.**

Box	Description	Payer 1	Payer 2	Payer 3
	Check if spouse .....			
	Check if you did not receive income from this payer in 2024 .....			
	Payer's name .....			
	Payer's federal identification number <b>or</b> .....			
	Payer's social security number .....			
<b>1</b>	Nonemployee compensation ( <b>Form 1099-NEC</b> ) .....			
<b>1</b>	Rents ( <b>Form 1099-MISC</b> ) .....			
<b>2</b>	Royalties .....			
<b>3</b>	Other income .....			
<b>4</b>	Federal income tax withheld .....			
<b>5</b>	Fishing boat proceeds .....			
<b>6</b>	Medical/health care payments .....			
<b>8</b>	Substitute payments .....			
<b>9</b>	Crop insurance proceeds .....			
<b>10</b>	Gross proceeds paid to an attorney .....			
<b>11</b>	Fish purchased for resale .....			
<b>12</b>	Section 409A deferrals .....			
<b>13</b>	Excess golden parachute payments .....			
<b>14</b>	Nonqualified deferred compensation .....			
<b>15</b>	State tax withheld – 1st state .....			
<b>16</b>	State name – two letters – 1st state .....			
	Payer's state number – 1st state .....			
<b>17</b>	State income – 1st state .....			
<b>18</b>	State tax withheld – 2nd state .....			
<b>19</b>	State name – two letters – 2nd state .....			
	Payer's state number – 2nd state .....			
<b>20</b>	State income – 2nd state .....			
	FATCA filing requirement .....			

**ORG8**

# Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

## INTEREST INCOME

**Attach all copies of your Form 1099-INTs here.**

**\*\*Type of Interest**  
 blank = Regular taxable interest  
 ME1 = ME bond interest in federal income  
 MD1 = MD nontaxable interest — taxable federal

MA1 = MA bank interest  
 NH1 = NH nontaxable interest — taxable federal  
 NJ1 = NJ nontaxable interest — taxable federal

OK1 = OK bank interest  
 TN1 = TN nontaxable interest — taxable federal  
 WV1 = WV bond interest in federal income

TSJ	X*	Payer Name	2024 Box 1 Interest	Type of Interest**	2024 Box 3 US/Treasury Interest	2024 Box 8 Tax Exempt	State	2023 Box 1 + 3

X\* Check if you did not receive income from this account in 2024 .

## DIVIDEND INCOME

**Attach all copies of your Form 1099-DIVs here.**

TSJ	X*	Payer Name	2024 Box 1a Ordinary Dividends	2024 Box 1b Qualified Dividends	2024 Box 2a Capital Gains	State	2023 Box 1a + 2a

X\* Check if you did not receive income from this account in 2024 .

## Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2024	2023
<b>1</b> Prescription medications .....		
<b>2</b> Health insurance premiums (enter Medicare B on ORG10)..... Exclude premiums paid through an exchange (Form 1095-A)		
<b>3</b> Qualified long-term care premiums		
<b>a</b> Taxpayer's gross long-term care premiums .....		
<b>b</b> Spouse's gross long-term care premiums .....		
<b>c</b> Dependent's gross long-term care premiums .....		
<b>4</b> Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity.....		
<b>5</b> Insurance reimbursement.....		
<b>6</b> Doctors, dentists, etc .....		
<b>7</b> Hospitals, clinics, etc .....		
<b>8</b> Lab and X-ray fees.....		
<b>9</b> Expenses for qualified long-term care.....		
<b>10</b> Eyeglasses and contact lenses .....		
<b>11</b> Medical equipment and supplies .....		
<b>12</b> Miles driven for medical purposes 01/01/2024 thru 12/31/2024 .....		
<b>13</b> Ambulance fees and other medical transportation costs.....		
<b>14</b> Lodging.....		
<b>15</b> Other medical and dental expenses:		
<b>a</b> _____		
<b>b</b> _____		
<b>c</b> _____		
<b>d</b> _____		
<b>e</b> _____		
<b>f</b> _____		
<b>g</b> _____		
<b>h</b> _____		
<b>i</b> _____		
<b>j</b> _____		
TAXES	2024	2023
Enter state and local income taxes on <b>ORG7, ORG8, ORG10, and ORG40.</b>		
<b>16</b> Real estate taxes paid on principal residence .....		
<b>17</b> Real estate taxes paid on additional homes or land .....		
<b>18</b> Auto registration fees based on the value of the vehicle.....		
<b>19</b> Other personal property taxes .....		
<b>20</b> Other taxes:		
_____		
_____		

**Interest Paid and Cash Contributions**

ORG14

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2024	2023
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME		
Lender's Name	Check if NOT on Form 1098	2024
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address
		.....
		.....

OTHER PERSON RECEIVING FORM 1098	
Form 1098 Recipient's Name	Address
	.....
	.....

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2023 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

QUALIFIED MORTGAGE INSURANCE PREMIUMS		
	2024	2023
Premiums paid in 2024 for qualified mortgage insurance <b>not</b> from Form 1098 import .....		

**Interest Paid and Cash Contributions (continued)**

**ORG14**

INVESTMENT INTEREST		
	2024	2023
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc) .....		

LIMITED HOME MORTGAGE DEDUCTION					
If the mortgage meets the following reasons during 2024 complete the following: - The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or - You had home debt that was not used to buy, build or substantially improve the home that secures the loan					
	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
<b>1a</b> Interest paid in 2024 .....					
Points paid in 2024 .....					
Months loan outstanding .....					
Principal pd on loan in 2024 .....					
<b>b</b> Was all proceeds of this loan used to buy, build, or substantially improve the home? 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: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
<b>2</b> Home Debt Origination on or after December 15, 2017					
Beginning of year balance ..					
Additional borrowed in <b>2024</b>					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
<b>3</b> Home Debt Origination after October 13, 1987 and Before December 15, 2017					
Beginning of year balance ..					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
<b>4</b> Grandfathered debt: (before 10/14/1987)					
Beginning of year balance ..					
Enter the amount of debt not used to buy, build, or substantially improve the home:					

CASH CONTRIBUTIONS			
Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2024	2023
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Charitable miles driven .....			
Miles driven to deliver noncash contributions .....			
Parking fees, tolls, and local transportation .....			

# Noncash Contributions

ORG14A

Copy 1

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Fair Market Value
A _____			
B _____			
C _____			
D _____			
E _____			
F _____			
G _____			
H _____			
I _____			

**Note:** Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		
H _____		
I _____		

Method for Fair Market Value*	Date of Contribution	Complete these columns <b>only</b> for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

**\*Methods of determining FMV:**

- |               |                          |                   |             |
|---------------|--------------------------|-------------------|-------------|
| Appraisal     | Capitalization of income | Present value     | Thrift shop |
| Average share | Comparative sales        | Replacement cost  |             |
| Catalog       | Consignment shop         | Reproduction cost |             |

**\*\*Type of Donated Property**

- |                                 |                                   |  |
|---------------------------------|-----------------------------------|--|
| Household/clothing items        | Business equipment                | Intellectual property                  |
| Motor vehicle, boat or airplane | Business inventory                | Real property, conservation property   |
| Art, other than self-created    | Stock, publicly traded            | Real property, other than conservation |
| Art, self-created               | Stock, other than publicly traded | Other personal property                |
| Collectibles                    | Securities, other than stock      | Other intangible property              |

**\*\*\*How Property was Acquired:** Purchase, Gift, Inheritance, Exchange



# Employee Home Office Expense

ORG17A

for:

copy:

Simplified method election for Home Office expenses:

Elect the simplified method **in 2024** instead of entering actual expenses

Elected the simplified method **in 2023** instead of entering actual expenses

GENERAL INFORMATION	2024	2023
<b>1</b> Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage) .....		
<b>2</b> Area used only partly for day care (square footage) .....		
<b>3</b> Total area of home (square footage) .....		
<b>4</b> Daycare hours		
<b>a</b> Number of weeks used for daycare, if less than full year .....		
<b>b</b> Number of days used for day care each week .....		
<b>c</b> Number of days closed for holidays, vacations, etc .....		
<b>d</b> Number of hours used for daycare each day .....		
<b>5</b> Total wages from this business .....		
<b>6</b> Enter the percent of wages above that are from the business use of this home .....		
<b>7</b> Gain from business use of home shown on Schedule D or Form 4797 ( <b>Preparer Use Only</b> ) ...		
<b>8</b> Any losses from this business shown on Schedule D or Form 4797 ( <b>Preparer Use Only</b> ) .....		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2024		2023	
	Direct	Indirect	Direct	Indirect
<b>9</b> Casualty losses ( <b>Preparer Use Only</b> ) .....				
<b>10</b> Mortgage interest/points on Form 1098 .....				
<b>11</b> Interest not on Form 1098 .....				
<b>12</b> Points not of Form 1098 .....				
<b>13</b> Real estate taxes .....				
<b>14</b> Qualified mortgage insurance .....				
<b>15</b> Other insurance .....				
<b>16</b> Rent .....				
<b>17</b> Repairs and maintenance .....				
<b>18</b> Utilities .....				
<b>19</b> Other expenses (e.g., rent) .....				
<b>20</b> Carryover of operating expenses .....				
<b>21</b> Excess casualty losses ( <b>Preparer Use Only</b> ) .....				
<b>22</b> Depreciation of your home ( <b>Preparer Use Only</b> ) .....				
<b>23</b> Carryover of excess casualty losses and depreciation .....				

## DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this occupation, please complete the following information.

<b>24</b>	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
<b>25</b>	Enter the land value included in cost for residence .....			

**Car And Truck Expenses**  
(Employees use ORG17 – Employee Business Expenses)

**ORG18**

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle.....			
2 a Date placed in service.....			
b Date acquired, if different from line 2a.....			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
a Ending mileage reading.....			
b Beginning mileage reading.....			
c <b>Total miles</b> for the year (line 3a less line 3b).....			
4 Business miles 01/01/2024 thru 12/31/2024.....			
5 Total commuting miles.....			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc.....			
9 Vehicle registration fee (excluding property tax).....			
10 Vehicle lease or rental fee.....			
11 Inclusion amount ( <b>Preparer Use Only</b> ).....			
12 Depreciation ( <b>Preparer Use Only</b> ).....			
13 Parking fees, tolls, and local transportation.....			
14 Portion of vehicle registration fee based on value.....			
15 Interest on vehicle.....			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis.....			
17 Is this an electric vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle ( <b>Preparer Use</b> ).....			
20 Section 179 expense ( <b>Preparer Use</b> ).....			
21 Qualified Property for Economic Stimulus? ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Qualified Property for Qualified Disaster Area? ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Kansas Disaster Zone? ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Qualified GO Zone Property ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
25 Percentage for SDA? ( <b>Preparer Use</b> ).....	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No
26 Elect OUT of SDA? ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27 Elect 30% in place of 50% SDA ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28 Date sold.....			
29 Sales price.....			
30 Expense of sale.....			
31 Gain/loss basis, if different ( <b>Preparer Use</b> ).....			
32 AMT gain/loss basis, if different ( <b>Preparer Use</b> ).....			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
33 Is another vehicle available for personal use?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
34 Was vehicle available during off duty hours?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Was vehicle used primarily by a greater than 5% owner or related person?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Do you have evidence to support the business use claimed?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
37 If <b>yes</b> , is the evidence written?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No

# Business Income and Expenses

**ORG19**

**GENERAL INFORMATION**

Is this activity a qualified trade or business under Section 199A?  Yes  No

**1** Check ownership  **Taxpayer**  **Spouse**  **Joint**

**2** Business name .....

**3 a** Business street address.....

**b 1** City, State and Zip Code, or .....

**2** Foreign country..... (not applicable)

**4** Principal business/profession .....

**5** Employer ID number.....

**6** Business code (**Preparer Use Only**) .....

**7** Was this business fully disposed of in a fully taxable transaction during 2024?  **Yes**  **No**

**8** Accounting method:  
 Cash  Accrual  Other (specify)  .....

**9** Method used to value closing inventory:  
 Cost  Lower of cost or market  Other (explain)  .....

**10** Was there a change in determining quantities, costs, or valuations between opening/closing inventory? (If yes, attach explanation) .....  **Yes**  **No**

**11** Did you materially participate in the operation of this business during 2024? .....  **Yes**  **No**

**12** Did you start or acquire this business during 2024? .....  **Yes**  **No**

**13 a** Did you make any payments in 2024 that require you to file Forms 1099? .....  **Yes**  **No**

**b** If yes, did you or will you file all the required Forms 1099? .....  **Yes**  **No**

**14** At-risk determination:  
**a** Is all of the investment in this activity at risk? .....  **Yes**  **No**  
**b** Is some of the investment in this activity not at risk? .....  **Yes**  **No**

**15** Did you have unallowed passive losses in 2023? .....  **Yes**  **No**

**16 a** Treat all MACRS assets for this activity as qualified Indian reservation property? .....  **Yes**  **No**

**b** Treat all assets acquired after August 27, 2005 as qualified GO Zone property? .....  **Regular**  **Extension**  **No**

**c** Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....  **Yes**  **No**

**d** Was this business located in a Qualified Disaster Area? .....  **Yes**  **No**

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2024	2023
<b>17</b> Gross receipts or sales.....		
<b>18</b> Returns and allowances plus other adjustments.....		
<b>19</b> Other income (include federal/state gas tax credit/refund) .....		

COST OF GOODS SOLD – IF APPLICABLE	2024	2023
<b>20</b> Inventory at beginning of year .....		
<b>21</b> Purchases .....		
<b>22</b> Items withdrawn for personal use .....		
<b>23</b> Cost of labor (do not include your salary) .....		
<b>24</b> Materials and supplies .....		
<b>25</b> Other costs .....		
<b>26</b> Inventory at end of year.....		

**Business Income and Expenses (continued)**

**ORG19**

EXPENSES	2024	2023
Business name _____		
<b>27</b> Advertising .....		
<b>28</b> Car and truck expenses (complete ORG18).....		
<b>29</b> Commissions and fees .....		
<b>30</b> Contract labor .....		
<b>31</b> Depletion .....		
<b>32</b> Depreciation and Section 179 deduction ( <b>Preparer Use Only</b> ).....		
<b>33</b> Employee benefit programs:		
<b>a</b> Employee health insurance premiums .....		
<b>b</b> Other employee benefit programs .....		
<b>34</b> Insurance (other than health) .....		
<b>35</b> Self-employed health insurance attributable to this business .....		
<b>36</b> Interest:		
<b>a</b> Mortgage paid to banks not reported to you on Form 1098.....		
<b>b</b> Other .....		
<b>37</b> Legal and professional services .....		
<b>38</b> Office expenses .....		
<b>39</b> Pension and profit-sharing plans .....		
<b>40</b> Rent or lease:		
<b>a</b> Machinery and equipment (enter vehicle lease on ORG18) .....		
<b>b</b> Other business property.....		
<b>41</b> Repairs and maintenance .....		
<b>42</b> Supplies (not included in cost of goods sold) .....		
<b>43</b> Taxes and licenses not reported to you on Form 1098 .....		
<b>44</b> Travel and meals		
<b>a</b> Travel.....		
<b>b</b> Meals subject to 50% limit.....		
<b>c</b> Meals subject to 80% limit.....		
<b>d</b> Meals not subject to limit .....		
<b>45</b> Utilities .....		
<b>46</b> Gross wages .....		
<b>47</b> Other expenses:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>48</b> Expenses for business use of your home ( <b>Preparer Use Only</b> ).....		
Complete ORG20 for Business Use of Home.		
<b>49</b> Qualified pension plan start-up costs .....		
<b>50</b> DPAD (line 6) from cooperative(s) with tax year beginning <b>before</b> Jan. 1, 2018.....		
<b>51</b> DPAD (line 6) from cooperative(s) with tax year beginning <b>after</b> Dec. 31, 2017 .....		

# Rent and Royalty Income and Expenses

**ORG25**

## BASIC PROPERTY INFORMATION

Property description: \_\_\_\_\_  
 Property type: \* \_\_\_\_\_ If type is other, enter a description: \_\_\_\_\_  
 Location (street address): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 If a foreign address: Foreign province or state: \_\_\_\_\_  
 Foreign postal code: \_\_\_\_\_ Foreign Country: (not applicable)

Is this activity a qualified trade or business under Section 199A? .....  Yes  No

- 1** Check property owner .....  **Taxpayer**     **Spouse**     **Joint** **Yes**   **No**
- 2 a** Did you make any payments that would require you to file Form(s) 1099? .....  **Yes**    **No**
- b** If **yes**, did you or will you file all required Forms(s) 1099? .....  **Yes**    **No**
- 3 a** Enter the ownership percentage (if not 100%) ..... \_\_\_\_\_
- b** If not 100%, are you reporting 100% of the income and expenses? .....  **Yes**    **No**
- 4** Is this a rental property? (If **yes**, answer questions 5 through 11; if **no**, skip to question 12.) .....  **Yes**    **No**
- 5** Did you have personal use of this property or rent it for part of the year at less than fair rental value? .....  **Yes**    **No**
- 6** For all rental properties, **enter the number of days** during 2024 that:
- a** The property was rented at fair rental value ..... \_\_\_\_\_
- b** The property was used personally or rented at less than fair rental value ..... \_\_\_\_\_
- c** You owned the property, if not the entire year ..... \_\_\_\_\_
- 7 a** Does this rental have multiple living units and you live in one of the units? .....  **Yes**    **No**
- b** If **yes**, enter percentage of rental use ..... \_\_\_\_\_
- 8** Did you actively participate in this property's management during 2024 ? .....  **Yes**    **No**
- 9** Did you materially participate in this property's management during 2024 ? .....  **Yes**    **No**
- 10** Do you want to treat this property as non-passive? .....  **Yes**    **No**
- 11** Did this property have unallowed passive losses in 2023 ? .....  **Yes**    **No**
- 12** Did you dispose of this property in a fully taxable transaction? .....  **Yes**    **No**
- 13** Check this box if some of this investment was **not** at-risk .....  **Yes**    **No**
- 14 a** Treat all MACRS assets for this activity as qualified Indian reservation property? .....  **Yes**    **No**
- b** Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ..... **Regular**  **Extension**  **No**
- c** Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....  **Yes**    **No**
- d** Was this activity located in a Qualified Disaster Area? .....  **Yes**    **No**

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2024	2023								
<b>15</b> Rents or royalties received .....										
<p style="margin: 0;"><b>* Property Types:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><b>1</b> Single family residence</td> <td style="width: 50%; border: none;"><b>5</b> Land</td> </tr> <tr> <td style="border: none;"><b>2</b> Multi-family residence</td> <td style="border: none;"><b>6</b> Royalties</td> </tr> <tr> <td style="border: none;"><b>3</b> Vacation/short-term rental</td> <td style="border: none;"><b>7</b> Self-rental</td> </tr> <tr> <td style="border: none;"><b>4</b> Commercial</td> <td style="border: none;"><b>8</b> Other</td> </tr> </table>			<b>1</b> Single family residence	<b>5</b> Land	<b>2</b> Multi-family residence	<b>6</b> Royalties	<b>3</b> Vacation/short-term rental	<b>7</b> Self-rental	<b>4</b> Commercial	<b>8</b> Other
<b>1</b> Single family residence	<b>5</b> Land									
<b>2</b> Multi-family residence	<b>6</b> Royalties									
<b>3</b> Vacation/short-term rental	<b>7</b> Self-rental									
<b>4</b> Commercial	<b>8</b> Other									

**Rent and Royalty Income and Expenses (continued)**

**ORG25**

EXPENSES	2024	2023
Property location .....		
<b>16</b> Advertising .....		
<b>17a</b> Automobile (complete ORG18 for autos).....		
<b>b</b> Travel.....		
<b>18</b> Cleaning and maintenance .....		
<b>19</b> Commissions.....		
<b>20a</b> Mortgage insurance premiums – qualified .....		
<b>b</b> Other insurance .....		
<b>21</b> Legal and professional fees .....		
<b>22</b> Management fees .....		
<b>23a</b> Mortgage interest paid to banks – qualified.....		
<b>b</b> Mortgage interest paid to banks – other .....		
<b>24</b> Other interest .....		
<b>25</b> Repairs.....		
<b>26</b> Supplies.....		
<b>27a</b> Real estate taxes.....		
<b>b</b> Other taxes .....		
<b>28</b> Utilities .....		
<b>29</b> Other expenses:		
<b>a</b> .....		
<b>b</b> .....		
<b>c</b> .....		
<b>d</b> .....		
<b>e</b> .....		
<b>30a</b> Depreciation and Section 179 deduction <b>(Preparer Use Only)</b> .....		
<b>b</b> Depletion <b>(Preparer Use Only)</b> .....		

**Tax Payments**

**ORG40**

**2024 ESTIMATED TAX PAYMENTS**

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 04/15/24 ....								
2 Qtr 2 due by 06/15/24 ....								
3 Qtr 3 due by 09/15/24 ....								
4 Qtr 4 due by 01/18/25 ....								
5 a Additional payments ...								
b Additional payments ...								
c Additional payments ...								
d Additional payments ...								

**OTHER TAX PAYMENTS**

	Federal	State	Local
6 2023 overpayment applied to 2024 .....			
7 Balance due paid with 2023 return .....			
8 a 2023 Quarter 4 payments paid in 2024 .....			
b 2023 extension payments paid in 2024 .....			
9 Other taxes paid in 2024 for prior years (include explanation) .....			

**2025 ESTIMATED TAX WORKSHEET**

If you expect any significant change in your income or expenses in 2025, please enter the increase or decrease below.

**Income**

10 Wages .....	Taxpayer .....	_____
	Spouse.....	_____
11 Self-Employment Income .....	Taxpayer .....	_____
	Spouse.....	_____
12 Capital Gains (sale of stock, real estate, etc) .....		_____
13 Other Income:		
Description .....		_____

**Deductions**

14 Allowable Itemized Deductions .....	_____
15 Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description .....	_____
16 Federal Withholding .....	_____
17 Number of personal exemptions expected for 2025 .....	_____

**ADDITIONAL INFORMATION**

18 Check to use your 2024 tax amount for your 2025 estimate .....	<input type="checkbox"/>
19 If you have an overpayment of 2024 taxes, check the box to indicate how you want your overpayment applied.	
a Apply entire overpayment to next year and refund excess .....	<input type="checkbox"/>
b Apply entire overpayment to first quarter and refund excess .....	<input type="checkbox"/>
20 Amount to apply if not entire overpayment .....	_____
21 Number of installments for estimated tax (1 - 4) .....	_____

# State Information Worksheet

ORG60

## GENERAL INFORMATION

	<b>Taxpayer</b>	<b>Spouse</b>
1 Enter your state of residence .....		
2 Check the appropriate box if:	<b>Taxpayer</b>	<b>Spouse</b>
a Full year resident.....	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident.....	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident .....	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____ School district: _____ School district number: _____		
	<b>Taxpayer</b>	<b>Spouse</b>
5 Check if disabled .....	<input type="checkbox"/>	<input type="checkbox"/>

## STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

## VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

## MISCELLANEOUS QUESTIONS

		<b>Yes</b>	<b>No</b>
8 Did you file a state return for 2023? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?			
a Refunded .....	<input type="checkbox"/>	b Apply to 2025 estimates .....	<input type="checkbox"/>
		c Apply to 2025 taxes .....	<input type="checkbox"/>
12 Additional state information: _____			
_____			
_____			