

Personal Information

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:

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

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

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

	2024 Information	Prior Year Information
State and local income tax refunds	+ _____ [5]	

	T/S	Agreement Date	2024 Information	Prior Year Information
Alimony received	—	_____	+ _____ [3]	
	—	_____	+ _____ [3]	

****Unemployment benefits are taxable income and should be reported on your return. Your 1099-G should show both the amount received and any amount of tax withheld. You may need to go to your state's Department of Labor website to get your 1099-G from your account.**

	Taxpayer	Spouse	Prior Year Information
Unemployment compensation**	+ _____ [9]	+ _____ [10]	
Unemployment compensation federal withholding	+ _____ [9]	+ _____ [10]	
Unemployment compensation state withholding	+ _____ [9]	+ _____ [10]	
Unemployment compensation repaid	+ _____ [12]	+ _____ [13]	
Alaska Permanent Fund dividends	+ _____ [18]	+ _____ [19]	

	T/S/J	Self-Employment Income ? (Y, N)		2024 Information		Prior Year Information
			Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	+ _____ [15]		
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	

NOTES/QUESTIONS:

Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

	2024 Information	Prior Year Information
Name of payer _____	[3]	
Taxpayer/Spouse/Joint (T, S, J) _____	[5]	
State postal code _____	[6]	
Rents (Box 1) + _____	[13]	
Royalties (Box 2) + _____	[15]	
Other income (Box 3) + _____	[17]	
Federal income tax withheld (Box 4) + _____	[19]	
Fishing boat proceeds (Box 5) + _____	[21]	
Medical and health care payments (Box 6) + _____	[23]	
Payer made direct sales of \$5,000 or more of consumer products (Box 7) _____	[27]	
Substitute payments in lieu of dividends or interest (Box 8) + _____	[29]	
Crop Insurance proceeds (Box 9) + _____	[31]	
Gross proceeds paid to an attorney (Box 10) + _____	[36]	
Fish purchased for resale (Box 11) + _____	[38]	
Section 409A deferrals (Box 12) + _____	[40]	
Excess golden parachute payments (Box 14) + _____	[42]	
Nonqualified deferred compensation (Box 15) + _____	[44]	
State tax withheld (Box 16) + _____	[46]	
State/Payer's state no. (Box 17) _____	[48]	
State income (Box 18) + _____	[49]	

Control Totals +

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

	2024 Information	Prior Year Information
Name of payer _____	[3]	
Taxpayer/Spouse/Joint (T, S, J) _____	[5]	
State postal code _____	[6]	
Rents (Box 1) + _____	[13]	
Royalties (Box 2) + _____	[15]	
Other income (Box 3) + _____	[17]	
Federal income tax withheld (Box 4) + _____	[19]	
Fishing boat proceeds (Box 5) + _____	[21]	
Medical and health care payments (Box 6) + _____	[23]	
Payer made direct sales of \$5,000 or more of consumer products (Box 7) _____	[27]	
Substitute payments in lieu of dividends or interest (Box 8) + _____	[29]	
Crop Insurance proceeds (Box 9) + _____	[31]	
Gross proceeds paid to an attorney (Box 10) + _____	[36]	
Fish purchased for resale (Box 11) + _____	[38]	
Section 409A deferrals (Box 12) + _____	[40]	
Excess golden parachute payments (Box 14) + _____	[42]	
Nonqualified deferred compensation (Box 15) + _____	[44]	
State tax withheld (Box 16) + _____	[46]	
State/Payer's state no. (Box 17) _____	[48]	
State income (Box 18) + _____	[49]	

Control Totals +

NOTES/QUESTIONS:

Nonemployee Compensation #1

Please provide all Forms 1099-NEC

Preparer use only

2024 Information

Prior Year Information

Name of payer _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]
 State postal code _____ [6]
 Nonemployee compensation **(Box 1)** + _____ [13]
 Payer made direct sales of \$5,000 or more of consumer products **(Box 2)** _____ [15]
 Federal income tax withheld **(Box 4)** + _____ [17]
 State tax withheld **(Box 5)** + _____ [19]
 State/Payer's state no. **(Box 6)** _____ [21]
 State income **(Box 7)** + _____ [22]

Control Totals +

Nonemployee Compensation #2

Please provide all Forms 1099-NEC

Preparer use only

2024 Information

Prior Year Information

Name of payer _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]
 State postal code _____ [6]
 Nonemployee compensation **(Box 1)** + _____ [13]
 Payer made direct sales of \$5,000 or more of consumer products **(Box 2)** _____ [15]
 Federal income tax withheld **(Box 4)** + _____ [17]
 State tax withheld **(Box 5)** + _____ [19]
 State/Payer's state no. **(Box 6)** _____ [21]
 State income **(Box 7)** + _____ [22]

Control Totals +

NOTES/QUESTIONS:

Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

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Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [51]

Taxpayer/Spouse/Joint (T, S, J) _____ [5]

State postal code _____ [6]

Name of creditor/lender _____ [3]

Form 1099-C Cancellation of DebtDate of identifiable event **(Box 1)** _____ [10]Amount of debt discharged **(Box 2)** + _____ [11]Interest if included in box 2 **(Box 3)** + _____ [12]Personally liable for repayment of the debt (if checked) **(Box 5)** _____ [13]Identifiable event code **(Box 6)** (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate

F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) _____ [14]

Fair market value of property **(Box 7)** + _____ [15]**Form 1099-A Acquisition or Abandonment of Secured Property**Date of lender's acquisition or knowledge of abandonment **(Box 1)** _____ [16]Balance of principal outstanding **(Box 2)** + _____ [17]Fair market value of property **(Box 4)** + _____ [18]Personally liable for repayment of the debt (if checked) **(Box 5)** _____ [19]

	Control Totals +	
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Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

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Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [51]

Taxpayer/Spouse/Joint (T, S, J) _____ [5]

State postal code _____ [6]

Name of creditor _____ [3]

Form 1099-C Cancellation of DebtDate of identifiable event **(Box 1)** _____ [10]Amount of debt discharged **(Box 2)** + _____ [11]Interest if included in box 2 **(Box 3)** + _____ [12]Personally liable for repayment of the debt (if checked) **(Box 5)** _____ [13]Identifiable event code **(Box 6)** (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate

F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) _____ [14]

Fair market value of property **(Box 7)** + _____ [15]**Form 1099-A Acquisition or Abandonment of Secured Property**Date of lender's acquisition or knowledge of abandonment **(Box 1)** _____ [16]Balance of principal outstanding **(Box 2)** + _____ [17]Fair market value of property **(Box 4)** + _____ [18]Personally liable for repayment of the debt (if checked) **(Box 5)** _____ [19]

	Control Totals +	
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NOTES/QUESTIONS:

Gambling Winnings #1

Please provide all copies of Form W-2G.

2024 Information

Prior Year Information

Taxpayer/Spouse (T, S)		[1]
Payer name	_____	[3]
State postal code	_____	[4]
Mark if professional gambler	_____	[9]
Reportable winnings (Box 1)	+ _____	[11]
Date won (Box 2)	_____	[13]
Type of wager (Box 3)	_____	[15]
Federal withholding (Box 4)	+ _____	[17]
Transaction (Box 5)	_____	[19]
Race (Box 6)	_____	[21]
Identical wager winnings (Box 7)	+ _____	[23]
Cashier (Box 8)	_____	[25]
Taxpayer identification number (Box 9)	_____	[27]
Window (Box 10)	_____	[28]
First ID (Box 11)	_____	[30]
Second ID (Box 12)	_____	[31]
Payer's state ID no. (Box 13)	_____	[32]
State winnings (Box 14)	+ _____	[33]
State withholding (Box 15)	+ _____	[35]
Local winnings (Box 16)	+ _____	[37]
Local withholding (Box 17)	+ _____	[39]
Name of locality (Box 18)	_____	[42]

Control Totals +

Gambling Winnings #2

Please provide all copies of Form W-2G.

2024 Information

Prior Year Information

Taxpayer/Spouse (T, S)		[1]
Payer name	_____	[3]
State postal code	_____	[4]
Mark if professional gambler	_____	[9]
Reportable winnings (Box 1)	+ _____	[11]
Date won (Box 2)	_____	[13]
Type of wager (Box 3)	_____	[15]
Federal withholding (Box 4)	+ _____	[17]
Transaction (Box 5)	_____	[19]
Race (Box 6)	_____	[21]
Identical wager winnings (Box 7)	+ _____	[23]
Cashier (Box 8)	_____	[25]
Taxpayer identification number (Box 9)	_____	[27]
Window (Box 10)	_____	[28]
First ID (Box 11)	_____	[30]
Second ID (Box 12)	_____	[31]
Payer's state ID no. (Box 13)	_____	[32]
State winnings (Box 14)	+ _____	[33]
State withholding (Box 15)	+ _____	[35]
Local winnings (Box 16)	+ _____	[37]
Local withholding (Box 17)	+ _____	[39]
Name of locality (Box 18)	_____	[42]

Control Totals +

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

	2024 Information	Prior Year Information															
Taxpayer/Spouse (T, S)	__ [1]	<table border="1" style="width: 100%; height: 100%;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>															
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+	
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Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

	2024 Information	Prior Year Information															
Taxpayer/Spouse (T, S)	__ [1]	<table border="1" style="width: 100%; height: 100%;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>															
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]	<table border="1" style="width: 100%; height: 100%;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>															
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:

Social Security, Tier 1 Railroad Benefits

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

Taxpayer/Spouse (T, S) _____ [1]
State postal code _____ [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			
_____	+ _____	[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]	
_____	+ _____		
_____	+ _____		
_____	+ _____		
Ending inventory	+ _____	[69]	

Control Totals +

Preparer use only

Principal business or profession _____

2024 Information

Prior Year Information

Advertising	+ _____	[6]
Car and truck expenses	+ _____	[8]
Commissions and fees	+ _____	[10]
Contract labor	+ _____	[12]
Depletion	+ _____	[14]
Depreciation	+ _____	[16]
Employee benefit programs (Include Small Employer Health Ins Premiums credit):		
_____	+ _____	[18]
_____	+ _____	
Insurance (Other than health):		
_____	+ _____	[20]
_____	+ _____	
Interest:		
Mortgage (Paid to banks, etc.)		
_____	+ _____	[22]
_____	+ _____	
_____	+ _____	
Other:		
_____	+ _____	[24]
_____	+ _____	
Legal and professional services	+ _____	[26]
Office expense	+ _____	[29]
Pension and profit sharing:		
_____	+ _____	[31]
_____	+ _____	
Rent or lease:		
Vehicles, machinery, and equipment	+ _____	[33]
Other business property	+ _____	[35]
Repairs and maintenance	+ _____	[37]
Supplies	+ _____	[39]
Taxes and licenses:		
_____	+ _____	[41]
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Travel and meals:		
Travel	+ _____	[43]
Meals (Enter 100% subject to 50% limitation)	+ _____	[45]
Meals (Enter 100% subject to DOT 80% limit)	+ _____	[47]
Meals (Fully deductible)	+ _____	[49]
Utilities	+ _____	[51]
Wages (Less employment credit):		
_____	+ _____	[53]
_____	+ _____	
Other expenses:		
_____	+ _____	[55]
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Control Totals +

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 +

Description _____ [1]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]
 State postal code _____ [6]
 Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) _____ [7]
 Date former residence was acquired _____ [9]
 Date former residence was sold _____ [10]
 Selling price of former residence + _____ [11]
 Expenses related to the sale of your old home + _____ [12]
 Original cost of home sold including capital improvements + _____ [13]

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) _____ [19]

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [21]	_____ [22]
Number of days each person owned property used as main home	_____ [23]	_____ [24]
Number of days between date of sale of the other home and date of sale of this home	_____ [25]	_____ [26]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____ [28]
 Total current year payments received + _____ [29]

Form 6252 - Related Party Installment Sale Information

Related party name _____ [30]
 Address _____ [31]
 City, State and Zip _____ [32] [33] _____ [34]
 Identifying number of related party _____ [35]
 Was the property sold as a marketable security? (Y, N) _____ [36]
 Enter date of second sale if more than 2 years after the first sale _____ [37]
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____ [38]
 Selling price of property sold by a related party + _____ [40]

NOTES/QUESTIONS:

This form is used to report financial accounts in foreign countries, as required by the Internal Revenue Service.

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

__[1]

	2024 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)	__[4]	
Type of Account:		
Bank	__[5]	
Securities	__[6]	
Other	__[7]	
Maximum value of account (in US dollars)	__[8]	
Account number or other designation	__[10]	
Financial institution	__[12]	
Address of financial institution	__[13]	
City, state, zip code	__[14] __[15] __[16]	
Foreign country code/name	__[17] __[18]	
For addresses in Mexico, enter state	__[20]	
Foreign province/county	__[23]	
Foreign postal code	__[24]	
Account jointly owned with spouse	__[25]	
Account opened during the tax year	__[47]	__
Account closed during the tax year	__[49]	
Information is reported for a financial account which is:	__[27]	

2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest

Complete this section if there is a joint owner other than the spouse, or you have signature authority only over the account

Taxpayer identification number of account holder/joint owner	__[28]
Foreign identification number of account holder/joint owner (If no Taxpayer identification number)	__[29]
Last name or organization name of account holder/joint owner	__[30]
First name and middle initial of account holder/joint owner	__[31] __[32]
Address and apartment	__[33] __[34]
City, state, zip code	__[35] __[36] __[37]
Foreign country code/name	__[38] __[39]
For addresses in Mexico, enter state	__[41]
Foreign postal code	__[44]
Number of joint owners (Not including taxpayer, if applicable)	__[45]
Filer's title with this owner (If applicable)	__[46]

NOTES/QUESTIONS:

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. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2024. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2024 Interest Paid	Prior Year Information
—	_____	+ _____ [1]	<div style="border: 1px solid black; background-color: #e0e0e0; padding: 5px;"> _____ _____ _____ </div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) _____ [8]
 Education Code (1=American Opportunity Credit, 2=Lifetime Learning Credit) _____
 Student's social security number _____
 Student's first name _____
 Student's last name _____

Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution

Institution's federal identification number _____ [8]
 Institution's name _____
 Institution's street address _____
 Institution's city, state, zip code _____

Tuition Paid and Related Information

Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2024.

Enter the amount actually paid during 2024.

	2024 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+ _____ [8]	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
Educational institution changed its reporting method for 2024 (Box 3)	—	
Adjustments made for a prior year (Box 4)	_____	
Scholarships or grants (Box 5)	_____	
Adjustments to scholarships or grants for a prior year (Box 6)	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2025 (Box 7)	—	
At least half-time student (Box 8)	—	
Graduate student (Box 9) (1=Yes, 2=No)	—	
Insurance contract reimbursement/refund (Box 10)	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	—	
1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2024		

NOTES/QUESTIONS:

Qualified Education Programs
Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____ [1]
 Payer name _____ [3]
 State postal code _____ [4]
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) _____ [6]
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____ [7]
 Final distribution _____ [8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____ [11]
 First name _____ [12]
 Last name _____ [13]

	2024 Information	Prior Year Information
Amount contributed in current year	+ _____ [14]	_____ _____ _____
Basis of this account at 12/31/23	+ _____ [17]	
Value of this account at 12/31/24	+ _____ [19]	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____ [24]	

Payments from Qualified Education Programs

	2024 Information	Prior Year Information
Gross distribution (Box 1)	+ _____ [30]	_____ _____ _____ _____ _____ _____ _____ _____ _____
Earnings (Box 2)	+ _____ [32]	
Basis (Box 3)	+ _____ [34]	
Trustee-to-trustee rollover (Box 4)	_____ [36]	
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]	
Box 5 -		
Private QTP	_____ [39]	
State QTP	_____ [40]	
Coverdell ESA	_____ [41]	
Check if the recipient is not the designated beneficiary (Box 6)	_____ [42]	
Qualified education expenses	+ _____ [43]	
Elementary and secondary education expenses	+ _____ [45]	

NOTES/QUESTIONS:

T/S/J	2024 Interest Paid ^{2]}	2024 Points Paid	Type*	Prior Year Information
Home mortgage interest: From Form 1098				
[1] _____	+	+		
_____	+	+		
_____	+	+		
_____	+	+		
_____	+	+		
_____	+	+		
_____	+	+		
_____	+	+		
_____	+	+		
_____	+	+		

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	2024 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]			+	[5]
Address				
City, state and zip code				
			+	
Address				
City, state and zip code				

T/S/J	Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -	2024 Information	Prior Year Information
	Payer's/Borrower's name _____ [7]		
	Street Address _____		
	City/State/Zip code _____		
	Refinancing Points paid in 2024 -		
	Taxpayer/Spouse/Joint (T, S, J) _____ [11]		
	Recipient/Lender name _____		
	Total points paid at time of refinance _____		
	Points deemed as paid in 2024 (Preparer use only) + _____ [12]		
	Date of refinance _____		
	Term of new loan (in months) _____		
	Reported on Form 1098 in 2024 _____		
	Taxpayer/Spouse/Joint (T, S, J) _____		
	Recipient/Lender name _____		
	Total points paid at time of refinance _____		
	Points deemed as paid in 2024 (Preparer use only) + _____		
	Date of refinance _____		
	Term of new loan (in months) _____		
	Reported on Form 1098 in 2024 _____		

T/S/J	2024 Information	Prior Year Information
Investment interest expense, other than on Schedule(s) K-1:		
[15] _____	+	[16]
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	

Charitable Contributions

T/S/J

2024 Information

Prior Year Information

Contributions made by cash or check (including out-of-pocket expenses)

Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.

Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

[2]	_____	+	_____ [3]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
[5]	Volunteer miles driven		_____ [6]	
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods			
[8]	_____	+	_____ [9]	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

Miscellaneous Deductions

T/S/J

2024 Information

Prior Year Information

Other expenses

[12]	_____	+	_____ [13]	_____ _____ _____ _____ _____ _____
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
	Gambling losses: (Enter only if you have gambling income)			_____ _____ _____ _____ _____
[15]	_____	+	_____ [16]	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

	2024 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [1]	[]
Name of Trustee _____	____ [4]	
State postal code _____	____ [2]	
Indicate type of health or medical savings account:		
HSA	____ [6]	
Archer MSA	____ [7]	
MA (Medicare Advantage) MSA	____ [9]	
Total HSA/MSA contributions made		
for 2024 (Enter all amounts contributed, including through employer cafeteria plans)	+ _____ [10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	____ [12]	
Number of months in qualified high deductible health plan in 2024	____ [13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	____ [14]	
Total HSA/MSA contribution to be made for 2024	+ _____ [15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____ [16]	
Excess contributions for 2023 taken as constructive contributions for 2024	+ _____ [19]	
Rollover contribution (Form 5498-SA, Box 4)	+ _____ [21]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+ _____ [24]	[]
Enter compensation from employer maintaining high deductible health plan	+ _____ [27]	
If self-employed, enter earned income from business under which plan was established	+ _____ [31]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2024? (Y, N) _____ [33]

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

	2024 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [1]	<div style="border: 1px solid black; height: 100%;"></div>
Name of Trustee _____	____ [4]	
State postal code _____	____ [2]	
Gross distributions received (Box 1)	+ _____ [7]	
Earnings on excess contributions (Box 2)	+ _____ [9]	
Distribution code (Box 3)	____ [11]	
Fair Market Value on date of death (Box 4)	+ _____ [12]	
Box 5 -		
HSA	____ [13]	
Archer MSA	____ [14]	
MA MSA	____ [15]	
All distributions were used to pay unreimbursed qualified medical expenses	____ [17]	
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2024	+ _____ [19]	
Withdrawal of excess contributions by the due date of the return	+ _____ [21]	
Amount of distribution rolled over for 2024	+ _____ [23]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ _____ [26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/23	+ _____ [27]	
For HSA accounts:		
Was the high deductible health plan coverage started in 2023 and in effect for the month of December 2023? (Y, N)	____ [29]	
Was the high deductible health plan coverage ended before 12/31/24? (Y, N)	____ [30]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2024 Information	Prior Year Information
Name of the insured chronically ill individual _____	____ [39]	<div style="border: 1px solid black; height: 100%;"></div>
Social security number of insured _____	____ [40]	
Gross long-term care (LTC) benefits paid (Box 1)	+ _____ [42]	
Accelerated death benefits paid (Box 2)	+ _____ [44]	
Check one (Box 3)		
Per diem	____ [46]	
Reimbursed amount	____ [47]	
Qualified contract (Box 4)	____ [48]	
Check, if applicable (Box 5)		
Chronically ill	____ [49]	
Terminally ill	____ [50]	
Are there other individuals who received LTC payments during 2024? (Y, N)	____ [52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	____ [53]	
Number of days during the long-term care period _____	____ [54]	
Cost incurred for qualified long-term care services during the long-term care period	+ _____ [55]	

NOTES/QUESTIONS:

The Inflation Reduction Act of 2022 provides credits for clean energy and energy efficient improvements made to personal residences.

Taxpayer/Spouse/Joint (T, S, J)		__	[1]
Enter the total amount of costs for qualified solar electric property	+	_____	[3]
Enter the total amount of costs for qualified solar water heating property	+	_____	[4]
Enter the total amount of costs for qualified small wind energy property	+	_____	[5]
Enter the total amount of costs for qualified geothermal heat pump property	+	_____	[6]
Enter the total amount of costs for qualified battery technology costs with capacity of at least 3 kilowatt hours	+	_____	[7]
Were the costs incurred made to your main home located in the United States? (Y, N)		__	[8]
Enter the total amount of costs for qualified fuel cell property	+	_____	[9]
Enter the total amount of kilowatt capacity of the qualified fuel cell property		_____	[10]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)		__	[16]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+	_____	[17]
Enter the total amount of costs for the most expensive exterior door bought		_____	[18]
Enter the total amount of costs for all other exterior doors bought	+	_____	[19]
Enter the total amount of costs for exterior windows and skylights	+	_____	[20]
Enter the total amount of costs for central air conditioner	+	_____	[22]
Enter the total amount of costs for natural gas, propane or oil hot water heaters	+	_____	[23]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+	_____	[24]
Enter the total amount of costs for panelboards, subpanelboards, branch circuits or feeders	+	_____	[25]
Enter the total amount of costs for qualified home energy audit costs	+	_____	[26]
Enter the total amount of costs for electric or natural gas heat pumps	+	_____	[27]
Enter the total amount of costs for electric or natural gas heat pump water heaters	+	_____	[28]
Enter the total amount of costs for biomass stoves and biomass boilers	+	_____	[29]

NOTES/QUESTIONS:

Michigan General Information

School district name		_____	[1]
School district code		_____	[2]
Mark if 2/3 income from seafaring		_____	[3]
	Taxpayer		Spouse
Do you want \$3.00 to go to the state campaign fund? (Y, N)	_____	_____	[4] [5]
Mark the applicable boxes if the following conditions apply to you and/or your spouse:			
Paralegic, quadriplegic or hemiplegic	_____	_____	[6] [7]
Totally and permanently disabled	_____	_____	[8] [9]
Deaf	_____	_____	[10] [11]
Qualified disabled veteran	_____	_____	[12] [13]
Willing to participate in the anatomical gift donor registry	_____	_____	[14] [15]

Use Tax

Purchases up to \$1000 per purchase subject to use tax		_____	[16]
Purchases exceeding \$1000 per purchase subject to use tax		_____	[17]

Contributions

Amount of charitable contribution you wish to make to:
Contributions must be a minimum of \$5, \$10 or any amount greater than \$10

American Red Cross of Michigan		_____	[18]
Animal Welfare Fund		_____	[19]
Children's Trust Fund - Preventing Child Abuse in Michigan		_____	[20]
Military Family Relief Fund		_____	[21]
United Way Fund		_____	[22]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Michigan

	Taxpayer		Spouse
From	_____	_____	[23] [24]
To	_____	_____	[25] [26]
Residency status of spouse (If different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident)			_____ [27]

NOTES/QUESTIONS: