



# **INCOME TAX GUIDE AND ORGANIZER**

FOR:

**Tax Year 2024**

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PROVIDED BY:

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This booklet will assist you in collecting the necessary information to prepare your tax return accurately. Given the nature of tax laws this year, please include as much of the requested information as possible. This will help optimize your potential tax savings opportunities.

# PERSONAL DATA

Taxpayer (T)			Spouse (S)		
Name (Last, First, Middle Initial)			Name (Last, First, Middle Initial)		
SSN (last 4 digits)	DOB	Occupation	SSN (last 4 digits)	DOB	Occupation
Mailing Address <input type="checkbox"/> Check if address is new			Mailing Address <input type="checkbox"/> Check if address is new		
City, State & Zip		County	City, State & Zip		County
Phone:	H W C	Phone:	H W C	Phone:	H W C
E-Mail Address:			E-Mail Address:		

## DEPENDENTS

Name (First, Middle Initial and Last)	D.O.B.	SSN (last 4 digits)	No. of mos. lived in your home during year*	
			X if not living with you	Relationship

- If more lines needed, list two per line. Note last 4 digits of Social Security numbers, unless new this year.
- If married but filing separately, list name of spouse and Social Security number at top of page.
- If filing Head of Household and qualifying person is your child but not your dependent above, enter child's name here: \_\_\_\_\_

\*Place an asterisk by any dependent attending college or post-secondary school.

### QUESTIONS: (Please explain "Yes" answers)

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Did your name, address or marital status change during the year?      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Can you be claimed as a dependent on another tax return?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Are you (or your spouse) blind or permanently disabled?               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Did you claim children above that don't live with you?                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Did you carry forward or incur any adoption expenses during the year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Note:** Children's time away from home while attending school counts as time in your home.

## INCOME TAXES PAID OR REFUNDED

			Federal	State	Local
Balance paid on last year's return (or prior years)					
Refunds received from last year's return (or prior years)					
Refunds applied to current year					
ESTIMATED TAX DUE DATES		Date Pd.			
If not paid by due dates indicated, list actual dates paid. If state/local tax paid on different dates, attach details.	1 <sup>st</sup> Qtr.	4/15			
	2 <sup>nd</sup> Qtr.	6/15			
	3 <sup>rd</sup> Qtr.	9/15			
	4 <sup>th</sup> Qtr.	1/15			

**If someone else prepared your tax return last year, please provide a copy.**

## INCOME

## WAGES/SALARIES/W-2 FORMS

[illegible]**MISCELLANEOUS INCOME** *(Show losses in brackets)*

J	Source of Income	Amount
	Alimony <i>(pre-2019 agreements, if you pay alimony, list on page 9)</i>	
	Jury Duty <i>(or other public service)</i>	
	Tips/Gratuities <i>(not reported on W-2)</i>	
	Contest/Awards/Gambling Winnings <i>(attach 1099-MISC, W-2G or explain)</i>	
	Commissions/Bonuses <i>(not reported on W-2)</i>	
	Pensions/Annuities <i>(furnish 1099-R forms)</i>	
	IRA/Keogh profit sharing distributions <i>(attach Form 1099-R)</i>	
	Unemployment Compensation <i>(attach Form 1099-G)</i>	
	Partnerships/Estates/Trusts <i>(furnish K-1 forms)</i>	*
	Small Business Corporations/Subchapter S <i>(furnish K-1 forms)</i>	*
	Business/Self-Employed <i>(furnish schedule or details)</i>	*
	Farm <i>(furnish schedule or details)</i>	*
	Rental <i>(furnish schedule or details)</i>	*
	Forgiven Debt <i>(attach Form 1099-A or C)</i>	
	Other <i>(explain):</i>	
* ✓ <i>if you did not actively or materially participate in earning the income (or loss) listed</i>		

**NON-TAXABLE INCOME** (Please provide, even if not taxable)

	Pre-2019 Child Support/Payments/Assistance <i>(not alimony)</i>	
	Veterans Benefits/Disability Income	
	Workers' Compensation/Loss-of-Time	
	Other <i>(explain):</i>	
	Other <i>(explain):</i>	
	Other <i>(explain):</i>	

Code	SOCIAL SECURITY INCOME		Benefits (from box 5)	Federal tax withheld
T — Taxpayer	<b>IMPORTANT:</b> Provide all SSA-1099 statements	Taxpayer		
S — Spouse J — Joint Use these codes if married filing jointly		Spouse		





SALE OF PERSONAL RESIDENCE			
Date Old Residence Acquired		Cost or Basis	
Improvements (additions, landscaping, driveway, new roof, etc.)			
Fixing-Up Expenses (painting, repairs, etc., to prepare for sale)			
Date Old Residence Sold		Selling Price	
Expenses of Sale (commissions, legal fees, points, stamps, etc.)			
1. Was any part of residence rented during the year?		Yes	No
2. Did you own and use the home as your principal residence for at least 2 of the last 5 years?		Taxpayer: Yes	No
		Spouse: Yes	No
3. Was the sale due to a job transfer, medical issue or unforeseen circumstance?		Yes	No
4. Have you deferred a gain from the sale of a personal residence into the home sold? If so, please provide Form 2119 from tax return for the year that prior home was sold.		Yes	No
5. Was the residence used as a home office?		Yes	No
6. Have you or your spouse sold a principal residence within the last 2 years?		Yes	No
7. Has a spouse died in the past 2 years?		Yes	No
Note: Capital gains tax laws allow exclusion of up to \$500,000 (joint), \$250,000 (single/HH) of home sale gains.			

NEW RESIDENCE		
Date New Residence Acquired (or construction began)		
Date You Occupied New Residence	Cost of New Residence	
If married, do you and your spouse have the same proportionate interest in the new residence as in the old?	Yes	No
Did either you or your spouse have NO ownership interest in a principal residence during the past three years prior to this purchase?	Yes	No
Note: Attach copy of real estate closing papers for both sale and purchase.		

HIGHER EDUCATION EXPENSES			
Many higher education expenses qualify for special tax credits and deductions. Others may qualify as exclusions from income for tax-free and/or penalty-free withdrawals from your tax-deferred savings accounts. Please provide information for each student and include all 1099-Q forms.			
Note: "✓" if student is attending less than 1/2 time	1st Student	2nd Student	3rd Student
Code (T=Taxpayer, S=Spouse, D1=Dependent 1, D2=Dependent 2)			
Attach any 1098-T's received (required)	Amount	Amount	Amount
Tuition			
Fees			
Books and Supplies (purchased from institution)			
Other Education Expenses (attach details)			
Room and Board			
Amount of any grants, scholarships or other tax-free educational funds received			

JOB RELATED EDUCATION*			
Enter amounts only if job/career-related and only for you and your spouse; *potential state deduction			
Room and Board			
Books and Supplies			
Seminar Fees			
Travel (# of Miles)			



# DEDUCTIONS

List only amounts that have actually been paid during the year. You may round to the nearest dollar. **DO NOT DUPLICATE ANY ENTRY.**

## MEDICAL

Only unreimbursed medical expenses that exceed 7.5% of adjusted gross income are allowed.

T/S	Drugs and Medicines		Amount		
	Prescriptions & Drugs (Doctor Prescribed Only)				
	Insulin				
T/S	Medical Insurance	Please specify if paid:	Pre-Tax <input type="checkbox"/> After Tax <input type="checkbox"/> Unsure <input type="checkbox"/>	Amount	
	Insurance — Paid by You <input checked="" type="checkbox"/> if paid through a health insurance exchange <input type="checkbox"/>				
	Group Health Plans (deducted from salary; provide final year pay stub)				
	Medicare Premiums	From Social Security Benefits			
		From Supplemental Insurance			
	Long-Term Health Care Insurance				
	HSA, Other (Attach 1099-SA for any HSA withdrawals)				
T/S	*Doctors, Dentists, Clinics, Hospitals, Nurses, Etc.	Amount Paid By You	T/S	Other Medical Expenses	Amount Paid By You
				Eye Glasses/Contact Lenses	
				Hearing Aids & Supplies	
				X-Ray/Lab Fees	
				Ambulance, Paramedics	
				Nurses (Board & Room)	
				Medical Aid Rental	
				Artificial Teeth	
				Equipment (Prescribed)	
				Nursing Home Medical Care	
				Medicare Part B Service Payments	
				Smoking Cessation Program	
				Parking/Transportation Fees	
	*Summary Total (Optional)				
	Lodging: While away from home (per day, per person maximums apply)				
	Transportation: Total number of miles driven for medical reasons or actual cost				
	Above amounts reimbursed by insurance (include Form 1099-LTC)				
	Note any health insurance premium credits received during the year				

Comments or explanations:

**NOTE:** Use T/S columns above and on page 9 under **OTHER DEDUCTIONS** if married and filing separately or to determine if filing separately could be beneficial. Be sure to include co-payments for doctor visits.

TAXES		
Description of Tax	State Located	Amount of Tax
Real Estate Taxes <i>(Include whether you plan to itemize or not)</i>		
Real Estate Taxes - Other <i>(Exclude if included on a rental schedule)</i>		
Property Tax Rebates <i>(If any)</i>		(                      )
Personal Property Tax <i>(If any)</i>		
Auto Licenses <i>(Not a deduction in all states)</i>	Number of Licenses	Total Cost
State or Local Income Taxes <i>(If not listed elsewhere or on W-2) (describe below)</i>		
Sales Tax*:		
Other:		
Comments or Explanations:		
* Please provide sales tax support documents for any large purchases made during the year.		

INTEREST		
<i>Amounts, names, and Social Security numbers must match Form 1098 issued by financial institutions.</i>		
Mortgage Interest, Principal Residence	Paid to Financial Institution <i>(include Form 1098)</i>	
	Paid to an Individual <i>(List name, address, Soc. Sec. no. below)</i>	
	Name	Address
Mortgage Interest, Second Home	Paid to Financial Institution <i>(include Form 1098)</i>	
	Paid to an Individual <i>(List name, address, Soc. Sec. no. below)</i>	
	Name	Address
Did you acquire a new mortgage or borrow on an existing mortgage during the year? <i>(Provide closing settlement papers - pages 1 &amp; 2)</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is your combined mortgage debt?		\$
Points paid to acquire new mortgage <i>(if not included above)</i>		
Home Improvement Loan Interest <i>(include Form 1098)</i> <i>(only if used to buy, build or substantially improve your qualified home)</i>		
Student Loan Interest <i>(Attach Form 1098-E &amp; loan details: for whom, loan date, loan purpose)</i>		
Other:		
Other:		
Deductible Investment Interest <i>(e.g. margin interest, explain below)</i>		
Comments or Explanations:		
<b>NOTE:</b> Personal interest from credit cards, department stores, autos, bank loans, etc., is not deductible.		

CONTRIBUTIONS									
Church and Religious									
T/S	Name of Church		If No Receipt		X	Amount			
	Church (Name)								
	Church (Other)								
	Other Religious (Name)								
Other Charitable Organizations (You must have a canceled check, a bank record or receipt from donee for all cash contributions)									
T/S	If No Receipt		X	Amount	T/S	If No Receipt		X	Amount
	Cancer					Heart Fund			
	Easter Seals					Christmas Seals			
	Red Cross					United Way			
	Scouts					YMCA/YWCA			
	Muscular Dystrophy					Educational TV/Radio			
	Arthritis Foundation					Misc. Door-to-Door			
	Veteran's Org. (Name)					Schools (Name & Describe)			
Summary Total Optional (See note below)									
<b>Note:</b> A summary total for cash or check contributions may be used above. Political contributions are not deductible. If you received a gift for your donation listed above, reduce your donation by the value of the gift. Receipt required for all single donations of \$250 or more.									
Noncash Contributions (List the fair market value of noncash items donated, such as clothing and other property)									
T/S	Name of Organization		Items Donated		Date		Value		
<b>Note:</b> If noncash donations have a total value of \$500 or more, attach a detailed list of items donated, the name and address of donee organization, the purchase date, cost and the method used to arrive at fair market value (items over \$5,000 require appraisal). If you donated a vehicle, please attach Form 1098-C received from the charity. If the charity sells the vehicle, your deduction value is generally limited to the amount of the sales proceeds. Donated clothing and household items must be in good or better condition.									
Volunteer Work — Mileage (Church, hospitals or non-profit organizations or to drop off contributions)									
T/S	Name of Organization		Activity Performed		Parking		Miles Driven		
<b>Note:</b> Meals, lodging and other expenses may also be allowed. List full details.									
Comments or explanations:									



## IMPORTANT CHANGES IN 2024

- ☒ Several new exceptions to the 10 percent penalty when withdrawing money from a retirement account before age 59 1/2 begin in 2024:
- Taxpayers can withdraw a maximum of \$1,000 per year "for purposes of meeting unforeseeable or immediate financial needs relating to necessary personal or family emergency expenses."
  - Domestic abuse victims can withdraw up to \$10,000 or 50% of the vested balance, whichever is less.

## OTHER DEDUCTIONS

T/S		Amount	T/S		Amount
	Casualty/Theft Losses				
	From fire, storm, theft, and auto damage — if more than one, provide similar detail for each				
	Kind of Property or Item	Date Acquired	Cost or Basis		
			Insurance Paid		
	Describe how and/or what happened	Date of Loss	Fair Market Value – Before		
			Fair Market Value – After		
	Alimony Paid ( <i>note if pre-2019</i> )	Paid to: ( <i>Name</i> )	SSN		
	Gambling Losses	( <i>Limited to gambling winnings</i> )			
	Note: See next page (10) for auto business expenses.				

**CHILD AND DEPENDENT CARE** ☒ if you have employer-provided ☐

*Care expenses must be for child under 13 or physically or mentally incapacitated*

- ☒ if you have employer-provided dependent care benefits. ☐

- ☒
- if required to be gainfully employed (or a full-time student), or if service performed in your home (nanny) \_\_\_\_\_

Name of Provider	Soc. Sec. or ID Number	Address	Paid	
Federal ID number if required to file IRS wage reports	#	Total Child Care Paid During Year	\$	
		No. of Children Under Age 13	#	
Form W-10 should be used to obtain provider details. Expenses must be allocated by child or dependent. If more space needed, attach list with details.				

*Form W-10 should be used to obtain provider details. Expenses must be allocated by child or dependent. If more space needed, attach list with details.*

## RETIREMENT CONTRIBUTIONS

	Date	Traditional IRA	Roth IRA	Keogh/SEP/SIMPLE
Single or Taxpayer	/ /			
Spouse	/ /			
If you want the maximum allowable deduction - write MAX in column(s). You will be informed of amount to deposit.				
List total value of ALL IRAs on 12/31	Single or Taxpayer			Spouse

# BUSINESS EXPENSES

**How to use:** Report your sole proprietor business expenses. Please limit information to one business. Use additional pages if necessary, one business per page.

Type of Business		Business Owner:	Taxpayer <input type="checkbox"/>	Spouse <input type="checkbox"/>
Total Revenue			Both <input type="checkbox"/>	

BUSINESS EXPENSES (if more lines needed, continue on back page)				
Advertising		Insurance		Repairs/Maint.
Commission/Fees		Interest		Taxes/Licenses
Contract Labor		Legal/Prof. Services		Utilities
Depreciation		Office Supplies		Wages
EE Benefits		Rent or Lease		Other:
Total Business Expenses				\$
Meal Expense				\$
Did you purchase any business equipment during the year? (If yes, attach details)				Yes <input type="checkbox"/> No <input type="checkbox"/>

## VEHICLE EXPENSE

	Date Placed in Service	Make	Year	Model	Cost or Basis	<input checked="" type="checkbox"/> If New This Year
Vehicle 1	/ /					Furnish details on newly acquired vehicles and trade-in or disposition of old vehicle.
Vehicle 2	/ /					

Vehicle Mileage Detail			Vehicle 1	Vehicle 2
<input type="checkbox"/> X if another vehicle is available for personal use.	A. End of Year	+		
Subtract B from A for (1), Total Miles Driven. List Business Miles (2), from driving log. Subtract 2 from 1 to get personal miles (3). Divide line 2 by line 1 for percent of business use.	B. Beginning of Year	-		
	1. Total Miles Driven	=		
	2. Business Miles	-		
No. round-trip miles from home to work _____	3. Personal Miles	=		
Number of days worked last year _____	% Business Use (Line 2 ÷ Line 1)	=		

	Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2
Gas & Oil			Licenses		
Insurance			Repair/Maint/Lube		
Lease Payments			Other:		

## TRAVEL EXPENSES — AWAY FROM HOME (Days gone overnight )

Transportation		Auto Rental	
Lodging		Cabs, Bus, etc.	

I have adequate records and sufficient written evidence to support use of vehicles and deductions listed above.

(Signature) \_\_\_\_\_

## HOME OFFICE

Type of Business			
Justified business use for: Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/>			
Date Acquired Home		Utilities	
Cost of Land		Interest (mortgage, home equity loan)	
Cost of Home		Taxes	
Cost of Improvements		Insurance	
Sq. Footage of Living Area <sup>(1)</sup>		Maintenance	
Sq. Footage of Office Area <sup>(2)</sup> (incl. inventory & sample storage)		Daycare Provider # of Hours	
% Office Area [(2) ÷ (1)]		Other:	



## QUESTIONS *(Taxpayer or Spouse)*

*For "Yes" answers, supply details on the next page or on a separate sheet:*

1. Were you notified by the IRS or YOUR STATE of any change to a tax return?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2. Are any of your claimed dependents not residents or citizens of the U.S.?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3. Did you make any gifts of over \$18,000 to any individual <i>(with no tax advantage to you)?</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4. Do you have any foreign income or foreign bank accounts?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5. Did you have living expenses in a foreign country as a result of income earned abroad?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6. Do you have any worthless stocks, uncollectible bad debts or were the victim of a ponzi scheme?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7. Did you become disabled during the year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8. Are you a handicapped employee?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
9. Did you receive any distribution from an IRA, profit sharing or pension plan?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
10. Have you used bartering to exchange any goods or services?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
11. As a member of the armed forces on active duty, did you move pursuant to a military order?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
12. Did you receive any insurance or other reimbursement from a prior year casualty, theft loss or medical deduction?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
13. Did you start a new business during the year or do you expect to start one this coming year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
14. Do you expect any significant changes in income, withholding taxes or your tax liability for the coming year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
15. Did you receive any source of income that is not listed in this booklet <i>(lottery, awards, etc.)?</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
16. Do you have children under age 18 with investment income <i>(age 24 if dependent student)?</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
17. Did you pay anyone (over 18) \$2,700 or more to work at your home (housecleaning, yard work or other domestic help) during the calendar year? If yes, submit details.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
18. Do you wish to designate \$3.00 of your taxes to the Presidential Campaign Fund?	You:	Yes	<input type="checkbox"/>	No
	Spouse:	Yes	<input type="checkbox"/>	No
19. Did you donate a partial interest in any goods to charitable organizations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
20. Do you have a medical or health savings account <i>(MSA or HSA)?</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
21. If you are age 73 or older, have you started your mandatory retirement savings withdrawals?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
22. Did you receive employer-provided:	commuter transportation benefits?	Yes	<input type="checkbox"/>	No
	educational assistance?	Yes	<input type="checkbox"/>	No
23. Did you pay long-term healthcare insurance premiums or receive benefits?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
24. Are you paying off a student loan?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
25. Are you a school teacher who paid for classroom materials without reimbursement? <i>(Please provide a recap of expenses for potential deduction.)</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
26. Have you or your dependents taken a distribution from a qualified tuition program <i>(QTP)</i> or 529 program during the year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
27. Did you roll funds into a Roth IRA during the year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
28. Did you purchase any energy-efficient equipment during the year <i>(air conditioner, furnace, windows, doors, water heater, etc.)?</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
29. Did you purchase a clean or electric vehicle?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
30. Did you have qualified military combat pay?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
31. Did you receive a Form 1099-K?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
32. If over age 70 1/2, did you make a direct contribution to a charity from an IRA?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
33. Did you receive any premium health insurance credits during the year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
34. Did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency during the year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
35. Did you refinance a mortgage?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

*Please answer all questions above. Provide details for any "Yes" answers. A "No" answer will be assumed if not otherwise indicated.*



[illegible]

\_\_\_\_\_

Please complete the section below and attach a voided check or deposit ticket if you would like your refund directly deposited into your bank account. You may split your refund in up to three accounts. If more than one is requested, please provide your desired deposit allocation and information for each account.

☐ Yes, please split my refund deposit into \_\_\_\_\_ accounts (3 max.) The allocation % is \_\_\_\_/\_\_\_\_/\_\_\_\_

Bank Name: \_\_\_\_\_ Name on Acct: \_\_\_\_\_  
Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

<input type="checkbox"/>	Review amounts and details listed in this tax booklet to ensure completeness and accuracy.
<input type="checkbox"/>	Enclose all copies of W-2 and W-2G forms. Include a copy of all 1099 and 1098 forms as requested.
<input type="checkbox"/>	Enclose health insurance coverage confirmation ( <i>Form 1095 or equivalent</i> ).
<input type="checkbox"/>	Submit other supporting documents ( <i>e.g. Form 1098 and state / county property tax statement(s)</i> ) that may be requested or may be necessary to help justify or clarify a deduction, transaction or sale.
<input type="checkbox"/>	Include any IRS-provided one-time use PIN information for tax identification fraud protection.
<input type="checkbox"/>	If you paid estimated taxes, enclose estimated forms.
<input type="checkbox"/>	If submitting tax data for the first time, include a copy of your previous tax return.
<input type="checkbox"/>	If extensions have been filed, please include a copy of extension forms.

(Signature) \_\_\_\_\_

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